# Considerations for mass deployment of innovative vaccines in LMIC immunization programmes

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### Scope

- Role of new technologies on immunization programmes
- Generating 'buy-in' at the country level
- Perspective on country readiness for entirely new and unfamiliar platforms intended for rapid roll out; case study Kenya

Countries are advised to have an operational

Immunization Policy



The National Immunization Program

Guiding principles on immunizations

Advocacy & resource mobilization

Guide for Operational research New and Emerging Vaccines

Creation of the NITAG

# Vaccine storage

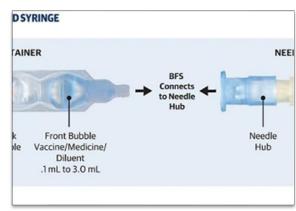
This is a fundamental requirement for vaccine introduction

Cold space burden has to be guaranteed before even the earliest consideration

Innovations should always aim for minimal expansion of cold space needs



Single and multidose containers



Single dose prefilled injector



Pouch with attached reusable syringe for use with disposable needle.



Pouch with a Luer port for use with Luer syringes with separate needles.

### Vaccine Delivery

These innovations aim to improve safety, delivery accuracy and ease of use.

Additional training is always needed

Consideration should include multiple antigens in 1 devise

Cost always a consideration as such may not be coververed by GAVI



Microarray/needle patch



Oral delivery



Microarray/needle patch



Oral delivery

# Overcoming challenges of new technology/vaccine introduction

#### **Essentially Cascaded**

### Additional Training

- All new vaccine and/or innovations require additional training
- A massive multi-age intervention is expected to attract even higher needs as the usual EPI teams would not cope on their own
- Successes of such intervention will be driven by quality and extend of such training



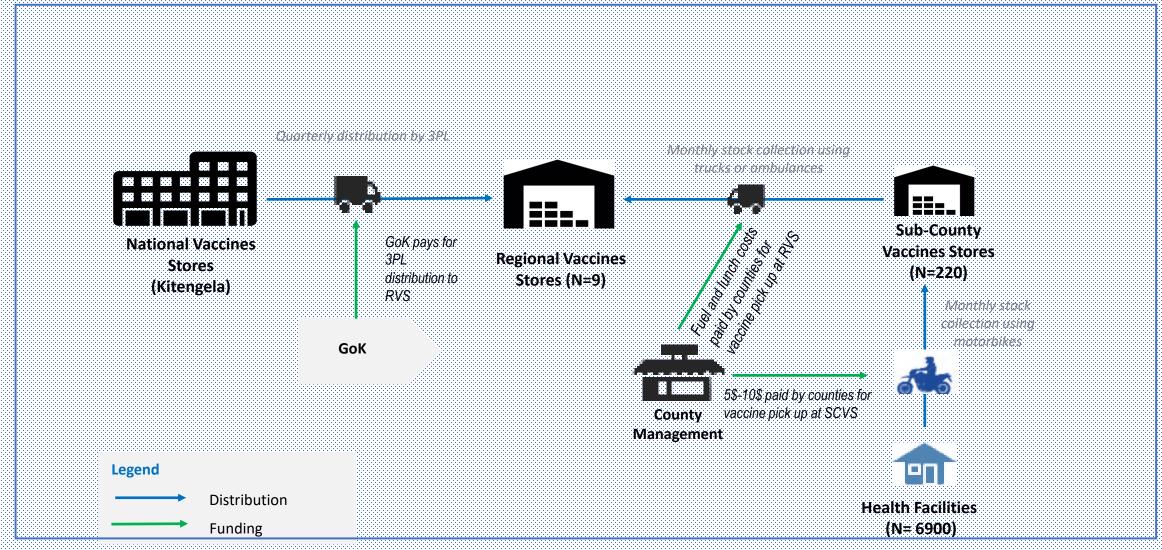


For the leadership levels

For the frontline worker

### Safe Storage and Transportation

**Not Always Easy [case of Kenya]** 



## Enhancing Buy In

# **ITEM** Regulatory **Approval**

**Product Selection** 

Criteria for Introduction

#### **RESPONSIBILITY**

Appropriate bodies available in LMICs

Usually driven by **GAVI** 

Set by NITAG for MOH

#### **CHALLENGES**

Where absent WHO guides used

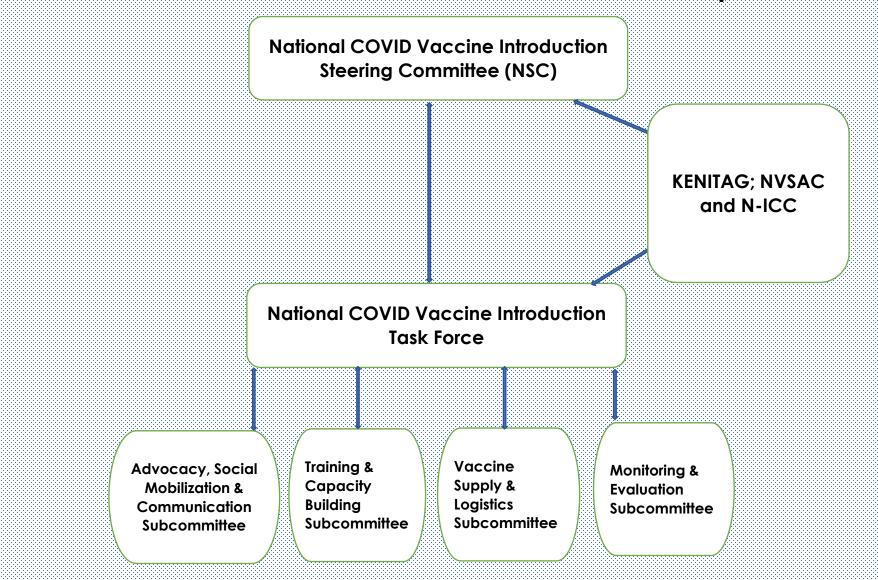
> Impact of total cost-share

Weak in many **LMICs** 

### COUNTRY PREPAREDNESS

Case Study, Kenya Prepares for COMD-19 Vaccination

### Governance Framework for Vaccine Implementation



<sup>\*\*</sup>Kenya National Immunization Technical Advisory Group (KENITAG), the National Vaccine Safety Advisory Committee (NVSAC) and the National Immunization Interagegency Coordinating Committee (N-ICC) provide technical and advisory support and ensure coordination between different stakeholders.

### Conceptual Framework for Covid 19 Vaccine introduction

Planning and Coordination	Vaccine selection	Integration to NVIP	Vaccine Delivery	Vaccination	Data Capture, M&E and Research
National COVID 19 Taskforces	Cold chain Capacity Assessment	Resource Mobilization and Financing	Supply chain management	Population targeting	Expansion of KDHIS
COVID 19 Vaccine Introduction Committees and	Vaccine Introduction scenarios	Immunization Schedules	International  National and	Vaccination Phases	Monitoring a and Evaluation
Sub- Working Groups	Select Vaccines justification and Characteristics	Trainings and Capacity Building	Regional County, Sub-	Infection Prevention	Research and Impact evaluations
National And County Relations and roles		Vaccination data capture tools	County and Health facilities	Heathcare waste management	
		Communication Strategy		Adverse Reactions - Risk management Plans ( SOP's and referrals)	

### Phased Approach for COVID-19 Vaccine Introduction in Kenya

Phase I (Q3 & Q4, FY 2021/2022)

- Vaccine supply limited
- Focus: Rapidly reaching critical target populations
- Priority Group: Front line Health Care Workers (HCWs-Including CHWs)
- Critical/ Essential Workers
- •Target Population: 1.25 Million

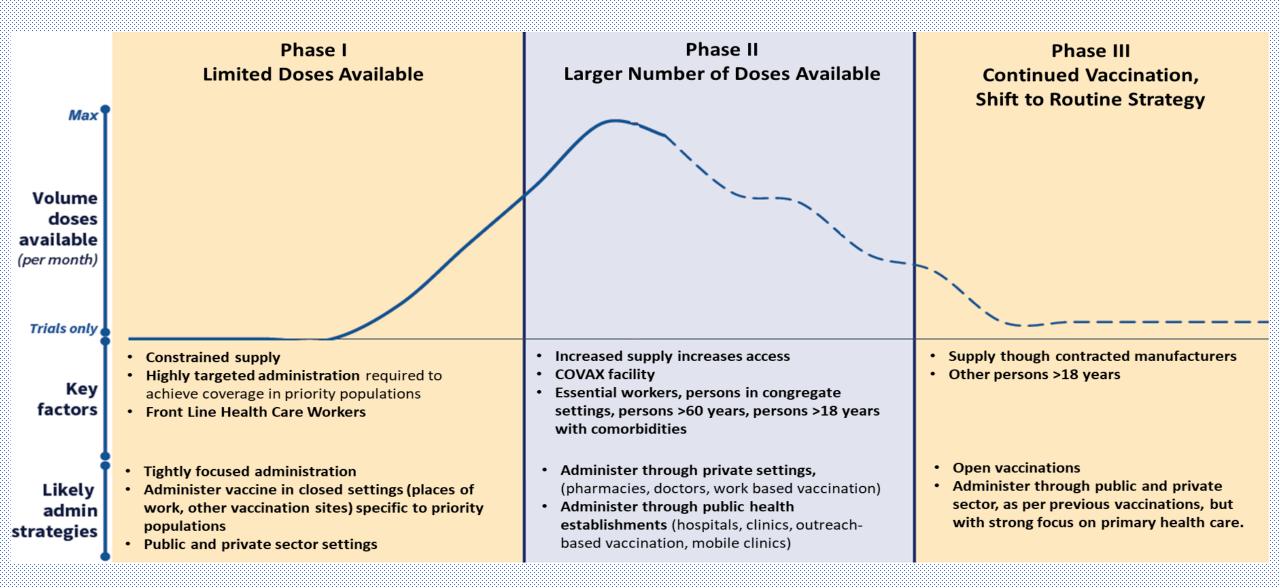
Phase II (FY 2021/2022)

- Larger number of vaccine doses available
- Focus: Rapidly reaching target populations most vulnerable to severe disease and death
- •Priority Group: Persons >50 years and those >18 years with co-morbidities
- •Target population: 9.76 Million

Phase II (FY 2022/2023)

- Sufficient supply of vaccine doses
- Focus: Ensuring equitable vaccination of other vulnerable groups
- **Priority Groups:** Persons > 18 years in congregate settings, Hospitality and tourism industry
- Target Population: 4.9 Million

### Phased approach based on availability of Vaccines- Scenarios



<sup>\*\*</sup> Distribution will adjust as volume of vaccines increases, moving from targeted to broader population reach (phased approach)

### Advocacy; Awareness Creation

ADVOCACY; RUNNING 4 CHILD SURVIVAL AWARENESS









