

Meningococcal A Conjugate Vaccine (Men A)

Frequently Asked Questions November 2014

1. When did Gavi start supporting Meningococcal A Conjugate vaccines?

In 2008, the introduction of the new Meningococcal A conjugate vaccine (Men A) was presented to Gavi through an Investment Case. The aim of the Investment Case, implemented by meningitis partners (beneficiary countries, UNICEF, WHO and other partners and funded by Gavi), is to immunise all 26 countries¹ residing within the African meningitis belt with the Men A conjugate vaccine by 2016.

From 2010 to Dec 2013 Gavi supported 12 of the 26 endemic countries with Men A vaccines for preventive campaigns. Gavi will also be funding routine immunisation and mini catch up campaigns in the 26 endemic countries following the Strategic Advisory Group of Experts (SAGE) recommendations in October 2014 and the WHO position on use of Meningococcal A conjugate vaccine in routine immunisation. The details of routine Meningococcal A recommendations are available on the WHO website:

(http://www.who.int/immunization/sage/meetings/2014/october/summary_meeting_oct2014/en/) and will be published in the Weekly Epidemiological Record on December 12, 2014. The revision to the WHO Position Paper on Meningococcal A conjugate vaccine is currently under preparation and will be available later in 2015.

To support countries in preparing applications, the '*General Guidelines for Expression of Interest and Applications for All Types of Gavi Support in 2015*' document describes the principles, policies and processes that are applicable to all types of support. Additionally, supplementary guidelines for Men A specific application requirements are also available. **The guidelines provide important details on the application process, requirements and programme-specific considerations.**

A country considering an application for Men A should consult the application information and resources available on the Gavi website at: <http://www.gavi.org/support/apply/>.

2. Is our country eligible to apply for Gavi support for Men A mass campaigns?

To reduce the risk of Meningococcal A (Men A) meningitis epidemics in the 26 most-affected countries in Africa, a preventive campaign with Men A vaccine is recommended in the population aged from 1 to 29 years old. The 9 countries that are still to apply for mass

¹The 26 countries are Burkina Faso, Mali, Niger, Nigeria, Chad, Cameroon, North Sudan, South Sudan, Ghana, Benin, Senegal, Ethiopia, Democratic Republic of Congo, Cote d'Ivoire, Togo, Uganda, Guinea, The Gambia, Central African Republic, Eritrea, Kenya, Burundi, Guinea Bissau, Mauritania, Rwanda and Tanzania.

preventive campaigns include: Burundi, Central African Republic, Democratic Republic of Congo, Eritrea, Guinea Bissau, Kenya, Rwanda, Tanzania and Uganda.

There is currently no coverage filter requirement to receive Gavi support to introduce Men A preventive campaigns.

3. How can a country receive Gavi support to introduce Men A preventive campaigns?

Comprehensive preventative mass immunisation campaigns of 1- to 29-year olds with a single dose of Men A vaccine schedule are a cornerstone of the meningococcal A conjugate vaccine introduction schedule. In order to receive Gavi support for preventive campaigns, WHO should have worked with the 'high risk' countries from the priority list to conduct a Risk Assessment. The report of the assessment must be submitted to Gavi together with the NVS application request including a WHO statement of endorsement.

For more information about Risk Assessments, please review the Men A supplementary guidelines for vaccine support, available on Gavi's website at:

<http://www.gavi.org/support/apply/>.

Countries can receive Gavi support to introduce Men A preventive campaigns in the following ways:

Preventive Campaigns:

- **Vaccine and supplies:** Gavi-eligible countries will receive support for preventive campaigns on a one-dose vaccination schedule, as well as associated supplies. Gavi will finance the costs of the bundled vaccine, including AD syringes, reconstitution syringes and safety boxes.
- Countries receiving support for preventive campaigns do not receive a Vaccine Introduction Grant (VIG) but will receive support for operational costs. Gavi support will provide US\$ 0.65 per individual in the target population of the campaign to help cover operational costs (expected to cover approximately 80% of the total estimated cost). The aim of Gavi's operational support for campaigns is to facilitate the timely and effective delivery of vaccines to the target population. Countries must meet the remaining operational expenses.

Routine Immunisation:

- Eligible countries in the Africa meningitis belt should have first introduced mass preventive campaigns before introducing routine EPI
- The details of the routine Meningococcal A recommendation are available on the WHO website (http://www.who.int/immunization/sage/meetings/2014/october/summary_meeting_oct2014/en/) and will be published in the Weekly Epidemiological Record on December 12, 2014. The revision to the WHO Position Paper on Meningococcal A conjugate vaccine is currently under preparation and will be available later in 2015.
- Gavi will send updated guidelines and relevant information to specific countries scheduled to submit applications for routine immunisation as soon as more information is available including finalised SAGE recommendations.
- Routine immunisation will be introduced at the same time as mini catch up campaigns. Gavi-eligible countries will receive support for a one-dose vaccination schedule, as well as associated supplies. The countries will also be considered for a onetime cash grant to

support a share of the additional costs related to the new vaccine introduction, with any remainder necessary being funded by the government or partners. Men A routine immunisation requires co-financing. For more information, please refer to the co-financing section in the recent General NVS/HSS Guidelines.

Mini Catch-up Campaigns

To complement the first introduction of routine immunisation, Gavi will also support one-time mini catch-up campaigns with conjugate NmA vaccine targeting cohorts born between the initial mass campaign and introduction of routine infant vaccination in all 26 endemic countries in the African meningitis belt (from 2015); the exact age range will depend on the specific country epidemiology and situation, although the target number to be reached should be included in the application request). As a share of the operational costs for mini catch up campaigns, Gavi will provide up to US\$ 0.65 per individual in the target population of the campaign to help cover a share of the operational costs (expected to cover approximately 80% of the total cost). Countries are encouraged to identify synergies across the introduction grant for routine immunisations and mini catch up campaigns.

4. What is the application process for introduction of Men A?

All information and resources about this year’s application process (including the *General Guidelines* document and the Men A supplementary guidelines) can be found on Gavi’s website at: <http://www.gavi.org/support/apply/>

2015	Latest date for submission of EOI	Latest date for submission of Application	Application review dates (Independent Review Committee)	Gavi CEO or Executive Committee / Board decision
New requests, for any type of Gavi support	Not applicable	25 January 2015	16-27 March 2015	June 2015
	8 May 2015	8 September 2015	6 – 20 November 2015	Early March 2016

As outlined in the table above, countries are not required to submit an Expression of Interest for the first funding opportunity in 2015.

5. Important information about campaign design

Recent experience has shown that Men A vaccine is sufficiently heat tolerant that it can be distributed to the periphery in a “controlled temperature chain (CTC) environment” up to four days at temperatures of up to 40°C. Using the CTC campaign strategy has the potential to simplify logistics, as it can eliminate the need for ice for campaign outreach. Countries interested in using this system are encouraged to summarise in the application how they will use CTC, when they plan to start using it, and how they will comply with the WHO guidelines during implementation.

More information about CTC is available in the WHO guidelines at: http://www.who.int/immunization/documents/WHO_IVB_13.04_5_6/en/index.html