

Wellcome Trust OCV research uptake meeting

GTFCC OCV WG 08.10.2024

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Infectious Diseases Mission

Supporting science to bring innovative solutions to combat infectious disease in the most affected communities



Our Goals ensure that we take on some of the biggest challenges where science can make a difference

1: Accelerate the discovery and development of impactful products, interventions and strategies to combat infectious diseases

2: Understand how Infectious diseases emerge or escape control to drive the development of evidence-based prevention strategies

Disease Focus



- Each of these diseases pose different challenges and we have developed a strategic approach focusing • on specific interventions where we believe we can deliver impact
- For TB, which is the leading cause of global mortality from an infectious disease, we will focus on ulletprevention. It will have its greatest impact on drug sensitive TB but is also the most effective way of tackling drug-resistant infections

¹Our initial focus will be on Arboviruses: Dengue, Zika, Chikungunya, Yellow Fever, Rift Valley Fever ² In addition to our work in NTS, we are currently further defining which bacterial and fungal diseases we will focus on



Areas of focus for Wellcome













CHOLERA ROADMAP

RESEARCH AGENDA

JANUARY 2021

Table 4: Overview of the top five research priorities for OCV

Rank Within Pillar		Research Question	
1	•	What are the optimal oral cholera vaccine schedules (number of doses and dosing intervals) to enhance immune response and clinical effectiveness in children 1 to 5 years of age?	
2	•	What are potential delivery strategies to optimize oral cholera vaccine coverage in hard-to-reach populations (including during humanitarian emergencies and areas of insecurity)?	
3	•	What is the optimal number of doses of oral cholera vaccine to be used for follow-up campaigns in communities previously vaccinated with a two-dose schedule?	
4	•	Can the impact of oral cholera vaccine on disease transmission, morbidity and mortality be maximized by targeting specific populations and/or targeted delivery strategies?	
5	\bigcirc	What impact does the timing of oral cholera vaccine use have on prevention and control of an outbreak?	

Generating evidence for decisionmaking on the use of the oral cholera vaccine

This funding call seeks to generate evidence for decisionmaking on the use of the oral cholera vaccine (OCV), with a focus on real-world impact and preparing for future preventative vaccination campaigns. Successful teams will support and engage with policymakers and/or implementing partners who are responsible for preventing and controlling cholera.

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Overview of OCV evidence

Building evidence on preventative OCV use	Children <5y	Dura prote
 Impact and effectiveness of preventative vaccination campaigns in 	\checkmark	5-8 <u>y</u>
Uvira, Goma and Bukama in the Democratic Republic of Congo		3 ye
 Impact and ellectiveness of preventative OCV in Mozambique Impact of preventative OCV campaign in Nairobi, Kenya 	\checkmark	3.5 y
Alternative OCV dosing and delivery strategies		
 Dose interval immunogenicity study in Kenya for Euvichol-S (2 weeks, 3 months, 1 dose + booster at 12 months). 	\checkmark	1.5 y
 Use of OCV in Case Area Targeted Interventions in Bangladesh 	\checkmark	3 ye
 Effectiveness estimates at individual level according to delay between two doses and since last vaccination 	\checkmark	J
Optimising reactive OCV campaigns		
\sim Optimizing OCV does allocation for cholors outbrooks	\checkmark	
 Optimising OCV dose anotation for cholera outbreaks Multi-country retrospective analysis of reactive OCV campaigns 		





Research Uptake

Research uptake

Wellcome expects successful applicants to design and conduct their research in collaboration with policy and/or implementation actors in order to be responsive to global/national/local needs and increase the likelihood of policy influence and research uptake. By policy or implementation actor, we mean those who can influence policy or decision-making around how vaccination campaigns are conducted. This includes but is not limited to the following:

- policymakers
- policy advisers from national or local government
- national task forces
- national or global non-government organisations (NGOs)
- advocates
- affected communities
- · the wider public.

the beginning

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- Wellcome.



Research uptake activities encouraged from

Included in the assessment criteria and research uptake expertise included in the review panel, proposed activities included setting up multi-sectoral research steering committees and engaging with national and global policy making processes.

Applicants were encouraged to include budget for research uptake activities

Research Uptake Workshop at the beginning of the research projects.

Annual update meetings of all the research teams together, in addition to 1:1s with

Research Uptake Workshop, 3-4th October 2024

As the research projects begin, this workshop brought together representatives from the research teams, Global Taskforce on Cholera Control (GTFCC) Country Support Platform, national and global policy makers.

Objectives of the workshop

- Connect research teams from the funding call to share study plans, and identify common challenges and opportunities.
- Strengthen relationships between research teams and cholera vaccine decision makers.
- Co-develop and refine research uptake objectives and plans, including identifying key stakeholders and outcomes.
- Align on ways of working together throughout the duration of the research project, including agreeing ulletindicators of progress and how to mitigate potential challenges.



Fatuma Guleid

Doctoral Fellow - KEMRI-Wellcome Trust Research Programme

Fatuma is a doctoral fellow at the KEMRI-Wellcome Trust Research programme in Kenya. Over the past couple of years, she has been actively involved in knowledge translation (KT) initiatives at local and regional level, supporting the uptake of research findings within her organization. Her experience includes developing and implementing KT strategies, collaborating with policymakers to create evidence-to-decision frameworks, and training researchers in effective KT techniques. Currently pursuing a PhD focused on Knowledge translation for health policy-making, Fatuma is committed to advancing the field of knowledge translation and ensuring that research makes a meaningful impact on society.



(AFIDEP) Violet Murunga is a Research and Policy Analyst at the African Institute for Development Policy (AFIDEP) where she has been since 2011. She has over 15 years designing, implementing and evaluating public health research and programmes specialising in sexual and reproductive health and evidence-informed decisionmaking (EIDM). She has experience evaluating HIV behaviour change programmes targeting young people and the general public as the M&E lead at I Choose Life Africa, Nairobi, Kenya, for a SIDA funded High School Project in Nairobi and Maseno, a USAID-funded project targeting students in tertiary institutions in Nairobi, a CDC-funded Care and Support program and APHIA II projects in the Rift (2010-2011). At AFIDEP, she managed a project between 2013 and 2017 that worked with the Ministry of Health Division of Reproductive and Maternal Health to introduce adolescent age-disaggregated indicators in the Kenya Health Information System for contraceptive use, maternal deaths and post-abortion care among 10-19 years old girls.





Violet Murunga

Research and Policy Analyst - African Institute For Development Policy







Topic 2: Problem statement & research impact objectives





Topic 4: Communicating & disseminating research **Topic 5:** Evaluating KT













Next steps and beyond



Topic 6: Developing a ToC





National level

Research engagement and evidence uptake activities

- Research infrastructure. E.g. surveillance and lab capacity supports national surveillance activities which can help inform national cholera strategies.
- Research groups can organise workshops, dissemination meetings, scientific days, kick-off meetings, or other pre-existing platforms etc. with national and sub-national govt / county stakeholders, local community stakeholders to discuss the research study and its findings.
- Research team participation in national cholera technical committees.
- Responsiveness to national priorities e.g. research to improve costeffectiveness, programmatic feasibility or optimisation of limited doses.

Potential challenges

- is needed for timely allocation of preventive doses?
- Updates to strategies can cause issues with acceptance.
- same way as peer-reviewed journal.

Knowledge and evidence



Policy / practice

In addition to PAMIs, there are other risk factors e.g. related to climate that mean that incidence can be better predicted – how can this be better taken into account for allocating doses for preventing outbreaks and other incidence, rather than having to wait until the outbreak has started? How much evidence

OCV and WASH responses currently siloed – potential role of research to bridge this gap e.g. include WASH stakeholders on research steering / advisory committees, policy briefs could include evidence from both sectors.

Sometimes a need for global update to change national policy / guidance, even if evidence exists for national level e.g. surveillance and other data. Evidence exists e.g. surveillance data, but not considered "evidence" in the

Potential use of evidence at global level

Uptake of evidence

- Lots of groups highlighted same global research questions and target stakeholders processes, for example to provide evidence for WHO and ICG. Are there other processes at regional or global level to consider?
- Is there a need to target manufacturers if there was better evidence on incidence and prediction i.e. a robust demand forecast? Or with additional evidence on vaccine effectiveness and efficacy, would this help inform PPCs for new vaccines?
- Can research questions and evidence synthesis be better integrated at global level as prevention - combining OCV, WASH and other interventions?

How to support evidence synthesis & identification of most urgent evidence gaps

- How can other evidence gaps be identified and prioritised?
 - GTFCC research tracker is there a way to improve this tool e.g. grouping of research that address common evidence gaps and likely timeline for the projects to delivery results, and identifying gaps?

• Science for Africa Foundation – potential role in regional research network.

How can Wellcome best support evidence synthesis to support global decision making (e.g. OCV WG and SAGE discussions / decisions)? There will be annual research group meetings and a mid-term review of the research findings and uptake - open to ideas on how to best disseminate this information, such as through a webinar, briefing documents to synthesise the evidence, half-day side meeting on existing cholera meetings.

SAGE can request an update on the research that is ongoing to determine whether they should set up a working group.

If so, the working group would put together the evidence for SAGE.

This could lead to updates on dosing recommendations (e.g. number of doses, dosing intervals, boosters), use in children, use in other special populations.





2017 WHO Position Paper on OCV.



Any questions?

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