



PACIFIC HEALTH SUMMIT  
SEATTLE-LONDON

## *2011 Calls for Collaboration from Summit Participants*

# Opportunities for Immediate Engagement in Vaccines and Immunization

*In inviting our participants to present these Calls for Collaboration, we seek to highlight specific, tangible efforts to create new bonds between motivated players in global health.*

*This collection of “Calls” offers readily actionable opportunities submitted by your fellow Summit participants for cross-sectoral collaboration with*

*new partners through existing infrastructure and project mechanisms, without seeking financial support.*

*Our aim is to provide immediate entry points for new partnerships in the vaccines and immunization field—at the 2011 Summit and beyond.*

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Share expertise and experience in how mobile information systems can help predict, prevent, and manage type 2 diabetes in underserved communities.

# ***Call for* partners to help shape the future of immunization systems by submitting proposals to the Immunization Innovation Fund.**

**FROM |** PATH

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**OVERVIEW |** With the introduction of new vaccines come new challenges for immunization delivery. Previously, maintaining high stock levels and tolerating high wastage rates was a tolerable way to overcome immunization system problems. This is no longer feasible with the introduction of new, costlier vaccines that require an expanded storage capacity and need to be delivered to new target population groups.

In 2010, 250,000 doses of pentavalent vaccine expired in one country's central store because the system charged with delivering these vaccines was not ready. Close to U.S. \$1 million-worth of vaccines were lost. Another country was forced to delay its plans to introduce lifesaving new vaccines because, to accommodate the introduction, it first had to expand its storage at the national level by nine-fold. With these challenges come opportunities to re-examine the systems trusted with delivering vaccines, and to actively seek out and develop innovative solutions.

**TARGET PARTICIPANTS |** Creative thinkers and problem solvers, including: supply chain experts; technology wizards; scientists; consumer goods and other distributors; vaccine developers and manufacturers; immunization program managers; staff from ministries of health, finance, industry, science, and technology; industrial designers; and engineers

**NATURE OF COLLABORATION |** The Project Optimize Immunization Innovation Fund will provide seed funding to help support proposals that the Fund's selection committee deem to be the most promising. Details of the program, including application information and opportunities for engagement, are online at: <http://www.path.org/projects/immunization-innovation-fund.php>

Partners are invited to help identify, develop, and guide innovations in the six critical areas listed below. A year-long multi-partner landscape and analysis process identified these areas as crucial for a well-functioning immunization system.

We are seeking proposals that offer innovative approaches in the critical areas defined below:

1. Vaccine products and their packaging designs, with characteristics that best suit the needs and constraints of countries.
2. Better streamlining and integration of immunization supply systems with other health commodity supply chains where applicable and continued adaptation to maximize efficiency, flexibility, and synergies with other public and private sector initiatives.
3. Assessment and minimization of the environmental impact of energy, materials, and processes used in immunization supply systems from the international to local levels.
4. Information systems to help staff plan and manage immunization activities and resources while ensuring that adequate quantities of vaccines are always available to meet demand.
5. Human resources policies and best practices to provide immunization supply systems with adequate numbers of competent, trained, motivated, and empowered personnel, at all levels of the health system, to overcome existing and emerging immunization supply challenges.
6. Innovative approaches to increasing immunization coverage through, for example, private sector opportunities, community-built solutions, and increased acceptance of immunization by healthcare workers and parents.

# **Call for industry, NGOs, and civil society organizations to share expertise to work with governments to support strategies that change social norms and promote immunization access and delivery.**

**FROM** | American Academy of Pediatrics (AAP), International Pediatric Association (IPA), and London School of Hygiene & Tropical Medicine (LSHTM)

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**OVERVIEW** | Many partnerships are needed to tackle vaccine refusal by the public all over the world. Increasing public understanding of, and dialogue about, the benefits and risks of immunization is a critical goal for all partnerships. Communication partnerships may improve responses to anti-vaccination groups and immunization crises. Public-private partnerships are crucial to effectively addressing public distrust of vaccines and convene and focus attention on immunization goals. Engaging clinical child health leaders and pediatric professional organizations with other influential stakeholders can open the door for stronger immunization advocacy around the long-term well-being of communities. International pediatric organizations and national associations have the depth and reach within countries across the globe to increase awareness of, and access to, immunization information and positively impact decision-making by the public. All partners can support regional and country-specific commitments to greater advocacy, enhanced immunization delivery, coverage improvement, and decreased vaccine-related injury.

**TARGET PARTICIPANTS** | Multinational business and NGO leaders; civil society, medical, and public health membership organizations; donor organizations; and ministries of health

**NATURE OF COLLABORATION** | Interested partners will convene at regional or selected national IPA meetings to engage in collaborative brainstorming and planning. Meetings include, but are not limited to:

- AAP meeting and a joint meeting of the AAP and the EAP, October 2011, Boston, USA
- Congress of Union of Arab Pediatric Societies, October 6-9, 2011, Beirut, Lebanon
- Asia Pacific Congress of Pediatrics & Asia Pacific Nursing Conference, September 2012, Malaysia
- Association of Latin American Pediatric Organizations, November 2012, Ecuador
- Union of National African Pediatric Societies and Associations, 2012 (final date/location TBD)
- IPA Congress, August 2013, Melbourne, Australia

Discussions at these meetings will focus on how immunization coverage can be increased by raising access, delivery system, and financing goals to the level of a social movement; coordinated efforts can help overcome barriers to the public's understanding of immunization; improving and extending dialogue and advocacy might help build public confidence; and the potential for civil society to create buy-in towards sustainable immunization advocacy goals. Meetings will also explore opportunities to create and adopt complementary, integrated strategies to seek ministry of health and country commitments, raise professional awareness, and promote the value of immunization goals to civil society leadership.

This project will draw on an IPA developing country immunization champion's project<sup>1</sup>, LSHTM's "Project to Support Public Confidence in Immunization,"<sup>2</sup> and an AAP project to engage advocates to support vaccine delivery and health infrastructure foreign aid.<sup>3</sup> Sustainability of these collaborations is important for long-term success in supporting national immunization programs.

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<sup>1</sup> [http://www.ipa-world.org/Program\\_Areas/Pages/Immunization.aspx](http://www.ipa-world.org/Program_Areas/Pages/Immunization.aspx)

<sup>2</sup> <http://www.lshtm.ac.uk/eph/ide/research/vaccinetrust/>

<sup>3</sup> [www.aap.org/immunization/about/globalpartnerships.html](http://www.aap.org/immunization/about/globalpartnerships.html)

# **Call for partners to help evaluate a next-generation cold chain device for improving vaccine storage capabilities.**

**FROM** | Global Good, a program at Intellectual Ventures

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**OVERVIEW** | Global Good is an Intellectual Ventures effort funded by the Bill & Melinda Gates Foundation to save lives in the developing world by inventing technology-based solutions to global health and development challenges. We are seeking partners that have the vision and capacity to contribute to the development of health technologies intended to accelerate achievement of the priorities of national health systems and the global health community.

The philanthropic cold chain device project began in 2009 to support the priorities of the Bill & Melinda Gates Foundation. This passive cold chain device represents a significant advancement over active vaccine cold chains because of the limited requirement for constant power supply and maintenance. The current prototype stably stores vaccines for more than 90 days solely by using one set of reusable ice blocks.

**TARGET PARTICIPANTS** | EPI representatives; in-country NGOs; international organizations; and healthcare workers

**NATURE OF THE COLLABORATION** | Global Good is exploring collaborations specific to in-country demonstrations and initial field testing of a next-generation vaccine storage device. From a candidate pool of over ten countries, Global Good ultimately expects to choose two country partners to advance to field testing that will provide data crucial to developing a final product adopted by national health systems.

Our intent is to work closely with partner countries to solicit direct feedback that will inform the design of the next generation of devices. Field evaluations of our device will allow our team to engineer design improvements specific to a country or region's needs. It will help us understand how our technology can help address current issues faced in vaccine logistics and contribute to increased vaccine availability. *Please note: There is no commitment for these initial locations to participate in the future evaluation of the device; we merely wish to demonstrate the vaccine container and explore if there is a mutual fit for a follow-up field test.*

**June 24, 2011:** Tour of Intellectual Ventures Laboratory and demonstration of cold chain device

**June - August 2011:** Visit 10+ candidate countries to demonstrate device and evaluate site for field tests

**August - September 2011:** Limited field test in four countries

**Late 2012:** Scaled up field tests in two countries

## **Lab tour: June 24, 2011**

Interested individuals and organizations are cordially invited to Intellectual Ventures Laboratory (IVL) on June 24, 2011 from 8:30am-12:30pm for a laboratory tour of Global Good projects and demonstration of the cold chain device. Transportation to and from IVL will be provided from the Marriott Waterfront Hotel. Please email Nicole Bates at [nbates@intven.com](mailto:nbates@intven.com) for any questions and to register. Limit of 40 individuals.

08:30: Bus pick-up at Seattle Marriott Waterfront Hotel (across from Summit venue)

09:00-10:00: Laboratory tour and discussion of Global Good projects

10:00-11:00: Cold chain device demonstration

11:00-12:00: Lunch

12:00 Return to Seattle Marriott Waterfront Hotel

# ***Call for* partners from all sectors to share expertise and experience in how mobile information systems can help predict, prevent, and manage type 2 diabetes in underserved communities.**

**FROM** | Swedish Medical Center and Pacific Northwest Diabetes Research Institute

**CONTACTS** | Dan Dixon, Executive Vice President, Swedish Medical Center, Dan.Dixon@swedish.org  
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**OVERVIEW** | In 2010, Swedish Medical Center, in conjunction with the Washington Global Health Alliance, Public Health - Seattle and King County, and HealthPoint, launched the “Global to Local” program, which is initially focusing on culturally diverse communities near Seattle that have a health status comparable to developing countries. The project seeks to develop new approaches to healthcare by adapting techniques and technologies created to improve health in underserved communities in the developing world. Diabetes is a major focus of Global to Local due to its rising incidence in the United States and around the globe. Smart phones and mobile devices are a central element of the strategy. The collaboration we propose explores the role for mobile technology in helping address the issues of diabetes education, management, and prevention within a holistic approach to community-based health and wellness (derived largely from global health work outside the United States).

**TARGET PARTICIPANTS** | Experts in type 2 diabetes, including practitioners and researchers; development agency representatives; government leaders; NGOs; and the business sector, including leaders in developing information, communication, ICT, and diagnostic technologies applied to health.

**NATURE OF COLLABORATION** | We invite interested partners to join an international team of advisors who would participate in the activities outlined below. All facets of this collaboration are being designed as a template that can be scaled up for broad-based replication in other geographies and disease areas by organizations globally. We will provide free, open access to all materials generated by the project via the Web.

## *Activities*

- Assemble case studies on the use of IT, social media, diagnostic devices, health-based computer games, and other innovations in helping respond to the rise of non-communicable disease, especially type 2 diabetes, in developing and developed country environments.
- Build a free and open online repository of case studies, as well as a catalog of relevant technologies, research strategies, and research findings.
- Help design research protocols for assessing the efficacy and cost-effectiveness of mobile health strategies that target type 2 diabetes.
- Disseminate vital information and case studies to health policymakers and opinion leaders both directly and through partners, with free and open access to all materials.

## *Timeline*

### *July-August 2011*

Review of materials; initial case study and protocol collection and organization

### *September 2011*

Virtual meeting to report on initial process

### *December 2011*

Second progress report issued, including compendium of relevant resources