

USING OCV IN THE NCP

LORENZO PEZZOLI

GTFCC Secretariat pezzolil@who.int

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#### OCV USE

Real Life **IDEA** Vs. **Emergency Use** Outbreak response Humanitarian Crises Non-Emergency Use Cholera hotspots





#### **GTFCC Framework**

Surveillance	Case Management	OCV	WaSH	Social mobilization	Leadership & Coordination
		Political enga	gement		
		Situational A	nalysis		
	Build Mul	tisectoral Chole	ra Elimination	Plan	
		Implementa	ation		
		Monitoring & Ev	valuation		

IMPACT: reduction in 90% of cholera deaths, elimination in at least 20 countries

#### ACCESSING AND USING OCV FOR CHOLERA CONTROL

- In the past countries submitted one (emergency) request and received enough doses to conduct an urgent vaccination campaign
- The GTFCC framework encouraged larger, planned, requests to contribute to control of OCV in hotspots
- Malawi, South Sudan, Zambia submitted requests for multisite phased campaigns
  - These were comparatively small (manageable?)
  - Hotspots fairly simple to identify and to target with vaccination
  - Phased vaccination easy to implement and support in short periods of time
- Positive change of vision occurring in highly endemic countries which have a great demand for OCV
  - Needs are multiplied x 100
  - Plans for several years
  - Often with an "emergency /outbreak response component" and a "hotspot component"





#### **CHALLENGES**

Difficult to just approve once and let the country deal with the planning of campaigns, operational costs, implementation, complementary interventions (WASH but not only), Monitoring and Evaluation, etc.
The situation will surely change over the years (epidemiology, other interventions, Gavi eligibility, etc.)
Is it defensible that a country would plan an OCV campaign 2 years in advance?
Do we want to rather encourage WASH development is such areas?

such areas?

How to split requests so that appropriate stewardship from OCV WG is ensured for the whole process?
How to transition from "OCV requests" to "Multisectoral requests for Cholera Elimination"?





#### **NEEDS**

- Strategic country use (as part of a multisectoral cholera control plan)
- Transition from "OCV requests" to "Multisectoral requests for Cholera Elimination"
- Enough supply for countries to conduct OCV
- Enough supply globally for all other countries which will submit similar request
- Provide structure framework for situational analysis (hotspot identification)
- Smarter criteria for review and ranking of the requests
- Flexible decision making process
- Flexible mechanisms for access with established pathways

## GROUP WORK INTEGRATING OCV IN NATIONAL PLANS AND MECHANISMS FOR ACCESS

How to support countries to access and use OCV, strategically, within the 2030 Roadmap for Cholera Elimination

One FLEXIBLE mechanism that can allow for planned hotspot vaccination (the most strategic use) but also mobilization of doses for urgent situations

#### TWO Groups:

- 1. OCV Access recommendations on application process, criteria for review...
- 2. Risk and mitigation risk and mitigation measures to ensure strategic and effective use of OCV and facilitate access through single point of entry





# THE TIME IS NOW ENDING CHOLERA A GLOBAL ROADMAP TO 2030

### THANK YOU VERY MUCH!



