

# International Coordination Group on Vaccine Provision for Yellow Fever

**Report of the Annual Meeting** 

Geneva

20 September 2018

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## List of abbreviations

AFRO WHO Regional Office for Africa

CFR Confirmed fatality rate

EPI Expanded Program on Immunization

EYE End Yellow Fever Epidemics

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

MSF Médecins sans Frontières

MMR Measles, mumps and rubella vaccinePAHO Pan American Health OrganizationPMG Programme Management Group

SD Supply Division of UNICEF

UNICEF United Nations Children's Fund

WHO World Health Organization

YF Yellow Fever

# **Executive summary**

The annual meetings of the International Coordinating Group (ICG) on Vaccine provision for epidemic meningitis, cholera and yellow fever (YF) were held back-to-back from 18–20 September 2018 in Geneva. The aims of the annual meeting of the ICG for Yellow Fever, held on 20 September, were for partners and stakeholders to: review the epidemiological situation and epidemic response activities, including ICG requests, in 2017 and 2018; discuss lessons learned and propose recommendations for improvement; discuss the anticipated stockpile size, composition and funding for 2019; and review areas of complementarity between the ICG and End Yellow Fever Epidemics (EYE) Strategy.

After the opening remarks, participants were briefed on the global YF epidemiological situation in 2017 and 2018, with an emphasis on Brazil and Nigeria. UNICEF Supply Division (UNICEF-SD) gave an update on vaccine shipments made over the previous year, and the ICG Secretariat then presented its review of the ICG's performance in terms of meeting its targets for timeliness of vaccine response. Next, representatives of the EYE Strategy shared their views on anticipated vaccine needs for preventive campaigns over the coming years, and on avenues for enhancing coordination between the EYE and ICG secretariats. UNCEF-SD then gave its presentation on stockpile management, current global vaccine reserves, ongoing tendering, vaccine availability and lessons learned. After lunch, Gavi updated participants on the progress towards meeting the objectives of the Gavi Roadmap and its market shaping activities for YF vaccines. Manufacturers then gave their production forecasts for the period 2018–2022 and shared their plans for future investments in production capacity.

From January to September 2018, the ICG received five emergency requests from Nigeria and the Republic of the Congo for YF vaccines, of which three were approved for a total of 4,418,486 doses. Participants agreed that ICG and UNICEF-SD should establish a working group on delivery lead times and to identify and evaluate bottlenecks in the procurement and delivery process, in particular delays related to obtaining approval for importation of vaccines from individual countries. While the EYE and ICG secretariats will continue to enhance their cooperation, it was agreed that the ICG Secretariat, along with UNICEF-SD, should review dose presentation of stockpiled vaccines. The next ICG meeting should include presentations on the implementation of reactive vaccinations campaigns and outcomes such as (independently-assessed) vaccination coverage, wastage factor, adverse events following immunization, and others.

ICG members agreed that the YF stockpile should remain at its current size of 6 million doses. The increase in vaccine supply over recent years was identified as a positive development. According to current projections, global YF vaccine supply is likely to meet demand for emergency, preventive and routine use over the coming years.

Efforts are also underway to implement the recommendations of the external review of the ICG, which was presented to the ICG Secretariat in October 2017. The ICG has established its new Governance and Oversight Committee and is beginning to implement the ICG Accountability Framework, which will be effective from 2019 onwards.

### 1. Introduction

YF is an acute viral haemorrhagic disease caused by a flavivirus primarily transmitted by mosquito vectors. It is difficult to diagnose, and case identification is often complicated by the co-circulation of malaria and other flaviviruses. Forty countries across Africa and Central and South America are classified as high-risk or with high-risk areas. The virus is primarily spread in two cycles. In the sylvatic cycle, transmission occurs between non-human and primates via Haemogogus and Sabethes mosquito species. In the urban cycle, Aedes aegypti vectors transmit YF directly between humans. A single YF vaccine dose confers long-term immunity in 95% of recipients.

The International Coordinating Group on Vaccine Provision (ICG) was established as an emergency mechanism to respond to outbreaks of epidemic meningitis following outbreaks in the African meningitis belt which resulted in over 200,000 cases and 20,000 deaths. ICG groups and emergency vaccine stockpiles were established for meningitis, YF and cholera in 1997, 2001 and 2013 respectively.

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 three vaccine stockpiles.

### 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 symplics at the closel level.

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