

# Partnering with regions and countries to identify priority pathogens for vaccines



## Immunization, Vaccines and Biologicals

Vaccine Prioritization & Platforms Team



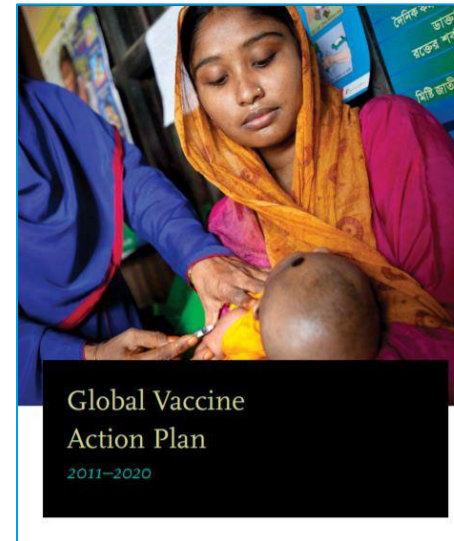


# Why do we need 'a better' prioritization strategy for new vaccines?



## The Past

- **Historically, priorities have been set individually by industry and by research funders.** Global experts and advocates have also proposed priorities.
- **Countries and regions have had little voice in priority setting.** As a result, development of new vaccines for use in low-income settings has lagged. Uptake of vaccines in these settings occurs several years or more behind licensure and uptake in higher income settings.
- GVAP, the **Global Vaccine Action Plan**, was seen as a top-down strategy, focused on global goals and targets. **Its successor – Immunization Agenda 2030 - places countries and regions at the center of strategy development.**



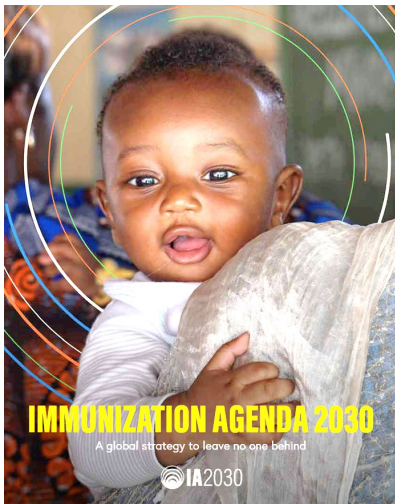


# To accelerate vaccine R&D in line with country and regional priorities



In line with IA2030 principles and ways of working

## The Present: Immunization Agenda 2030

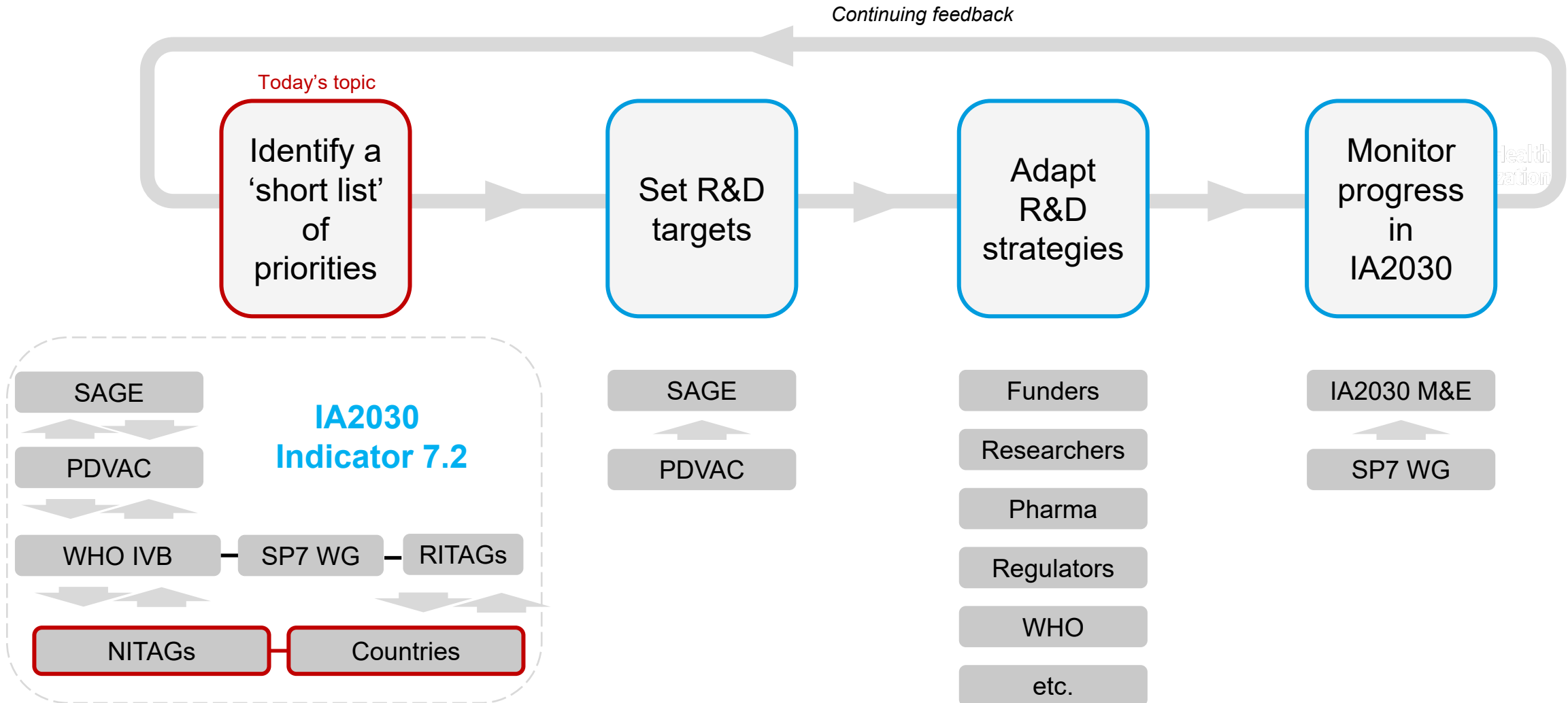


## IA2030 Vision for Research & Innovation

- Aligned priorities can focus funding and resources, and enable coordination for acceleration
- A robust priority-setting process will build awareness of disease burden, risks and threats, and potential interventions.
- We are seeking to **collectively** develop an approach to identify **regional and country priorities for vaccine R&D**, and a mechanism to drive progress at the country, regional and global levels
- The first deliverable is **“short list”** of *global pathogen targets for new vaccines—where vaccines do not yet exist, or where a new indication is needed*
- **Partnership model can be applied to other elements of the IA2030 agenda, such as implementation research**



# How will the 'short list' of priorities be used?

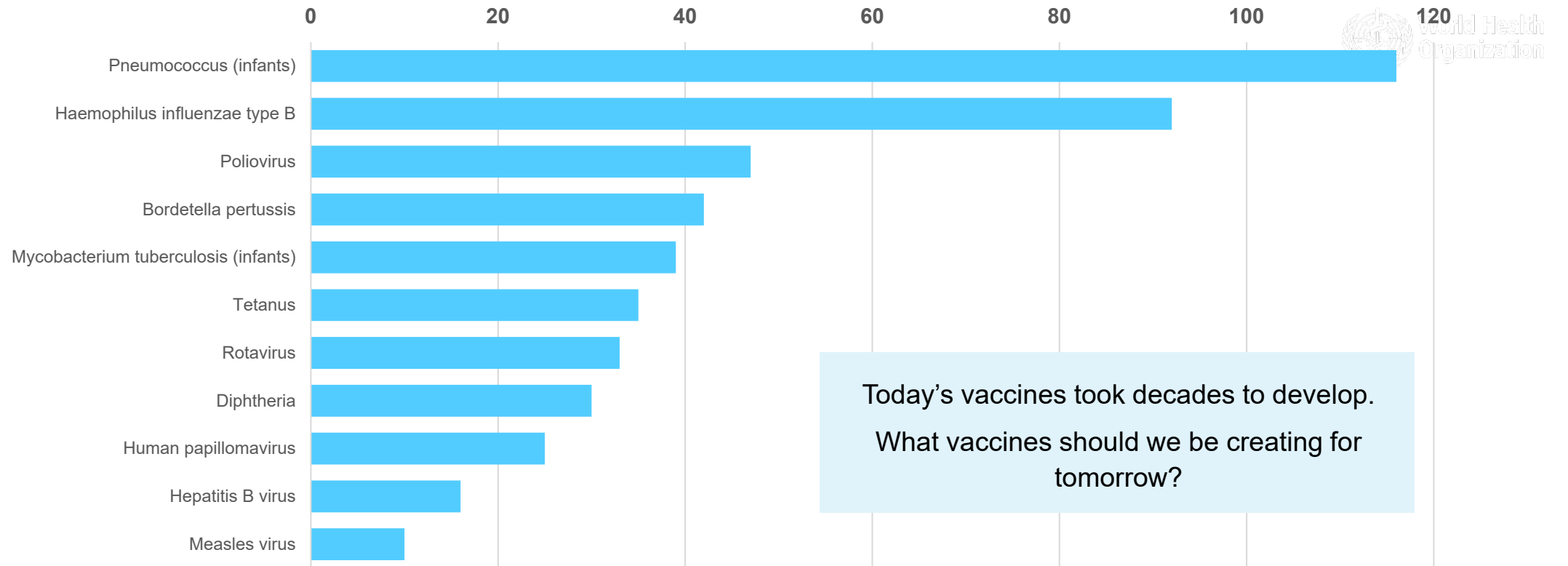




# Why are R&D priorities important now?

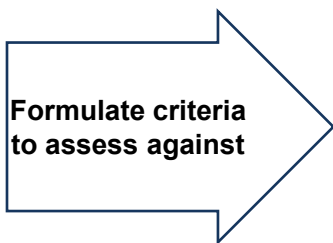
## EPI Pathogens

Years from association with disease to first licensed vaccine

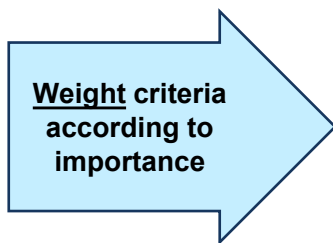




# For feedback: Proposed approach to identify regional priorities



e.g. “annual deaths in the region”, “contribution to inequity”, etc.



Regional and country stakeholders complete a 30-minute “**Preferences Survey**”



Survey tool multiplies  
Score x Weight



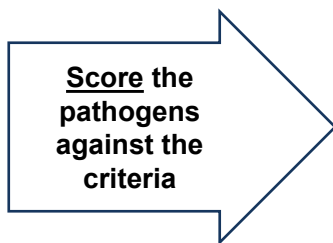
Regional consultations\* consider the ranking and make their recommendations on priority pathogens



**PDVAC** aggregates regional priorities into a global “short list”  
**SAGE** reviews and endorses short list




Proposed scope is ~35 priority pathogens with vaccines in the pipeline but none licensed



Based on the best available regional data



 Priority-setting by Regions and Countries

 Supporting mechanism

\* Regional stakeholders will determine the timing and approach for their consultations. Only consultations conducted by January 2023 can be included in the global summary presented to SAGE.  
PDVAC: WHO Product Development Vaccines Advisory Committee, SAGE: WHO Strategic Advisory Group of Experts on Immunization



# Example Survey Question

1000minds

Question 2 Progress: 1%

### Which of these two pathogens would you prioritise for vaccine development?

Please focus only on the attributes presented here.

<p>Contribution to inequity</p> <p>Very high (the pathogen affects socially and economically disadvantaged groups, including women, all or most of the time)</p> <hr/> <p>Health security threat</p> <p>Medium (the pathogen poses a medium threat of causing emergencies or outbreaks due to transmission, severity, societal impact, need for specialist surveillance or intervention).</p> <p>Prioritise</p>	<p>Contribution to inequity</p> <p>Medium (the pathogen affects socially and economically disadvantaged groups, including women, somewhat more often than other groups)</p> <hr/> <p>Health security threat</p> <p>Very high (the pathogen has been highlighted as a priority by the WHO R&amp;D Blueprint)</p> <p>Prioritise</p>
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They are equal

Undo Restart Skip Tour Auto-complete

- Multi-criteria approach is designed for decisions with multiple trade-offs and diverse stakeholder perspectives
- Choice is between two hypothetical pathogens, reducing bias
- Criteria are clearly explained so non-experts can use the survey
- Survey will be launched in October and available in multiple languages

## Two specific requests



Please suggest regional and country stakeholders to complete the Preferences Survey

*Include Ministry of Health officials, academics, members of medical associations, and civil society organization members. Include programmatic and financing stakeholders.*



Please share your feedback on this approach

Please send suggested stakeholders and feedback to Erin Sparrow ([sparrowe@who.int](mailto:sparrowe@who.int)) and Angela Hwang ([angela@ahwang.net](mailto:angela@ahwang.net))

Requested by: **4<sup>th</sup> October 2022** for inclusion in the survey





***Thank you for your kind attention!***