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Update on GAVI role and the H1N1 pandemic

Background

The issue of pandemic and seasonal flu have been brought the GAVI board's numerous times, beginning in December 2005. At that time, the GAVI Board requested an options paper on a potential role for GAVI in pandemic influenza. A paper was developed by WHO and UNICEF and presented in May 2007. The minutes from that meeting note the following discussion:

- GAVI was created with the mission of supporting routine immunisation; this is still where its greatest strengths lie. GAVI should not compromise its sharp focus and should be wary of mission creep.
- Given that secondary infections caused by other vaccine-preventable diseases will increase child mortality during a flu pandemic, GAVI should work to accelerate uptake of new vaccines, such as rotavirus and pneumococcal.
- A pandemic is likely to overload existing vaccine delivery infrastructure in countries. GAVI should evaluate how it can further strengthen immunisation services, in order to safeguard routine immunisation during a flu pandemic.

The Board decided not to proceed with a significantly investment, but rather set aside \$50,000 in the work plan to further explore the issue. This funding was not utilised.

The issue was reviewed again in 2008, during the development of the vaccine investment strategy. The first step of the synthesis was to review the 18 diseases identified by WHO to see if any should be excluded from consideration for the GAVI Vaccine Investment Strategy. Based on this review, seasonal influenza was removed because of a decision by the Board in May 2007 not to support routine immunisation against seasonal flu as a strategy to protect against pandemic flu.

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Current situation

In June 2009, Warning the world that it was experiencing the first global pandemic of the century, WHO raised the level of alert on Influenza A (H1N1) 2009 to level 6, signifying the spread of the virus in at least two regions of the world. Pandemic (H1N1) influenza virus has become the predominant circulating influenza virus, both in the northern and southern hemisphere. Although a number of vaccines are currently under development or have already been licensed, the global manufacturing capacity remains limited, thus necessitating a position of rationing. On a positive note H1N1 studies required for the release of the vaccines for use in humans, have indicated that it is likely that only one dose as opposed to two doses will be required to elicit sufficient immune response to establish protection against infection. Should this be approved as policy for all H1N1 being produced in 2009, the number of people who can be immunised increases and the level of rationing necessary is reduced.

In addition to leading the global technical response, WHO has also taken the lead to secure vaccine for low income countries. Discussions are ongoing with UNOPS, which has offered to serve as the procurement agency. Key issues still under discussion include dosing schedule, production capacity, and fair allocation of supply between rich and poor countries. Fund raising, which is also a key issue, is under the leadership of David Nabarro, the coordinator of the United Nations System Influenza Coordination Unit (UNSIC), housed at UNDP.

Since the alert was raised, GAVI has been in close contact with WHO. Although some options for GAVI engagement were discussed this point no role for GAVI is envisioned.

Next steps

Moving forward, the Secretariat, in collaboration with WHO, will continue to monitor the situation and appraise the board of any potential need for GAVI engagement.