

## **Recommendations and Conclusions**

An informal meeting on regional production of pandemic influenza vaccine was organized by WHO at its Regional Office for South-East Asia, New Delhi (SEARO) on 29-30 October 2009. The meeting was attended by officials from the Ministry of Health and National Regulatory Authorities from Bangladesh, India, Indonesia and Thailand. Representatives from seven manufacturing companies, five from India and one each from Indonesia and Thailand attended the meeting. Subject experts were also present. The Vaccine production capacity currently exists in India, Indonesia and Thailand while Bangladesh has expressed an interest in producing it.

In his inaugural address Dr Samlee Plianbangchang, Regional Director, WHO/SEAR highlighted the need for augmenting the vaccine production within the Region to overcome the current shortages and to meet the requirements of the developing countries in this Region. Dr Jai P Narain, Director Communicable Diseases emphasized that an effective public-private partnership can yield substantial results in short time. He said that this was a unique meeting which has can initiate the process of making a difference to public health by enhancing production capacity, bringing costs down and improving survival.

The meeting was chaired by Professor Ranjit Roy Chaudhury and participants agreed to work together in best spirit of public private partnership to augment production of H1N1 vaccine, the establishment of a multi-country regulatory committee to speed up the regulatory processes; and development of robust national vaccine production, utilization and deployment plans.

Following recommendations were made:

### **A. To Member States**

#### **Member States should:**

1. Collaborate with vaccine manufacturers to synchronize demand with supply
2. Develop and implement fast track pathways in the regulatory process without compromising safety and efficacy; national regulatory authorities should work closely with manufacturers to ensure their awareness of the regulatory pathways which would facilitate adherence to production timelines
3. Identify priority groups for vaccination and in collaboration with the manufacturers facilitate access of the vaccine to identified priority groups
4. Establish robust national vaccine deployment plans

5. Develop a financial plan for implementation of their vaccine production and deployment activities and seek cooperation from developmental partners including WHO in mobilizing resources
6. Continue surveillance of influenza-like illness and severe acute respiratory infection and monitor clusters of respiratory illness; and conduct influenza burden of disease studies (including molecular characterization) to support seasonal influenza vaccination policy

## **B. To WHO**

### **WHO should:**

1. Explore the possibility of the establishment of (i) a multi-country regulatory committee so that one approval allows licensing in all 11 countries of the Region (ii) a regional expert committee in toxicology (iii) a regional ethics committee
2. Organize a meeting of national regulatory authorities from all Member States to define common minimum regulatory requirements for H1N1 vaccine for the Region
3. Organize periodic meetings bringing together partners and national authorities to augment collaboration in public health area and to review progress made on the recommendations from this meeting, in a spirit of public-private partnership.