
Study of New Vaccine Adoption in Lower- Middle Income Countries (LMICs)

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Overview of presentation

- Funding and oversight
- Objectives
- Methods
- Work plan and timeline
- What we would like from you



Funding and oversight

- Study funded by the Bill and Melinda Gates Foundation (BMGF)
- Oversight from:
 - Steve Landry, BMGF
 - Miloud Kaddar, WHO
 - Advisory Group: representatives of some WHO regions, vaccine industry, GAVI, UNICEF Supply Division, other vaccine experts



Study objectives

- Analyze constraints and identify solutions
- Prioritize strategic interventions
- Analyze impact of increased LMIC demand



Focus vaccines

- Hep B
- Hib
- Pneumo
- Rota
- Other vaccines of specific country or regional interest



Data collection and compilation

- Visits to:
 - Armenia
 - China
 - Egypt
 - Ecuador
 - Morocco
 - Panama
 - Philippines
 - Turkey
- Collaboration with other studies, industry, and procurement agencies on access to data sets
- Remote data collection:
 - Albania
 - Cape Verde
 - India
 - South Africa
 - Syria
 - Thailand
 - Tunisia
- Consultations with international experts



Country level data collection

- **Key informant interviews, may include:**
 - NIP Director
 - Senior MOH and MOF officials
 - Technical advisors (WHO, UNICEF, Pediatrics Assn, as appropriate)
 - Vaccine manufacturers, if appropriate
 - Other local decision makers and opinion leaders
- **Open-ended questions tailored to type of informant**
- **Rating scale for factors in decision-making**



Key informant interviews of experts

- Vaccine experts
- Vaccine manufacturers
- Regional working group officials
- Procurement agencies (UNICEF, PAHO)



Analysis

- Analysis of qualitative data collected from 15 countries
- Regression analysis of quantitative variables, building on work done by the Hib Initiative
- Compilation of information from expert consultations



Activity plan and timeline

Activity	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Hold initial Advisory Group (AG) meeting	XX									
Finalize Inception Report		XX								
Finalize country selection		XX								
Coordinate country visits with assistance from WHO		XX	XX	XX						
Conduct interviews with international experts		XX	XX	XX	XX					
Develop country level data collection instruments			XX							
Conduct country level work				XX	XX					
Compile quantitative data for analysis		XX	XX	XX						
Provide progress report at GIM				XX						
Analyze the factors influencing vaccine adoption				XX	XX					
Provide midterm progress report					XX					
Prepare draft findings report					XX	XX				
Hold AG meeting to present draft findings and proposed solutions (coordinated with SAGE meeting April 13-15)						XX				
Prioritize proposed solutions, incorporating AG feedback						XX	XX			
Develop vaccine forecast scenarios for LMICs							XX			
Analyze impact of accelerated LMIC demand on global demand							XX	XX		
Present findings and recommendations at NUVI meeting, June 23-25)								XX		
Prepare draft report with prioritized solutions and demand impact								XX	XX	
Incorporate AG feedback and finalize reports									XX	
Prepare article for journal publication										XX



What we would request from you

- Assist in ensuring country cooperation with study
- Participate in key informant interviews
- Provide access to data and documents
- Make suggestions about intervention possibilities



Thank you

- Ready to answer your questions and listen to your discussion
- Contact us:
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LMIC study advisory group

- Steve Landry, BMGF, co-chair
- Miloud Kaddar, WHO, co-chair
- Gian Gandhi, GAVI
- Rana Hajjeh, CDC
- Jan Hendriks, Netherlands Vaccine Institute
- Akira Homma, DCVMN
- Rob Matthews, UNICEF Supply Division
- Ezzedine Mohsni, EMRO
- Jaco Smit, IFPMA
- Gina Tambini, PAHO



R4D study team

- Marty Makinen, Director
- Grace Chee
- Robert Hecht
- Farzana Muhib
- Amrita Palriwala
- Kira Thorien
- Piers Whitehead



Country selection profiles

Profile	Rationale	Countries
1) Non-GAVI, early adopter of Hep B and have not introduced Hib	Understand factors that are constraining adoption of Hib and possibly other vaccines	Egypt, Iran, Tunisia, Thailand, China, Philippines
2) Non-GAVI, early adopter of Hep B and have introduced Hib	Examine factors that contributed to adoption of Hib	Swaziland, Ecuador , El Salvador, Iraq, Jordan, Morocco, Syria, Albania
3) Non-GAVI country, early adopter of Rota	Understand factors that drove early introduction of rota	Ecuador , El Salvador, Brazil, Mexico, Panama , Peru, Venezuela
4) Non-GAVI country, early adopter of Pneumo	Understand factors that drove early introduction of pneumo	Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, Panama , Peru, Uruguay, Libya, Latvia
5) Country with strong bias toward internal production	While these three countries represent unique situations, their combined population of 2.6 billion renders their challenges worthy of special attention	China, India , Indonesia
6) UMIC recent adopter of Hib	Examine factors that delayed adoption of Hib, as well as factors that contributed to its eventual adoption. Possibly provide insight to differences in constraints for LMICs and UMICs.	Kazakhstan, Libya, Bosnia and Herzegovina, Macedonia, Belarus, Serbia, Turkey , Gabon, Poland
7) GAVI country, late Hib adopter	Allows analysis of why countries do not adopt new vaccine, absent procurement and financing constraints, and examination of the final factors that drove the decision	Cameroon, Rep of Congo, Cote d'Ivoire, Lesotho, Nigeria, Pakistan, Armenia , Azerbaijan, Georgia, Moldova, India , Sri Lanka, Mongolia, Papua New Guinea



In-country key informants to be interviewed

1. NIP Director
2. Director General level official within the Ministry of Health overseeing NIP
3. Director General level of the Ministry of Finance (MOF) overseeing social services or planning and budgeting
4. UNICEF and WHO advisors
5. Other members of the NIP technical advisory group (Pediatricians Associations, public health institutes, bilateral partners)
6. Parliament members (members of health or social program committees)
7. National regulatory authority
8. Local vaccine manufacturers and suppliers
9. Local champions, academics, local/regional scientific experts
10. Local journalists who are opinion leaders in health issues
11. Other entities (health insurance plans, funders, NGOs,..)



New vaccine adoption status of study countries

Country (Region)	Last Vaccine Introduced (year)	Under Consideration	Other Information
Countries to be Visited			
Egypt (EMR)	Hep B (1992)	Hib	
Morocco (EMR)	Hib (2007)	HPV	
Ecuador (AMR)	Rota (2007)	Pneumo, HPV	
Panama (AMR)	Pneumo and HPV (2009)		Rota introduced in 2006
Philippines (WPR)	Hep B (1992)	Hib, JE	Procurement issues are a barrier to introduction
China (WPR)	Hep B (2002)	Hib, JE	National HepB3 coverage rate prior to integration in NIP was 71% (1999 survey)
Turkey (EUR)	Hib (2003)		
Armenia (EUR)	Hib (2009)	Pneumo, Rota	
Remote Study Countries (bolded vaccine is the focus vaccine)			
Syria (EMR)	Hib (2001)	Pneumo/Rota	
Tunisia (EMR)	Hib		Interrupted Hib use after 3 years
Albania (EUR)	Hib (2009)		
Cape Verde (AFR)	Hep B (2002)	Hib	
South Africa (AFR)	Pneumo (2009)	HPV	
Thailand (SEAR)	Hep B (1992)	Hib	Hib was carefully considered and not introduced
India (SEAR)	Hib (2009), JE (2009)	Pneumo, Rota	

