

Epidemic Meningitis Investment Case: IRC Findings

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*Joint GAVI Alliance & Fund Board meetings
Geneva, 25 & 26 June 2008*



Background

- At the November 2007 meeting, the **GAVI Alliance and Fund Boards** requested the GAVI Secretariat to initiate the submission and independent review of an epidemic meningitis investment case resulting in recommendations to the Board at their June 2008 meeting.

Meningitis Investment Case Objective

- Eliminate Group A meningococcal meningitis epidemics in the most affected African countries
 - Emergency campaigns prevent less than 50% of epidemic cases
 - Ten per cent of meningococcal cases die even with antibiotic therapy

Meningitis Investment Case Strategy

- Use herd immunity generated by Group A meningococcal conjugate vaccine through:
 - preventive mass vaccination campaigns
 - Follow-up routine infant immunization strategies

Meningitis Investment Case Outcomes

- Prevent approximately 149,000 deaths by 2015
- Prevent permanent disability in approximately 347,000 children and adults
- Prevent 13 million DALYs lost
- Save approximately \$121 million in medical costs
- **Save \$1268** per case averted

Meningitis Investment Case Activities

- **Preventive conjugate vaccination**
 - Mass campaign in 1-29 year-olds
 - Birth cohort vaccination through routine EPI
 - Follow up campaign
- **Epidemic response stockpile**
 - Until preventive campaigns implemented
- **Case-based surveillance, and conjugate vaccine impact assessment**
- **Country-level capacity-building**

Meningitis Investment Case - Costs

Component	Total cost	Request from GAVI
Preventive conjugate vaccine introduction: <ul style="list-style-type: none"> ▪ Conduct mass campaigns to vaccinate up to 236 million 1-29 year olds ▪ Introduce Men A conjugate vaccine into EPI programs (estimated 23 million infants) ▪ Implement follow-up campaigns with Men A conjugate vaccine 	\$377.2 million \$45.2 million \$21.3 million	\$245.6 million \$23.4 million \$11 million
Vaccine stockpile and reactive campaigns	\$86.3 million	\$55.2 million
Conduct case-based surveillance, risk assessment, and Men A conjugate vaccine impact assessment	\$14.9 million	\$12.2 million*
Provide country-level capacity-building	\$26 million	\$23 million*
TOTAL	\$571 million	\$370 million

Independent Review Committee Findings

- Investment case clear, accurate and credible and address the following GAVI principles:
 - Strong country participation
 - MDGs 1, 4 and 5.
 - Time-limited effort
 - Cost saving per case averted
- High probability of achieving at least 75% of the stated project objectives

Independent Review Committee Findings

Strengths

- Preventive campaign strategy
- Active country participation
- Case based surveillance
- Monitoring of adverse effects following Immunization (AEFI)
- Stockpile strategy
- Interagency Coordinating Group (ICG) to add decision makers with technical expertise

Potential Weaknesses

- Timelines for licensing and prequalification ambitious
- Budget lacks specificity for country capacity building

Independent Review Committee Recommendations

- That the Epidemic Meningitis Investment Case be supported by GAVI
- That if IC approved, the secretariat work with implementing partners to monitor budget implementation, to avoid potential overlap areas with HSS, ISS and other GAVI supported programs



Meningitis investment case: cost effectiveness

Comparison Group	Cost per DALY averted	Cost per death averted
IC vs no vaccine	\$37	\$2218
IC vs emergency campaigns	(\$192) saved	(\$12,657) saved