



**International Coordination Group on Vaccine
Provision for Epidemic Meningitis**

Report of the Annual Meeting

Geneva

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List of abbreviations

AFRO	WHO Regional Office for Africa
CFR	Case fatality rate
FONALEP	Fonds national de lutte contre les épidémies
Gavi	Gavi, the Vaccine Alliance
GOC	Governance Oversight Committee
ICG	International Coordinating Group
IFRC	International Federation of Red Cross and Red Crescent Societies
MSF	Médecins sans Frontières
Nm	Neisseria meningitidis
SD	Supply Division of UNICEF
SAGE	Strategic Advisory Group of Experts on Immunization
SII	Serum Institute of India
UNICEF	United Nations Children's Fund
VIS	Vaccine Investment Strategy
WHO	World Health Organization

Executive summary

The meeting of the ICG on Vaccine Provision for Epidemic Meningitis on 10 September was held at the headquarters of the International Committee of the Red Cross in Geneva. The ICG, its partners, and stakeholders reviewed vaccine shipments, epidemic response activities and lessons learned during 2019; discussed the anticipated stockpile size, composition and funding for 2020 onwards; and exchanged information with the extended group of ICG partners and stakeholders, including vaccine manufacturers.

Participants were also updated on the activities of the new ICG Governance Oversight Committee, and the implementation and refinement of the ICG Accountability Framework. Finally, Gavi gave a presentation on proposals for the establishment of an ICG-like stockpile and allocation mechanism for emergency Ebola response.

Four requests were made for emergency vaccines in 2019, of which three were fully approved and one partially approved for a total of 977,460 doses. This was over twice the quantity approved in 2018. The performance of the ICG mechanism against its time performance targets, and challenges and lessons learned for emergency vaccine response during 2019. Mean decision time for the four requests in 2019 was 1.25 days and mean delivery time was 9 days for the three approved requests. Mean time to campaign start after arrival of vaccines in-country was 15.5 days.

The ICG members agreed that the meningitis stockpile should remain at its current size of 5 million doses of C-containing vaccines for 2020, of which at least 3 million should be C-W containing, and that this number of doses be available at the beginning of each epidemic season in January. UNICEF SD and Gavi agreed to work towards a solution for continuing funding for the ICG meningitis stockpile as the current four-year (2017–2020) funding cycle comes to an end, and for supply of vaccines to the stockpile for 2021. Additionally, and as agreed within the 2019 Supply and Procurement Roadmap, Gavi highlighted that in cases where offered volumes and conditions do not meet ICG and/or Gavi targets, Gavi will analyse its financial risk exposure and provides input in the strategy for awards with UNICEF-SD, with the ultimate goal is to maximize the health impact (lives saved), while making efficient use of limited resources and budgets. The ICG will develop standard operating procedures on the strategy for repurposing meningococcal vaccine doses nearing their expiry dates for preventive immunization campaigns. After validation by ICG stakeholders, including Gavi approval on the use of Gavi-supported doses for non-emergency use, this strategy will be implemented in high-risk countries during the inter-epidemic season (July to December), if vaccines with short shelf-life remain in the emergency stockpile.

Since the conclusion of the external review of the ICG in 2017, the new Governance and Oversight Committee (GOC) has since held two meetings and approved the ICG Accountability Framework which sets out the actions and responsibilities of the ICG and each partner involved in the stockpile mechanism. It also sets out performance indicators for which each partner, including countries receiving vaccines, will be accountable. During the 2019 epidemic season, the average number of days from outbreak confirmation to request submission by countries was 16.75 and the number of days from vaccine arrival to start of campaign was 15.5 days.

The ICG and partners also agreed, based on the recommendations of the July 2019 GOC meeting, to initiate a technical consultation on the establishment of an Ebola vaccine stockpile and ICG-like decision-making mechanism.

1. Introduction

Meningococcal meningitis is primarily caused by *Neisseria meningitidis* (Nm). Globally, six serogroups (A, B, C, W-135, X and Y) are implicated in epidemics, and all except B and Y have a widespread distribution in Africa. Although meningococcal meningitis epidemics can occur elsewhere, the majority of cases are found during the dry season from December to June in the “meningitis belt”, a region encompassing 26 African countries home to around 450 million people which spans the Sahel biogeographic zone. Outbreaks involving *Streptococcus pneumoniae* and *Haemophilus influenzae* type b are also occasionally detected.

It is estimated that, in 2015, 300,000 deaths occurred in all ages from bacterial meningitis globally¹. Survivors of bacterial meningitis are at high risk of experiencing severe, long-lasting and disabling sequelae. Much of the disease burden is experienced by infants and young children, particularly in low income countries on the African continent.

The International Coordinating Group (ICG) on Vaccine Provision for epidemic meningitis has existed since 1997, following a large-scale epidemic caused by Nm serogroup A (Nm-A) that resulted in over 20,000 deaths across the meningitis belt. It acts on a global level as a mechanism for allocation of vaccines from global stockpiles to respond to emergency requests following major infectious disease outbreaks. In addition to vaccines, the ICG for meningitis maintains a stockpile of Ceftriaxone for management of cases.

The ICG brings together four founding agencies: The International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins Sans Frontières (MSF), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO). It also consults with extended partners including technical experts and vaccine suppliers. Gavi, the Vaccine Alliance, is the principal funder of the meningitis stockpile. In performing its mandate, the ICG pursues its guiding principles of ensuring equitable and timely access to essential vaccines while maintaining its independence of decision-making based on objective assessment of scientific evidence.

The ICG’s objectives are:

- To provide equitable vaccine allocation through careful and objective assessment of risk, based on epidemiological and operational criteria
- To rapidly deliver vaccines in response to infectious disease outbreaks.
- To coordinate the deployment of limited quantities of vaccines and other essential medicines.
- To minimize wastage of vaccines and other supplies.
- To advocate for readily-available, low-cost vaccines and medicines.
- To work with manufacturers through UNICEF and WHO to guarantee availability of vaccine emergency stock supplies at the global level.
- To follow standard operating procedures and establish financial mechanisms to purchase

¹ GBD 2016 Meningitis Collaborators. Global, regional, and national burden of meningitis, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2018; 17(12): P1061–1082.

emergency vaccine supplies and ensure the sustainability of stocks.

The 2019 annual meeting of the ICG on Vaccine Provision for epidemic meningitis was held on 10 September at the headquarters of the IFRC in Geneva. Participants included representatives of the World Health Organization (WHO) Headquarters, including ICG Secretariat, the WHO Regional Office for Africa (AFRO), United Nations Children's Fund (UNICEF), with participants both from HQ and the Supply Division (SD), Médecins sans Frontières, the IFRC and Gavi. Representatives from vaccine manufacturers, the Bill and Melinda Gates Foundation, Dahlberg and the University of Cambridge, who delivered presentations during the meeting, were also in attendance.

The primary objectives of the meeting were to review relevant epidemic response activities and lessons learned during 2019; discuss the anticipated stockpile size, composition and funding for the period 2019–2020; and exchange information with the extended group of ICG partners and stakeholders, including vaccine manufacturers. Participants discussed the epidemiological situation in 2019, the outcomes of ICG emergency requests and vaccination campaigns, procurement of vaccines for use in the stockpile, preferred stockpile size, vaccine supply and demand, stockpile funding, the progress of global efforts aimed at controlling the risk of meningitis outbreaks, and ongoing work towards improving the ICG's transparency and oversight.

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