Forecasting Typhoid Conjugate Vaccine Introduction and Demand in Typhoid-Endemic LMICs

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International Vaccine Institute





INTRODUCTION

Background

- Part of IVI's Policy & Economic Research of Typhoid Vaccine Investment Case Exercise
- Built on four factors that drive new vaccine introduction
- Address four areas of curiosity for typhoid endemic countries

Our Curiosity

- What are the TCV candidates, developers & manufacturers?
- Expected introduction of TCV: Which country & when?
- How will the global demand for TCV look like?



TCV INTRODUCTION FORECASTING





TYPHOID CONJUGATE VACCINE PIPELINE

*Vi-TT (Vi conjugated with Tetanus Toxoid)

Vaccine Development & Technology Transfer Institutions

IVI, S. Korea: Vi-DT (Vi conjugated with Diphtheria Toxoid)

NIH, U.S.A.: Vi-rEPA (Vi recombinant exoprotein antigen)

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NVGH, Italy: Vi-CRM (Vi conjugated with cross reacting material 197)

Own R&D: Davac – Vi-DT; Bharat & Bio-Med – Vi-TT*; Eubiologics – Vi-CRM; Walvax – Vi-TT; Finlay - Unknown



Khan MI, Franco-Paredes C, Sahastrabuddhe S, Ochiai RL, Mogasale V, Gessner BD. Barriers to typhoid fever vaccine access in endemic countries. Res Rep Trop Med. 2017 Mar;Volume 8:37–44.



Estimated through four indicators

Typhoid fever disease burden

Utilized data from Mogasale et al. 2014, Lancet Global Health

Past vaccine adoption history

- Hib, Hep B, pneumo CV, rota:
 - Data for 92 countries from JHSPH IVAC-VIMS Database, March 2014 update

Pentavalent Vaccine Introduction:

Data for Indian 35 States from Gavi (personal Communication with Melissa Ko)

Immunization System Capacity

DTP3 coverage rate:

- Data for 92 countries from WHO 2014. Immunization System Indicator
- Data for Indian States from UNICEF-India 2009. Coverage Evaluation Survey report 2009 - State Fact Sheets

Experience in typhoid fever research

Typhoid surveillance, clinical trial, RCT, demonstration trial:
 Data from 22 studies on typhoid surveillance experience in 92 countries

- Data from 3 studies on Indian States typhoid surveillance experience





FORECASTED TCV ADOPTION YEARS



1 = base assumption year is the year in which Gavi supported typhoid conjugate vaccine introduction is expected

Rapid introduction proxy: Rota vaccine according to Brooks et al. (2012) Slow introduction proxy:



TCV DEMAND FORECASTING





FORECASTING TCV DEMAND

What is needed

Vaccination strategy: Age and risk group targeting

Assumptions

- For each country we assume TCV coverage at:
 - 9 month to be same (100%) as MCV1 coverage for that country
 - 15 18 months to be 75% as MCV1 coverage for that country
 - Catch-up dose: MCV1 coverage to be 75%
- Wastage factor: Routine=1.33 and Campaign=1.11



TCV VACCINATION STRATEGY





FORECASTED TCV DEMAND



LIMITATIONS

- Gavi funding shift
- Other potential interventions
- Rapid economic growth
- TCV competition with other health interventions incl. new vaccines
- Political instability and/or natural disasters



TAKE HOME MESSAGE

- Effective and improved TCV WHO-PQ around the corner
- Increased interest from donors, procurers & policy makers
- Mutual partnership for humanity: Producers & Manufacturers
- TCV demand ranging from 40 160 million doses/year



Global Policy Maker-Donor Collaboration is Needed in Developing Policy Framework for TCV Introduction to Meet Projected Demand



COMING OUT SOON: PUBLICATION



OUR PARTNERS

IVI-VIVA Investment Case Advisory Committee

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BILL& MELINDA GATES foundation



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- Melissa Ko
- Hyeseung Wee





Q & A





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ASANTE ! THANK YOU !





BACK-UP SLIDES





FORECASTED TCV ADOPTER COUNTRIES

	YEAR											
Gavi	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031+
Eligible	Nepal Bangladesh ³	Pakistan Rwanda	Malawi Burundi Kenya	Eritrea	Burkina Faso Madagascar	Gambia Kyrgyzstan Uganda Cambodia	Tajikistan Senegal Tanzania	Comoros Mozambique Sudan Zimbabwe Afghanistan Congo, DR Ethiopia	Mali Sierra Leone Yemen Benin	Myanmar	Liberia Mauritania Niger Togo CAR#	Guinea-Bissau [2031] Korea, DPR [2031] Chad [2031] Somalia [2031] Guinea [2032] Haiti [2033]
Indian States	Delhi	Puducherry Tamil Nadu	Jammu & Ka shmir West Bengal	A&N** Island s Arunachal Pr adesh D&N_Haveli Daman&Diu Himachal Pra desh	Andra Prade sh Assam Goa Karnataka Kerala Punjab	Chhattisgarh Chandigarh Haryana Uttarakhand Orissa	Gujurat Jharkhand Meghalaya Maharashtra	Mizoram Nagaland Sikkim	Lakshadwee p Madhya Prad esh Manipur Tripura	Bihar Rajasthan Uttar Prades h		
Graduating	Cuba ³	Indonesia ³ Vietnam ¹	India ² *			Guyana Nicaragua ¹ Congo, Rep. Cameroon ² STP ^^ Zambia ²	Ghana ¹ Sri Lanka	Honduras Uzbekistan ¹ Cote d'Ivoire ² Djibouti ²	Mongolia Armenia Lao PDR ² Lesotho ²		Kiribati Timor-Leste Bolivia Georgia	Solomon Is. ¹ [2031] PNG ## [2032] Azerbaijan [2032] Nigeria ¹ [2033]
Non-eligible				Angola ⁴	Bhutan ⁴ Philippines	Ecuador El Salvador Maldives	Fiji	Iran Morocco Paraguay Turkmenistan Guatemala	Jordan Micronesia Swaziland Belize Cape Verde	Egypt	Marshal Islan ds	Iraq [2031] Tonga [2031] Tunisia [2031] Samoa [2031] Vanuatu [2033] Syria [2034]
^ Sao	Tome e Pri	ncipe	# Central A	African Rep	ublic	** Andama	n and Nico	bar ##	Papua Nev	w Guinea	*India as a	a single country

Central African Republic [^] Sao Tome e Principe

Andaman and Nicobar

1 Gavi eligible in 2014 but forecasted by Gavi to graduate by 2015

2 Gavi eligible in 2014 but will graduate by 2020

3 Qualitatively forecasted to introduce earlier as forecasted based on communication with experts from IVI and BMGF

4 Will be 100% self-financing beginning 2020 [Communication with Melissa Ko]

Gavi forecasted graduation dates are based on World Bank GNI estimates released in July 2014 and IMF growth rates released in October 2014 Note: Forecasted years are subject to change based on base adoption year (WHO PQ)

PROJECTED STRATEGIC DEMAND

Doses per Year

Population	One Dose (9 months)	Two Doses (9 – 12 months)	One Dose Catch- Up (1-14.9 yrs.)	Two Doses Catch -Up (1-14.9 yrs.)
High Risk	40 million	65 million	40 million (Peaks at 110, stabilizes at 40)	65 million (Peaks at 120, stabilizes at 65)
General	100 million	166 million	100 million (Peaks at 206, stabilizes at 100)	166 million (Peaks at 243, stabilizes at 166)



THREE TYPES OF TYPHOID VACCINES

🔅 Ty21a

- Injectable Vi polysaccharide Vaccine
- New Generation Injectable TCV

