

## Terms of reference for time-limited Hib team

### Context

The first GAVI Board meeting held in October 1999 proposed that *Haemophilus influenzae* type b, (Hib) vaccine should be procured for countries which make successful applications in the following regions:

- Africa, Latin America, Middle East and for countries in other regions if supported by epidemiological data

By June 2004, 11 countries have received approval for GAVI support and nine have already introduced the vaccine as at the end of December 2003. Decision-making for Hib vaccine introduction has been complicated by an unclear disease burden, the limited availability of the desired products and prospects for sustainable financing there is therefore the need to take a closer look at the key issues in order to provide strategic directions for the way forward.

### Composition of Team

An ad hoc team is proposed to evaluate the current situation and provide recommendations to the Board on next steps.

The team will be constituted by the Board. It is proposed that recipient countries are adequately represented. Other members should reflect experience in immunization financing, programmatic issues, manufacturing, pricing knowledge procurement and supply issues. [Note: a suggested list of individuals for the team is attached.]

The team should develop its working agenda in coordination with the Working Group and report regularly on its progress during Working Group meetings or teleconferences.

The area of work should include a situation analysis at global and country level on above issues and strategic directions for the way forward.

### Situation Analysis

#### Global level

Key issues which led to inclusion of Hib vaccine in GAVI support –

- availability of data and geographical variation,
- procurement strategies and product selection
- approach on vaccine financing

#### Country level

- Availability of data at country level, (disease burden from local studies, cost effectiveness studies, surveillance issues),

- Public health priorities – competing health priorities, perception on public health significance, health service delivery infrastructure
- Supply and procurement – product selection and availability of supplies
- Vaccine financing – vaccine costs, affordability & sustainability issues
- Impact assessment – program performance, disease occurrence and vaccine effectiveness

**Next Steps- Strategic direction**

- Gathering evidence base for decision making through consultation with countries - identifying information needs at country level for decision making and priority setting
- Strategic procurement and financing issues (working with potential suppliers, innovative financing mechanisms)
- Lessons learned for future support of introduction of newer vaccines

**Deliverables**

Report to the Board (within 3 -4 months), proposing an update of the GAVI Hib strategy. The main focus of the report should be on country level issues; global concerns should also be addressed. The report should also propose a structure for the way forward and identify funding sources for proposed activities.

### Proposed members of GAVI Hib Team

<b>Name</b>	<b>Institution</b>	<b>Area of Specialty</b>
1. David Fleming (Chair)	Gates Foundation	Public Health
2. George Amofah	Ghana Health Service	Health system financing
3. Issa Makumbi	Uganda EPI	Country programmatic experience
4. Patrick Zuber	WHO	Epidemiology (disease burden)
5. Dr Endang	Independent Consultant, Indonesia	Epidemiology
6. Stephen Jarrett	UNICEF	Vaccine Procurement
7. TBD		Vaccine manufacturing
8. Steve Landry	Vaccine Fund	Vaccine financing
9. Piers Whitehead	Vax Gen	Vaccine supply
10. Damien Walker	LSTMH	Cost effectiveness studies

Coordination – GAVI Secretariat

Mercy Ahun

Country Review & Progress including financial commitments