



**International Coordination Group on Vaccine
Provision for Cholera**

Report of the Annual Meeting

Geneva

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List of abbreviations

AFRO	WHO Regional Office for Africa
CFR	Case fatality rate
Gavi	Gavi, the Vaccine Alliance
GTFCC	Global Task Force on Cholera Control
ICG	International Coordinating Group
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	Gavi Independent Review Committee
MSF	Médecins sans Frontières
OCV	Oral cholera vaccine
PAHO	Pan American Health Organization
SD	Supply Division of UNICEF
UNICEF	United Nations Children's Fund
VIS	Vaccine Investment Strategy
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Executive summary

The annual meeting of the International Coordinating Group (ICG) on Vaccine Provision for cholera was held on 11 September at the headquarters of the International Committee of the Red Cross in Geneva. The objectives of the meeting were to review the epidemiological situation during 2018–2019; discuss forecasts for vaccine demand over the coming years and options for increasing supply; to make a decision on present the size, composition and funding of the cholera vaccine supply for the coming year; and exchange information with the extended group of ICG partners and stakeholders, including vaccine manufacturers and country representatives.

The participants were updated on the epidemiological situation and vaccine shipments from the ICG cholera stockpile. The Pan American Health Organization (PAHO) gave an update on ongoing cholera prevention activities in the Americas, in Haiti in particular, and successes to date. The ICG Secretariat presented a review of its performance outcomes against its key indicators, followed by a review of emergency OCV campaigns (and missed opportunities) by WHO Headquarters. The meeting also involved country representatives, and the Ministry of Health of Mozambique outlined the challenges faced and lessons learned in implementing mass reactive campaigns following emergency vaccine requests to the ICG. After lunch, Gavi updated participants on its Supply and Demand Roadmap and work towards implementing its Vaccine Investment Strategy (VIS) for 2021–2025, after which UNICEF Supply Division (SD) presented its near-term projection of global cholera vaccine supply. Vaccine manufacturers then gave their production plans and forecasts for the coming years. Finally, the ICG partners, Gavi and UNICEF SD reached a decision on the required size of the cholera emergency stockpile for 2020.

During, 2018–2019 cholera outbreaks were reported in a number of countries including Zimbabwe, Niger, Mozambique, the Democratic Republic of Congo, Zambia, Ethiopia, Cameroon, in addition to the ongoing humanitarian crisis in Bangladesh. A total of 14 requests for 19,216,522 OCV doses were made between September 2018 and August 2019 inclusive, of which 10 were approved for a total of 10,668,532 doses. The ICG's key performance outcomes in 2019 were comparable with those from previous two years.

In 2019, ICG members and partners agreed that the targeted size of the ICG OCV stockpile is to remain the same for 2020 as recommended during the ICG meeting in 2018; 3 million OCV doses available at all times for use in emergency campaigns (as a lowest acceptable level).

Unlike in the case of other infectious diseases covered by the ICG mechanism, duration of protection offered by OCVs is relatively short, and use of OCVs alone is insufficient to achieve any notable reduction in the risk of cholera outbreaks. As in previous ICG meetings, there was significant emphasis on the role of long-term, multi-sectorial strategies integrating risk reduction measures (such as improved sanitation infrastructure) alongside preventive OCV campaigns—particularly in known “hotspots” where outbreaks are predictable and recur on a regular basis. Participants at the ICG meeting identified the need to give greater clarity on the roles of the GTFCC and Gavi IRC in reviewing and approving requests for OCV non-emergency campaigns.

In terms of emergency OCV requests, meeting participants agreed that further work is needed going forward on identifying countries' needs for technical assistance when making requests for OCVs for emergency and preventive campaigns, and on reviewing campaign implementation and use of vaccines on the ground. Concerns were also raised that OCV doses approved for release

by the ICG have been used in geographical areas other than those mentioned in the original request without the ICG's knowledge.

Since the conclusion of the external evaluation of the ICG in 2017, the new Governance and Oversight Committee (GOC) has 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. The ICG Secretariat reported on time from declaration of outbreaks to submission of emergency vaccine requests by countries for the first time. Work related to a proposal for an Ebola vaccine stockpile (ICG like mechanism) is also ongoing.

Introduction

Cholera is an acute diarrhoeal infection caused by the bacterium *Vibrio cholerae*. While control measures include treatment of cases with rehydration therapy, treatment with antibiotics and use of oral cholera vaccines (OCVs), improving water, sanitation and hygiene (WASH) conditions is essential for a sustained reduction in risk of outbreaks.

In 1997 more than 200,000 meningococcal meningitis cases and 20,000 deaths caused by *Neisseria meningitidis* serogroup A occurred across the meningitis belt. The International Coordinating Group on Vaccine Provision (ICG) was established the same year as an emergency mechanism to respond to outbreaks of epidemic meningitis. ICG groups and emergency vaccine stockpiles were established for yellow fever and cholera in 2001 and 2013 respectively.

The ICG brings together four founding agencies: The International Federation of Red Cross and Red Crescent Societies, 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 three vaccine stockpiles.

The ICG's objectives are:

- To rapidly deliver vaccines in response to infectious disease outbreaks.
- To provide equitable vaccine allocation through careful and objective assessment of risk, based on epidemiological and operational criteria.
- 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 emergency vaccine supplies and ensure the sustainability of stocks.

The 2019 annual meeting of the ICG on Vaccine Provision for cholera was held on 11 September at the headquarters of the International Committee of the Red Cross in Geneva. Participants included representatives of the World Health Organization (WHO) headquarters (HQ), including ICG Secretariat, the WHO Regional Office for Africa (AFRO), WHO Nigeria and Burkina Faso country offices, the Pan American Health Organization (PAHO), United Nations Children's Fund (UNICEF), with participants both from HQ and the Supply Division (SD), Médecins sans Frontières, the International Federation of Red Cross and Red Crescent Societies (IFRC), the Ministry of Health of Mozambique, Bill and Melinda Gates Foundation, and Gavi, the Vaccine Alliance. Representatives from vaccine manufacturers were also in attendance.

The primary objectives of the meeting were to review the epidemiological situation of cholera worldwide for 2018–2019, review the emergency requests for OCV over the same period and provide a brief summary of the related OCV campaigns; discuss current vaccine demand forecasts; discuss the size of the ICG OCV stockpile; and discuss vaccine supply and future development plans with the manufacturers.

The meeting follows on from that of the previous year, which took place on 19 September 2018. At that meeting it was decided that the stockpile would be increased from a size of 2 million doses to 3 million; available at all times for response to emergency requests. It was also emphasized that there was a need to clarify mechanisms and procedures to access vaccines via both the ICG and GTFCC mechanisms (for emergency and longer-term preventive campaigns respectively), in addition to the establishment of standard mechanisms for large multiyear requests. Reducing time needed for delivery of vaccines to countries following approval of emergency requests was identified as an important area for improvement. Finally, participants discussed work on the establishment of the new Governance and Oversight committee for the ICG mechanism, and the implementation of its new Accountability Framework.

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