

# FROM PAMI IDENTIFICATION TO APPLICATION FOR PREVENTIVE OCV

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### FROM PAMI IDENTIFICATION TO MULTI-YEAR PREVENTIVE OCV APPLICATION

**PAMI** Identification Tool

**PAMI Prioritization Tool** 

Identify areas with historically high cholera burden

Prioritize identified PAMIs to receive OCV

Engage

Multiyear OCV
Plan of Action

6 months



**Epidemiological Data** 



OCV Campaign History



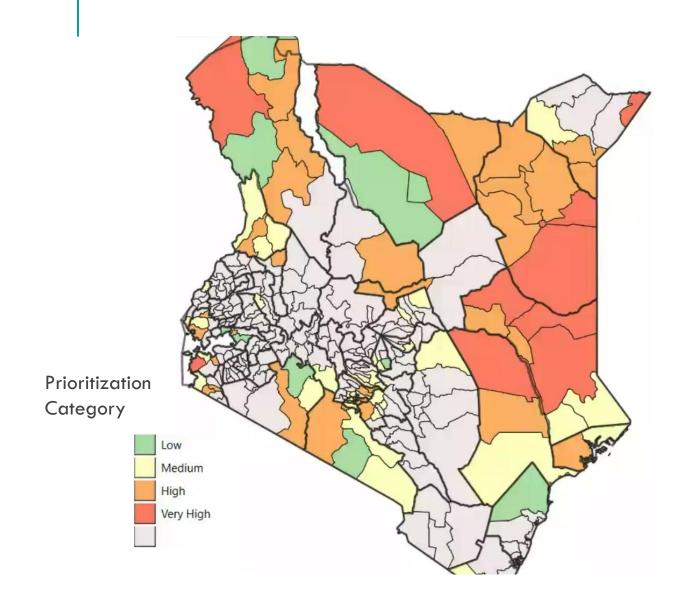
Targeting strategies

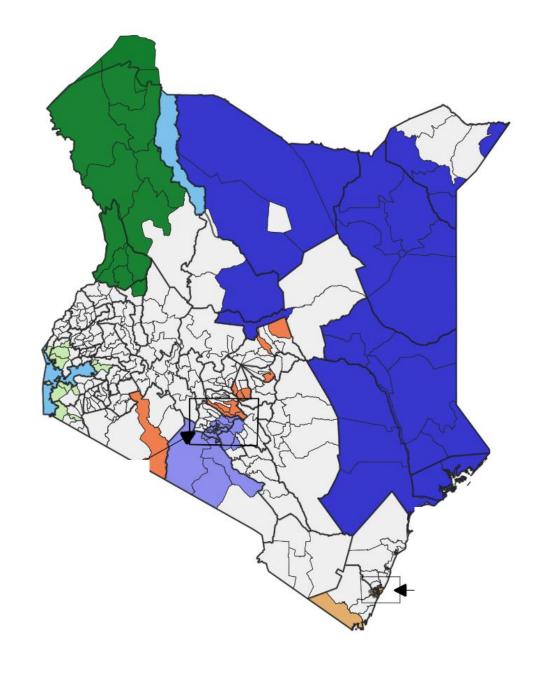
# THE OCV PRIORITIZATION TOOL CONSIDERS VARIOUS CHARACTERISTICS OF EACH PAMI

### EPI DATA USED TO IDENTIFY PAMIS IS REUTILIZED FOR PRIORITIZATION

Unique ID	Admin	gost garr	Incidence W	ncidence score	Mortelitry	Mortality see	perdstence	stence s	ore co	persite Late	Num Jean	years with case score	Joriey Inde
id_282	admin_1_17 admin_2_28	397.714	3	2.525	3	98.1	3	82	36	3		12	
id_033	admin_1_02 admin_2_03	123.37	3	2.566	3	35.2	3	92	12	2		11	
id_099	admin_1_06 admin_2_09	66.656	3	1.289	2	23	3	82	39	3		11	
id_225	admin_1_14 admin_2_22	543.286	3	0.726	2	85.8	3	74	69	3		11	
id_281	admin_1_17 admin_2_28	62.835	3	2.065	3	42.5	3	78	28	2		11	
id_051	admin_1_03 admin_2_05	183.09	3	1.813	2	28	3	79	12	2		10	
id_096	admin_1_06 admin_2_09	36.259	2	2.296	3	20.7	2	72	36	3		10	
id_121	admin_1_07 admin_2_12	28.346	2	0.839	2	39.5	3	79	39	3		10	
id_158	admin_1_08 admin_2_15	60.194	2	3.807	3	20.7	2	72	37	3		10	
id_224	admin_1_14 admin_2_22	107.496	3	1.621	2	14.2	2	76	39	3		10	
id_227	admin_1_14 admin_2_22	169.446	3	0.37	1	62.8	3	84	37	3		10	
id_231	admin_1_14 admin_2_23	203.003	3	0.626	1	74.7	3	87	51	3		10	
id_277	admin_1_15 admin_2_27	112.962	3	0.532	1	40.2	3	80	52	3		10	
id_305	admin_1_18 admin_2_30	73.295	3	1.325	2	11.5	2	73	55	3		10	
id_005	admin_1_01 admin_2_00	74.029	3	4.092	3	10.7	2	79	10	1		9	
id_013	admin_1_02 admin_2_01	22.433	2	3.505	3	4.6	1	83	48	3		9	
id_014	admin_1_02 admin_2_01	109.293	3	3.886	3	16.9	2	89	5	1		9	
id_015	admin_1_02 admin_2_01	83.512	3	1.844	3	4.2	1	55	13	2		9	
id_030	admin_1_02 admin_2_03	74.407	3	3.465	3	15.3	2	90	6	1		9	
id_097	admin_1_06 admin_2_09	41.525	2	1.605	2	30.3	3	81	17	2		9	
id_139	admin_1_08 admin_2_13	22.935	2	1.492	2	13	2	76	61	3		9	
id_148	admin_1_08 admin_2_14	55.336	2	0.92	2	18	2	85	54	3		9	
id_153	admin_1_08 admin_2_15	25.488	2	0.648	2	18.8	2	88	35	3		9	
id_178	admin_1_11 admin_2_17	40.573	2	1.648	2	31.4	3	80	28	2		9	
id_190	admin_1_12 admin_2_19	20.167	1	2.397	3	12.3	2	72	69	3		9	
id 100	admin 1 13 admin 3 10	27.072	2	0.03	2	10.7	2	75	70	2		۵	

#### **EXAMPLE**





### TOOL PROVIDES SUMMARY OF DOSES REQUIRED PER YEAR

#### Dose requirements and number of targeted PAMIs

	Doses	PAMI					
Year	Total requirement	# of PAMIs for first dose	# of PAMIs for second dose	# of PAMIs to be vaccinated			
2025	24,944,860	56	56	56			
2026	6,964,670	17	17	17			
2027	7,794,894	21	21	21			
Total	39,704,424	94	94				

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#### LESSONS LEARNED FROM 5 PILOTS

Country expectation that all PAMIs will be vaccinated with OCV as part of the pOCV-MYPOA

Selected PAMIs tend to be quite broad and can represent a large proportion of the population

Country prioritization based on regional implementation informed by perceived risk and local knowledge, some political considerations, as well as epi data

Reviewed tool with experts from the Surveillance WG: vulnerability and risk data poor quality, biased, lack of published data to support, recommended to simplify tool to epi data only

Reviewing tool with consultants who provided country support

Next steps - Review available data to simplify the indicators for OCV prioritization, incorporate maps into the tool

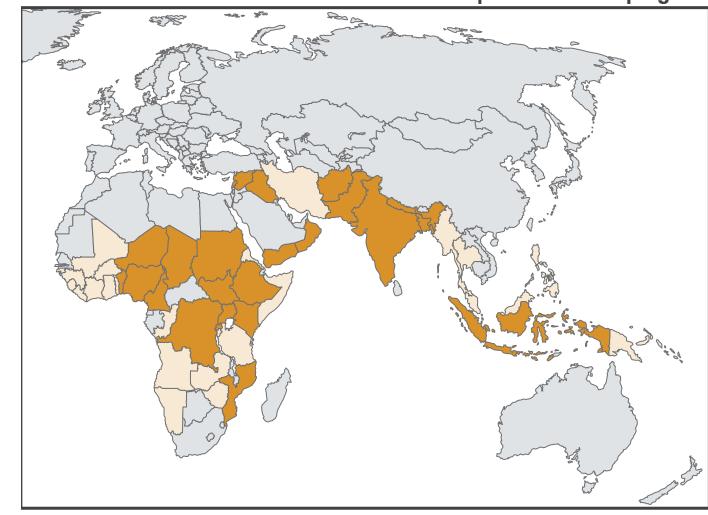
## OCV WORKSHOPS SUPPORT COUNTRIES TO ACCESS PREVENTIVE DOSES

2022 - 2024

### 25 CHOLERA ENDEMIC COUNTRIES TRAINED ON OCV REQUESTS AND CAMPAIGNS IN AFR, EMR, AND SEAR

- 3 of these 4 regional trainings included the new PAMI identification guidance and prioritization
  - With practical exercise on PAMI identification
- Opportunity for countries to learn about the process, speak to all the relevant partners, and practice
- Next workshop planned for Zambia in July, 2024
- 5 countries submitted multi-year OCV request for preventive campaigns to Gavi
  - 2 approved, 3 under review

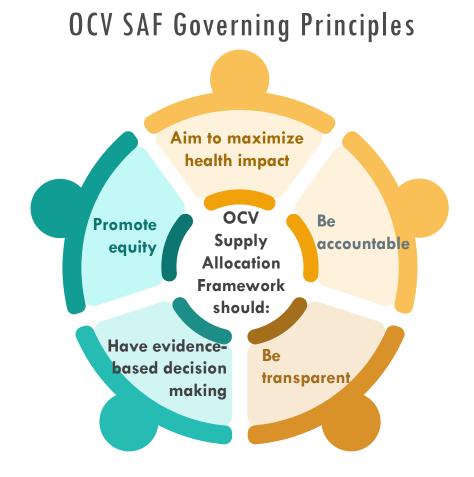
Cholera endemic countries trained on OCV requests and campaigns



### SUPPLY ALLOCATION FRAMEWORK

### UNDER CONSTRAINED OCV SUPPLY PREVENTIVE OCV DOSES WILL NEED TO BE ALLOCATED TO COUNTRIES IN SHORT TERM

- Unfortunately, vaccine supply challenges are not unique to OCV.
- To find the components that best suit in the OCV context, we have leveraged learnings from existing allocation frameworks for Malaria, Yellow Fever and COVID-19
- Leverage the discussions and guidance created for OCV PAMIs & Prioritization
- Created framework based on epi-data and request information provided in the MYPOA
- Surveillance WG provided feedback



#### CONCLUSION

- Accessing pOCV doses involves a large body of work, but will cover multiple years
  providing efficiencies and advanced planning information to countries and will help
  provide multi-year demand information required by vaccine manufacturers
- For countries wishing to apply, plan in advance (TCA funds), expect multiple rounds of feedback, anticipate needing 1-2 IRC reviews
- Tools are being adapted with experience to facilitate countries application process and planning
- OCV WG and Surveillance WG will continue to work together to support countries undertaking this process
  - To support tool finalization, country implementation, evidence generation



