Facilitating access of vaccines under emergency.

18th DCVMN Annual General Meeting

25-28 September 2017. Seoul Republic of Korea
Ebola response

What has been done so far
EBOLA RESPONSE: REGULATORY ACTIVITIES

- Support to member states on the review of Clinical trials of Ebola vaccines through AVAREF and collaboration from relevant Regulatory agencies and ethics committees

- Pharmacovigilance preparedness

- Development of WHO guidelines

- Development of EUAL procedures for IVD, pharmaceuticals and vaccines.
Technologies Standards and Norms (TSN)
Guidelines and standards

WHO Guidelines: Published

- Guidance on Managing Ethical Issues in Infectious Disease Outbreaks
- Good participatory practice guidelines for trials of emerging pathogens
- Guidelines on regulatory preparedness for provision of marketing authorization of human pandemic influenza vaccines in non-vaccine-producing countries
- Guidelines on the Quality, Safety and Efficacy of Ebola Vaccines (under development)
**WHO International Reference Materials for Ebola Assays**

- **WHO IRR Anti-EBOV plasma, human** (1 unit/mL): NIBSC code 15/220
  American Red Cross EBOV convalescent sample

- **Candidate WHO IS Anti-EBOV Convalescent Plasma Pool Sierra Leone** (unitage tbc): NIBSC code 15/262

- **Candidate WHO IRR Anti-EBOV Convalescent Plasma Panel** (unitages to be calibrated against the IS): NIBSC code 16/344
  Convalescent samples from 4 repatriated patients and a negative sample

- **WHO IRR EBOV RNA NP-VP35-GP standard** (7.5 Log10 units/mL): NIBSC code 15/222

- **WHO IRR EBOV RNA VP40-L calibrator** (7.7 Log10 units/mL): NIBSC code 15/244

- **WHO IRR EBOV RNA NP-VP35-GP in-run control** (calibrated against the IRR: 3.5 Log10 units/mL (95% CL 3.3 – 3.7; n=5)): NIBSC code 15/136

- **WHO IRR EBOV RNA VP40-L in-run control** (calibrated against the IRR: 3.7 Log10 units/mL (95% CL 3.1 – 4.3; n=3x)): NIBSC code 15/138
• **Joint ethics committee platform:**
  - AVAREF platform brings together regulators and national ethics committee representatives from Africa;

• **Joint review of clinical trial applications:**
  - Joint reviews through AVAREF successfully used in Ebola crisis;
Prequalification (PQT)
Emergency Preparedness

EUAL (Emergency Use and Assessment Listing):

- A time-limited special procedure under special public health circumstances
- Used for UN procurement decision-making
- Intended to support highly impacted countries in their regulatory decision-making
  - EUAL for candidate in vitro diagnostics (IVDs) for use in the context of a public health emergency
  - EUAL for candidate medicines for use in the context of a public health emergency
  - EUAL for candidate vaccines for use in the context of a public health emergency

Safety and Vigilance: Emergency Preparedness

• AEFI surveillance documents prepared for different settings
  o Surveillance system in place – functioning
  o Surveillance system in place – weak
  o No surveillance system in place
• Adapted for EVD and also for smallpox
• Vaccine Rate sheets available for different diseases

http://www.who.int/vaccine_safety/initiative/tools/vaccininforsheets/en/
Other activities

• Support for Communication
• Ensure stakeholder engagement
• Coordination with other WHO departments and organizations
Regulatory preparedness

WHO organized an Information Consultation on options to improve regulatory preparedness to address public health emergencies held in Geneva in May 2017

Main outcomes:

- Revision of the procedure based on the experience gathered
- Idea of a Pre-EUAL process (pre-emergency phase)
  - Could use PIP and Smallpox experiences as input on vaccine side
- Landscape mapping and addressing minimum competencies for NRAs and ethics committees
PRE-EMERGENCY

ONGOING & PLANNED
WHO Guidelines – TSN/RSS

- Development of norms and standards for **assessment of products for public health emergency** (according to R&D blue-print priority diseases) and **follow up through implementation workshops** with priority countries

- Finalize and pilot guidelines for **expedited review of clinical trials (AVAREF model)** in the context of a public health emergency including communication practices and expansion to other regions

- Table top exercise to simulate emergency November 2017
Pre-EUAL process

- Need for informed decision
- Minimum criteria defined
- Data base build with collected data
  - Vaccine assessment document for decision making prepared including flowcharts
  - Eligibility
- Assessment of available data
NRA support

- Identification/mapping of gaps and pathways
- Strengthening NRA capacity for emergency response based on gap analysis through regional networks
- Mechanism for data sharing and submission developed and available for/with NRAs (pre-EUAL)
- Support to NRAs and ethics committees/boards to assess products for emergency use
## Cross cutting collaboration

<table>
<thead>
<tr>
<th>WHO</th>
<th>stakeholders</th>
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<tbody>
<tr>
<td>• WHO Health Emergency program (WHE)</td>
<td>• European Agency (EMA)</td>
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<tr>
<td>• International Health regulations (IHR)</td>
<td>• USFDA</td>
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<td>• Infectious Hazard Management</td>
<td>• US Health &amp; Human Services</td>
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<td>• Legal</td>
<td>• Global Health Security Initiative (GHSI) Task Force</td>
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<tr>
<td>• WHO R&amp;D Blue print</td>
<td>• Coalition for Epidemic Preparedness Innovations (CEPI)</td>
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<td>• Director General Office (DGO) communication</td>
<td>• Others</td>
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EMERGENCY PHASE

ONGOING & PLANNED
• Revise EUAL procedure
• Develop additional tools
  o template for data submission
  o assessment procedure/decision making tool
NRA Support

- Assist NRAs prior to deployment through
  - joint reviews (AVAREF model) for regulatory review
  - authorization/approval for use
- Ethic committees/boards to ensure ethical considerations considered during public health emergencies
Implement mechanism for safety surveillance

WHO will provide assistance to ensure that:

1. Identified key focal persons and the agency (EPI/NRA) will lead the emergency response
2. The risks vs benefits of vaccinating with an antigen that is still unproven are determined
3. AEFI surveillance mechanism that is best suited to the evolving situation within the emergency is initiated and instituted
4. The surveillance system is implemented and key indicators to monitor are identified
5. Feedback is obtained and shared with stakeholders incl MOH
6. Systems based on the performance and evaluation of the system are modified and refined