

Hib Initiative Strategic Plan: Supporting Country Decision- Making

Supporting Country Decision Making Regarding Hib Vaccine Use
Strategic Plan



The Hib Consortium:
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TABLE OF CONTENTS

EXECUTIVE SUMMARY	p. 3
BACKGROUND	p. 3
VISION & GOALS	p. 4
STRATEGIC APPROACH	p. 4
STRATEGIC AREAS	
Global Coordination and Partnerships	p. 5
Regions with Well Documented Disease Burden	p. 7
South and East Asia Regions with Emerging Data	p. 9
Central and Eastern Europe, Newly Independent States Regions	p. 11
HIB TEAM, ROLES IN IMPLEMENTATION	p. 13
APPENDICES	
Appendix A: Hib Vaccine Introduction Status by Country (separate excel spreadsheet)	
Appendix B: Hib Tools and Documents	p. 15
Appendix C: Milestone and Impact Indicators	p. 17

EXECUTIVE SUMMARY

The mission of the Hib Initiative is to expedite and sustain evidence-informed decisions regarding the use of Hib vaccination, in order to prevent childhood meningitis and pneumonia. The Hib Initiative strategic plan provides a roadmap to fulfill this mission, and focuses on 3 strategic areas to support evidence-based decisions at the country level: coordination, communication and research. To better tailor the activities to the specific country needs, the strategic plan divided GAVI-eligible countries into three geographic regions, based on their status with regards to availability of data on Hib burden of disease; these include regions with well documented burden of disease (Africa, the Middle East, the Americas, and Pacific Island nations), South and East Asian Regions where data on disease burden is emerging, and Central and Eastern Europe (CEE) and Newly Independent States (NIS) regions, where disease burden data is still limited. In addition, the Hib Initiative will play an important role in coordinating various activities that are relevant to Hib vaccine and that are conducted by various organizations and partners.

For countries in regions with well documented disease burden, the strategy will focus on increasing awareness of regional data, the impact of vaccination, and mechanisms to support Hib vaccine introduction; only selected surveillance and research activities will be supported to demonstrate impact of vaccine introduction, which is important for program sustainability. However, for countries in South and East Asian Regions where data on disease burden is emerging, but uncertainty remains about burden of Hib disease in some parts, the role of the Hib Initiative will be to help interpret the data from this region, communicate it adequately, and generate additional data to better define the magnitude of Hib meningitis and pneumonia. Finally, in the CEE and NIS regions where data on disease burden as well as awareness of Hib disease and vaccine issues are quite limited, the Hib initiative will plan to expand the data available about Hib disease burden and to facilitate communication about Hib disease and vaccine. Overall, the strategic plan aims at increasing country ability to recognize and/or measure disease burden, building capacity to make decisions about Hib vaccine and future new lifesaving vaccines, and ensuring sustainable decisions.

BACKGROUND

Haemophilus influenzae, type b (Hib) conjugate vaccine has been introduced in many countries in the Americas, Europe, the Eastern Mediterranean Region, Australia and New Zealand. Routine vaccine use has consistently led to dramatic declines in Hib disease incidence in both industrialized and developing country settings. However, Hib conjugate vaccine has only been introduced in a minority of countries in Sub-Saharan Africa, despite consistent evidence of substantial Hib disease burden. Even fewer countries in Asia have introduced Hib vaccine. Barriers to vaccine introduction in these regions include limited awareness and communication about Hib disease, uncertainty about Hib disease burden, and concerns about the financial and programmatic impacts of Hib vaccine introduction.

The Global Alliance for Vaccines and Immunization (GAVI) therefore established the Hib Initiative to support evidence-based decisions for the introduction and sustained use of Hib vaccines. In June 2005, GAVI selected a consortium of 4 organizations—the Johns Hopkins Bloomberg School of Public Health (JHU), the World Health Organization (WHO), the London School of Tropical Medicine and Hygiene (LSHTM), and the US Centers for Disease Control and Prevention (CDC)—to jointly develop and implement a strategic plan to meet the objectives of the Hib Initiative. The Hib Initiative team has carried out a process of strategic planning that has included consultation with key countries as well as regional and global partners. Further, we have taken into account several important developments related to Hib that have occurred in the 8 months since the Hib Initiative was approved, including the recent SAGE recommendation for global implementation of Hib vaccines, the availability of increased funding for Hib vaccine introduction through GAVI phase 2 strategies and financial backing from the International Finance Facility for Immunizations (IFFIm), as well as an improving pipeline of Hib-containing combination vaccines with encouraging prospects for steady supply by 2007 and lower vaccine prices by 2010. Our strategy is based on the following vision and goals:

Vision

Reduce risk of childhood death and disability through sustained use of Hib vaccine.

The Hib Initiative will expedite and sustain the prevention of Hib meningitis and pneumonia worldwide by supporting evidence-based country decision making regarding use of Hib vaccine, ***at the global, regional and country levels.***

Goals

1. Amplify the impact of Hib disease prevention activities through country consultation and support, regional information sharing, and global coordination.
2. Assist GAVI eligible countries that have introduced Hib vaccine to sustain vaccination and achieve optimal coverage in the eligible population.
3. Support evidence-based decision making in GAVI-eligible countries that have not introduced Hib vaccine.

STRATEGIC APPROACH

During our strategic planning process, we have identified three strategic areas:

1. Strategic Communication
2. Strategic Coordination
3. Strategic Surveillance and Research

The Hib Initiative can play an important role in coordinating various activities that are relevant to Hib vaccine and that are conducted by various organizations and partners. These activities will fall under “Global Coordination and Partnerships”. Activities within each one of the strategic areas will be customized to suit the needs of the countries. For the purpose of planning, we have divided the GAVI-eligible countries into three geographic regions, mostly based on their status with regards to availability of data on

Hib burden of disease. Appendix A lists these countries by geographic region, and their current situation re: Hib vaccine introduction. The three geographic areas are:

1. Regions with well documented burden of disease (Africa, the Middle East, the Americas, and Pacific Island nations)
2. South and East Asian Regions with Emerging Data
3. Central and Eastern Europe (CEE) and Newly Independent States (NIS).

While the geographic regions do not completely overlap with WHO regions, we will work closely with WHO regional offices, who will coordinate most activities in their respective regions through their established links with country offices and national immunization programs.

For each geographic region, the focus of the Hib initiative will be on GAVI-eligible countries. However, the Hib Initiative may also provide limited technical assistance as needed, to some key non GAVI-eligible countries that have important regional significance, and where decisions about vaccine introduction will have an important effect on other countries in these regions. GAVI-eligible countries will be prioritized on a yearly basis, based on multiple criteria, including readiness to introduce Hib vaccine, population size, adequate immunizations infrastructure for new vaccine introduction, current use of Hib vaccine, and remaining duration of GAVI financing.

STRATEGIC AREAS

A. Global Coordination and Partnerships

Situation Analysis

There is a wide range of information available about Hib disease burden and prevention, but much of this information is difficult to access and interpret. Many partners, including donors and other immunization stakeholders, are involved in activities related to Hib vaccine introduction. The Hib Initiative can play a valuable role in bridging between these partners.

We have also found that there is limited exchange of important information about Hib disease and Hib vaccine among partners and countries, varied interpretation of available data leading to conflicting messages regarding the value of vaccine and confusion about the choice of vaccines and financing options. This has contributed to delays in introduction or problems with sustaining immunization in many countries. New data is emerging to support the notion that in some regions surveillance for laboratory-confirmed disease underestimates the disease burden and that alternative innovative approaches may be required to determine the burden. There have been major developments in options for financing Hib vaccine introduction, which need to be explained to countries and partners. Further, there are likely to be major new vaccine products available in the next 1-2 years. It is vital that all the global partners are fully aware of the changes and kept up to date with the ever-changing situation so that the choices that are made are fully informed.

Strategic Communication

Strategic communication is a key component of the plan to ensure that countries can make evidence-based decisions regarding the use of Hib vaccine. Through regional and country consultations, we confirmed that awareness of available information on Hib disease and the prospects for control through immunization is low, and that many countries as well as global and regional stakeholders are not fully aware of developments in vaccine financing and supply. Assistance is needed for advocacy to support timely, evidence-based decisions. Furthermore, additional coordination of key messages is needed to reduce confusion and enable countries to consider Hib vaccine. To address these needs and support countries in the decision making process, our global communications strategy will center around five objectives:

1. Informing target audiences of available disease burden and vaccine impact data, supply and financing options, and recent SAGE recommendations.
2. Creating greater urgency for decision making about Hib vaccine use by highlighting childhood pneumonia and meningitis as key public health concerns and linking timely adoption of Hib vaccine to achievement of the millennium development goal of reducing childhood mortality (MDG4).
3. Building consistency in partner messages at global, regional, and national levels.
4. Communicating with vaccine manufacturers to sensitize them about the Hib initiative goals and its potential impact on vaccine demand.
5. Providing customizable tools and training to support EPI managers at country-level to present evidence to decision makers and advocate for decisions on Hib vaccine use.

Strategic Research and Surveillance

Priorities of the Hib Initiative in the field of research and surveillance include development and assessment of novel methods to demonstrate Hib disease burden, cost-effectiveness of Hib vaccine and vaccine impact. We have started by reviewing tools and documents that are currently available for these purposes (Appendix B). Support will be provided to disease surveillance activities in carefully selected sites from priority countries. In areas where disease burden data are available, assistance will be given for estimation of the cost-effectiveness of the vaccine. A user-friendly tool will be developed to ensure transparency of all data inputs. In addition, attention will be given to operation research to ensure proper implementation of Hib vaccine in GAVI supported countries.

There are many ongoing or planned research, implementation, and monitoring projects funded by other sources, and the Hib Initiative proposes to work with partners to provide coordination that will amplify the impact of these projects and assure that results from different activities, particularly research studies, can be interpreted consistently and communicated in a timely fashion. We will provide resources to help partners develop research and surveillance activities and we will assist with communication of research findings and practical experience to key stakeholders. As needed, we will also provide technical support to vaccine manufacturers in order to increase supply of Hib vaccine.

Hib Initiative staff will also be accessible for technical support upon request by individual groups.

Strategic Coordination

The primary objective of strategic coordination will be to link the activities of different partners involved in activities related to Hib vaccine financing, demand forecasting, supply assessment, and policy. The Hib Initiative will work closely with the WHO regional offices as they assist countries with development of cMYPs, as these plans often represent the first step towards decisions re: introduction of Hib vaccines. The Hib Initiative will participate in the GAVI Bridge Financing Task Force and the GAVI Reference Group for Hib vaccine supply. It will maintain close communication with UNICEF and the World Bank as well as with vaccine manufacturers to ensure accurate demand forecasts and adequate supplies of Hib vaccines.

The Hib Initiative will foster close collaboration and information exchanges with its key global partners (GAVI secretariat, UNICEF and World Bank) and with the WHO Regional Offices through regular teleconferences to monitor progress at the regional and sub-regional levels. The WHO regional offices, in turn, will provide regular updates on Hib disease and vaccine introduction activities through periodic regional and sub-regional meetings.

With the WHO participating in the consortium, the Hib Initiative will also be well positioned to provide support to groups responsible for WHO policy statements and maintaining the vaccine demand forecast.

B. Regions with Well Documented Burden of Hib Disease:

African continent, Middle East, the Americas and Pacific Island nations (including Papua New Guinea).

Area Situation Analysis

Studies from many countries in Africa, the Middle East, the Americas and the Pacific Islands have demonstrated moderate to high Hib disease burden. Further, data are available demonstrating the impact of Hib vaccine in several countries throughout these regions. Sixteen countries have introduced Hib vaccine or have been approved by GAVI for introduction, and all of these countries have chosen the pentavalent DTP-HepB-Hib product. Data on cost-effectiveness are limited and additional information about cost-effectiveness may be needed to advocate for future financing of Hib vaccines. Introduction of new pentavalent products will not require separate effectiveness studies, but data describing the impact of the new products will assist with their acceptance.

For countries in this region, the Hib Initiative will prioritize communication with countries to increase awareness of regional data on disease burden, the impact of vaccination, and mechanisms to support Hib vaccine introduction and use through GAVI.

Close communication with in-country offices and national immunization programs to identify needs for decision making, sustainability of Hib vaccination, and financial planning will be maintained through the WHO Regional Offices. Selected surveillance and research activities may be supported, particularly to collect information that will help sustain vaccination programs.

Strategic Communication

In this region, the focus will be on communicating available data about Hib disease burden and vaccine impact, disseminating the recent SAGE and related regional recommendations and increasing urgency for decision making. More consistent messages about Hib vaccine, updates on vaccine supply and price, information on cost effectiveness and best practices will help support implementation. Because buy-in and support from regional and national level advocates is critical to successful and sustainable vaccine introduction, the Hib Initiative will also support advocacy activities. Specifically, we will develop tools and materials that can be used to communicate effectively with decision makers. Target audiences for communication activities will include various levels within Ministries of Health and Finance, other national policy makers, and key stakeholders such as pediatric associations.

Strategic Research and Surveillance

In countries in this region, the burden of Hib disease is well documented and several detailed vaccine impact studies have been conducted. Therefore, the objectives of research and surveillance will be to carry out activities that will help countries:

1. Evaluate the value of Hib vaccine by undertaking cost-effectiveness analysis.
2. Generate the evidence to facilitate decisions to sustain vaccine use by documenting vaccine impact
3. Assess operational aspects of vaccine introduction
4. Resolve remaining questions about Hib disease or vaccine impact

Strategic Coordination

Specific strategic coordination activities in this region will be focused on countries with complex or difficult situations. Through the focal point supported by the Hib Initiative in the respective regional offices, progress with decision-making, GAVI application, implementation and post-introduction evaluation of Hib vaccine will be closely monitored. This will allow for timely response to the needs of all GAVI-eligible countries from the respective regions and continued support to those countries identified as priorities.

Priority countries :

The countries in this cluster are further categorized into four groups based on their specific needs and opportunities:

- Large birth cohorts: Angola, DR Congo, Ethiopia, and Sudan.
- Readiness for decision: DR Congo, Eritrea, Mozambique, Tanzania.
- Opportunities for strategic research: Burkina Faso, Senegal

- Early adopters/bridge financing: Kenya, Yemen.
- Availability of disease burden data for cost-effective analysis (Gambia)

C. South and East Asian Regions with Emerging Data

Afghanistan, Pakistan, India, Nepal, Bhutan, Bangladesh, Sri Lanka, Mongolia, Indonesia, Vietnam, Myanmar, Laos, Cambodia, Korea DPR, and Timor Leste

Area Situation Analysis

In this region, data on the burden of Hib disease have been gradually emerging from various countries over the last few years; however, many inconsistencies remain about these data, as well as insufficient data from a few countries. In addition, significant uncertainty remains about the true burden of Hib disease in parts of SE Asia, where several good studies have described very low rates. The role of the Hib Initiative will be to help interpret the data from this region, communicate it adequately, and generate additional data to better define the magnitude of Hib meningitis and pneumonia.

Studies in Indonesia and Mongolia have shown significant incidence rates of Hib meningitis, and a high burden of Hib meningitis in Indonesia was established through the use of a “vaccine-probe” study, which showed that 50% of clinical meningitis was preventable by Hib conjugate vaccine. The observed incidence of laboratory-confirmed Hib meningitis in Vietnam, and Malaysia has been intermediate. The vaccine probe study carried out in Indonesia demonstrated a major impact of Hib vaccine against clinical non-culture confirmed meningitis, suggesting that difficulty in confirming the diagnosis of Hib meningitis may account for low observed incidence rates in some countries in this region. The results of the Indonesia vaccine probe study for pneumonia prevention were mixed, thus uncertainty remains about the burden of Hib pneumonia. Indonesian delegates to meetings on the subject have indicated that further data may be required before the Government of Indonesia is ready to make a decision on Hib vaccine. It will be important for the Hib Initiative to work closely with the Indonesian Government to define and resolve the outstanding issues.

The multiple sources of data with inconsistent findings suggest that one valuable role of the Hib initiative will be to synthesize the available data and make meaningful interpretations that will facilitate understandings of the complex situation. Decisions to introduce Hib vaccine in South Asian countries are likely to influence Hib vaccine supply and vaccine availability worldwide. India-based manufacturers are at advanced stages of development of Hib-containing vaccine and licensure within India is expected within the next 18 months. The government of India and the Hib Initiative are supporting a large project to measure the preventable Hib disease burden. Research on Hib disease is active in this area, and significant new data will become available over the next 1-2 years. Recent studies have led to plans to introduce Hib vaccine in Sri Lanka, and consideration of vaccine introduction in Bangladesh. Private sector use of vaccine is increasing, creating a variety of challenges including inequities in vaccine use, conflicting messages, and some anti-vaccine sentiment.

The data on the cost effectiveness of Hib vaccine in the region are extremely limited. Important, influential countries in the region are not GAVI eligible and have reached different conclusions regarding Hib vaccine which may result in confusing messages to their neighboring GAVI-eligible countries. Specifically Thailand and Malaysia have reached opposing conclusions on the need for Hib vaccination, leaving the poorer surrounding countries uncertain about their own situations. It will be important for the Hib Initiative to monitor the situation in these non-GAVI eligible countries in order to synthesize the regional disease burden situation and inform global vaccine demand estimates.

Strategic Communication

In this area, the strategic communication activities will focus on:

1. Raising awareness of new data about Hib disease
2. Developing advocacy
3. Communicating the new SAGE recommendations, taking into consideration the regional situation
4. Increasing the urgency for decision making by demonstrating contribution to MDG4 and providing eventual support in the preparation of GAVI applications.
5. Raising awareness among partners and coordinating messages
6. Maintaining neutrality towards private sectors vaccine manufacturers and providing unbiased information for issues management
7. Preparing and disseminating a synthesis of available data on Hib disease, including the recent Lombok vaccine trial

Strategic Research and Surveillance

The Hib Initiative is currently supporting the India probe study. In addition, the Hib initiative will support activities that explore disease burden through creative approaches to using Hib vaccine such as phased introduction efforts in countries with interest in this approach. The Hib Initiative will also support new approaches to evaluate Hib disease burden, particularly pneumonia that are less costly and time consuming than vaccine probe studies. These are likely to be quasi-randomized studies conducted in the course of vaccine introduction, and employing a case control approach to analysis. Once there is a better understanding of Hib disease burden in the area, the Hib Initiative will support additional cost-effectiveness studies. In countries that introduce Hib vaccine the Hib Initiative will support efforts to monitor vaccine impact.

The primary objectives of strategic research and surveillance in this area will be:

1. Establishing novel studies to establish the burden of Hib disease, especially pneumonia in South-East and South Asia.
2. Conducting small, targeted studies in Indonesia to assist with the more general interpretation of the Lombok study in that country.
3. Assisting the Indian Council of Medical Research in conducting a rigorous study to define the burden of Hib disease (Drs. Santosham, Watt, and Cherian)
4. Providing technical oversight of the India disease burden project (Drs. Mulholland, Schuchat and Hajjeh)

5. Collection of treatment cost data along with the India disease burden project.
6. Supporting other studies to estimate Hib disease burden in the region through novel and creative approaches.
7. Supporting economic studies related to Hib vaccine use
8. Supporting surveillance and other activities to monitor vaccine impact in countries that introduce Hib vaccine in the region

Strategic Coordination

The Hib Initiative will work with partners in this area to ensure that ongoing activities have maximum value and impact and to increase efficiency. Focal points supported by the Hib Initiative will allow for close communication with countries in this geographic area in order to identify programmatic needs. The WHO will also coordinate the implementation of surveillance and activities required to monitor vaccine impact in countries that decide to introduce Hib vaccine. In addition, the Hib Initiative will work with partners to help the Government of Indonesia evaluate the need for Hib vaccine in light of the Lombok study and other data from the region. We will also coordinate with activities in influential non-GAVI eligible countries in the region, as these are likely to have a significant impact on GAVI eligible countries.

Priority countries (further prioritize into highest priority countries)

- Large birth cohorts: Bangladesh, India, Pakistan, Indonesia
- Readiness for decision: Sri Lanka, Bhutan, Vietnam, Pakistan

D. Central and Eastern Europe and Newly Independent States

Armenia, Azerbaijan, Georgia, Krygyz Rep, Moldova, Tajikistan, Ukraine, Uzbekistan, Albania, Bosnia/Herzegovina

Area Situation Analysis

Several countries in Eastern Europe that have attempted to measure Hib-related burden have observed low rates of disease and there is currently not a compelling case for the use of Hib vaccine in these area. Nonetheless, several non-GAVI eligible countries in Eastern Europe have introduced Hib vaccine. Two countries that were eligible for GAVI phase 1 support (Albania and Bosnia and Herzegovina) have received conditional approval and will be required to submit their response to those conditions by October 2006. Several GAVI eligible countries are interested in adopting standards similar to those in Western Europe. On this basis, Ukraine is considering introducing Hib vaccine in the near future. Without expanded dialogue about Hib vaccine, building consensus about the value of vaccine, and data that demonstrate disease burden, vaccine introduction may not be sustainable in this area. We believe that the priorities should be to expand the data available about Hib disease burden and to facilitate communication about Hib disease and vaccine. However, it's important to note that the recent experience in the region with introduction and implementation of hepatitis B and MMR vaccines

have demonstrated adequate capacity of the national immunization programs in various countries in the region. Improved data on Hib disease burden will enable more accurate estimation of the value and cost-effectiveness of Hib vaccine.

Strategic Communication

The Hib Initiative believes that, in order to accelerate decisions about Hib vaccine in this area, intensive advocacy, communication and information exchange, preferably in Russian, will be important. Our strategic communication activity in this area will focus on generating awareness of Hib disease, communicating information about available data and SAGE recommendations, and increasing the understanding of the difficulties in measuring Hib disease burden.

Strategic Research and Surveillance

We will focus on activities to clarify the burden of Hib disease in this area. If countries in this area introduce Hib vaccine, we will also support activities to monitor vaccine impact and estimate disease burden. It is likely that the pneumonia burden is very high in the poorer areas, but there are few data on this. Specifically, we will support the following types of activities:

1. studies of the burden and etiology of pneumonia in carefully selected sites
2. meningitis surveillance activities that evaluate potential problems of sensitivity of surveillance for laboratory-confirmed meningitis, including assessment and strengthening of diagnostic capacity.
3. studies of clinical meningitis to monitor vaccine impact
4. economic assessments

Strategic Coordination

This geographic area is part of the European Region of the WHO (EUR). As in other regions, the Hib Initiative will support a focal point to liaise with countries and provide support as appropriate. As a first priority the Hib Initiative supported focal point will be assisting Albania and Bosnia and Herzegovina finalize their response to GAVI conditions for Hib vaccine introduction. We will coordinate with activities in non-GAVI eligible countries in this area as well.

Priority countries (further prioritize into highest priority countries)

- Ukraine (has already decided to introduce Hib).
- Uzbekistan, Moldova

THE HIB TEAM

Roles of consortium members in implementation of strategic plan

World Health Organization

- Hib focal points in WHO regional offices maintain communication with network of regional and country immunization advisors and provide support to countries: GAVI applications, introduction plans, coordination of Hib activities, multi-year planning (FSP and cMYP)
- WHO regional offices convene regional forums and consultative committees
- Coordination with regional reference laboratories or networks (i.e. South Africa, netSPEAR, SAPNA, etc)
- Hib focal person at HQ communicates with focal points in regional offices, coordinates requests from Hib Initiative for technical assistance
- WHO HQ administers Hib Initiative funding for regional activities
- Dissemination of estimates from Burden of Disease project
- WHO HQ maintains information on status of Hib introduction in countries: data for forecasting demand

Centers for Disease Control

- Provide technical support for Hib activities in priority countries:
 - Support for establishing and evaluating surveillance systems
 - Burden of disease assessments
 - Impact evaluations
 - Laboratory support to regional laboratories
 - Operational research and evaluations
- Coordination with other CDC activities: WHO, UNICEF, Measles Partnership, Polio network, Global AIDS Program, etc
- Assist with review of protocols and standardization of definitions

Johns Hopkins School of Public Health

- India Probe Study
- Global communications: coordination of messaging, advocacy, website, newsletter, publications, PR, donor and manufacturer briefings
- Assist WHO with forecasting demand
- Technical support to Burden of Disease project
- Scientific expertise: presentations and global meetings
- Coordination with ADIPs, other vaccine initiatives, ongoing research
- Develop RFPs re: novel methods to measure disease burden and evaluate impact
- Review of protocols and standardization of definitions
- Coordination with academic partners, research groups
- Administration of budget
- Technical support to WHO for Hib activities in priority countries

HIB TEAM (cont'd)

London School of Health and Tropical Medicine

- Develop RFPs re: novel methods to measure disease burden and evaluate impact
- Bridge financing task force
- Development of a generic approach to cost effectiveness studies
- Coordination of cost-effectiveness activities
- Scientific expertise: presentations and global meetings
- Review of protocols and standardization of definitions
- Coordination with academic partners, research groups, vaccine manufacturers
- Technical support to WHO for Hib activities in priority countries

APPENDICES

Appendix A: Hib Vaccine Introduction Status by Country (separate excel spreadsheet)

Note: countries are grouped by WHO Region

Appendix B: Hib Tools and Documents

Hib Slide Sets and Fact Sheets (available on www.HibAction.org):

Hib Initiative Fact Sheet <http://www.hibaction.org/qfacts.html>

Hib Initiative Asia Fact Sheet

Hib Initiative Key Messages

Hib Initiative Slide Set <http://www.hibaction.org/slidesets.html>

WHO Fact Sheet on Hib <http://www.who.int/vaccines/en/haeflub.shtml>

CDC Fact Sheets <http://www.cdc.gov/doc.do/id/0900f3ec8027b640/>

Hib Bibliography <http://www.hibaction.org/references.html> (by region and country)

SAGE recommendations <http://www.who.int/wer/2006/wer8101/en/index.html>

Hib Focus Newsletter <http://www.hibaction.org/hanews.html>

EURO slide set, Asia Slide set, Africa slide set (in development)

Advocacy slide set

Press Materials (Hib Initiative and Hib Backgrounders)

<http://hibaction.org/press.html><http://hibaction.org/press.html>

BBC World Hib Kill or Cure Documentary <http://hibaction.org/koc2.html>

Appendix B: Hib Tools and Documents (cont'd)

Research and Surveillance Tools

WHO Meningitis Surveillance Protocol

www.who.int/immunization_monitoring/diseases/meningitis_surveillance/en/

Hib Rapid Assessment Tool (RAT)

www.who.int/vaccines-documents/DocsPDF01/www625.pdf

WHO Laboratory Manual

Manual for the laboratory identification and antimicrobial susceptibility testing of bacterial pathogens of public health concern in the developing world

www.who.int/csr/resources/publications/drugresist/WHO_CDS_CSR_RMC_2003_6/3n/

Supply and Financing Tools

Bridge Financing Q&A, GAVI presentation, <http://www.hibaction.org/vacsupfin.html>

Vaccine and Immunization Products Guide <http://www.unicef.org/supply/10846.html>

WHO-UNICEF cMYP Guidelines and Tools

http://www.who.int/immunization_financing/tools/cmyp/en/index.html

AIM e-learning tools (PATH) <http://aim-staging.stanford.edu/>

Estimating Cost Effectiveness of Hib Vaccine <http://www.who.int/vaccines-documents/DocsPDF01/www654.pdf>

Appendix C:
The Hib Initiative Project Milestones and Impact Indicators

Project Milestones

Develop strategic and work plans	April 2006
Begin strategic disease burden and vaccine impact studies	January 2007
Present a final report to GAVI	June 2009

Impact Indicators:

1. % countries that introduce Hib vaccine or receive approval in regions with well documented disease burden, by year:

By June 2007:	21 of 49 countries;
By June 2008:	32 of 49 countries;
By June 2009:	39 of 49 countries;

2. Proportion of countries that make a decision about Hib introduction, by year in regions where disease burden data is needed: a decision is defined as inclusion in multiyear plan or submitting an application to GAVI or recommendation by a functional advisory group:

By 2009:	Asia:	10 of 15
	CEE and NIS:	5 of 10

3. Increase in Hib vaccine uptake by number of doses by year in GAVI-supported countries

By June 2007:	45 million doses of Hib-containing vaccine
By June 2008:	90 million doses of Hib-containing vaccine
By June 2009:	140 million doses of Hib-containing vaccine

4. Increase in % of children immunized in GAVI eligible countries

Indicators to be developed

Appendix C:
The Hib Initiative Project Milestones and Impact Indicators
(cont'd)

5. Communications activities by region by year:

- By June 2007: 4 regional forums conducted in total; 2 media events of regional importance and 4 newsletters produced.
- By June 2008: 2 additional regional forums conducted (6 total) on progress of work in high disease burden countries; 2 media events of regional importance and 4 additional newsletters produced (8 total).
- By June 2009: 2 additional regional forums (8 total) conducted on progress of work in regions with burden data needed; 2 media events of regional importance and 4 additional newsletters produced (12 total).

6. Among countries where no decision is made, track Hib Initiative impact by various criteria; country visited, materials provided, attended regional forums, follow-up consultation/visit, activities initiated by Hib initiative for disease burden and other needs.

- By June 2009: All countries where no decision is made have either attended a regional forum or have received a visit from the Hib Team. All countries will have revised Hib disease burden estimates according to the best available local or regional data applied to a globally recognized model. An individual assessment will be done for each country where a decision was not made.