

## Programme

# A global vision for meningitis by 2030 and an action plan to get there

Monday 8 – Wednesday 10 May 2017 | WP1521

### Context

Major progress has been made in the global fight against meningitis in the past 20 years, but a more coordinated effort is needed to save lives.

The UN-mandated Sustainable Development Goals (SDGs) include the aim 'affordable vaccines and medicines for all'. This provides the opportunity to look ahead to 2030 and ask: what is the vision for defeating meningitis by 2030 and how do we get there?

There are around 300,000 deaths from meningitis in the world each year, the highest incidence of which is found in the 26 countries of the extended 'African meningitis belt', where there were 11,000 unexpected meningitis C cases and 800 unexpected deaths over a three month period in 2015. This region also saw the largest ever number of pneumococcal epidemics in 2016, despite a big increase in pneumococcal vaccines.

There have been many efforts over recent years to target the main causes of bacterial meningitis, but until now the main focus has been on vaccine development and deployment. However, many other issues exist, in addition to vaccines. The challenge of addressing meningitis needs to be met by a holistic, systematic and coordinated approach. Countries require health systems that can administer mainstream programmes as well as diagnose and treat cases where vaccines are not present. Those affected need support and information, health workers need to be trained and ready to respond to rapid onsets of the disease and the financing and wider resources, including supportive health policies, need to be in place.

### Objectives

This dialogue meeting is deliberately designed as an opportunity for global experts on various aspects of meningitis, health systems and patient advocacy to collectively think about long term goals towards defeating meningitis by 2030.

In association with:

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**BILL & MELINDA**  
**GATES** *foundation*

It is envisaged that the meeting will help to achieve a global vision for meningitis, offer a strong call to action and help to build a taskforce for the delivery of a multicomponent roadmap towards defeating meningitis.

By necessity the meeting will be a high level overview of key themes, with many essential topics being touched on lightly in order to bring a variety of views from different stakeholders together, in one place and in a unique way. In doing so it will start a process that leads to the more detailed discussions that must follow.

#### **Format**

This meeting is highly participative, in the Wilton Park style, and everyone is encouraged to contribute to the round-table discussions. There will be a mix of plenary sessions and breakout groups. Speakers listed on the programme are invited to make short presentations (10 minutes each) to be followed by discussion of the issues raised.

**In association with Meningitis Research Foundation, Bill and Melinda Gates Foundation, GlaxoSmithKline, Pfizer, Sanofi Pasteur. With additional support from World Health Organization.**

## **Monday 8 May**

**1300-1430**

Participants arrive and buffet lunch available

**1500-1515**

### **Welcome and introduction**

#### **Robin Hart**

Director of Programmes, Wilton Park

#### **Vinny Smith**

Chief Executive, Meningitis Research Foundation (MRF), Bristol

**1515-1630**

### **1. The meningitis story today**

**Format: Short presentations in plenary followed by discussion**

**Aim:** To set the scene for subsequent in-depth discussions on each topic

**Topics for discussion may include, but are not limited to:**

- How is 'meningitis' defined?
- What is the global burden of the disease?
- The problem of data
- Vaccine history and priorities today
- Key challenges and priorities for diagnosis and treatment
- The role of communities and patients
- Equity and access to disease surveillance and prevention

**Chair: Robin Hart**, Director of Programmes, Wilton Park

#### **The global picture**

##### **Brian Greenwood**

Professor of Clinical Tropical Medicine, London School of Hygiene and Tropical Medicine

#### **Key priorities today**

##### **Mamoudou Harouna Djingarey**

Programme Area Management, Regional Office for Africa, WHO Regional Office for Africa, Brazzaville

**1630-1715**

Photograph followed by tea/coffee

1715-1900

(1715-1745)

## 2. The meningitis story in 2030

**Format:** Plenary introduction and case studies followed by a breakout session in four predesignated groups

**Aim:** To encourage participants to think ahead to what change they would like to see by 2030. Participants will return to these aims later, have an opportunity to update them in light of discussions held, and seek to create priorities.

**Chair:** Robin Hart, Director of Programmes, Wilton Park

### A vision for 2030: a meningitis belt perspective

**Isaïe Medah**

Director, Expanded Programme on Immunization (EPI), Ministry of Health, Ouagadougou

**Dorothy Nwodo**

Director, Disease Control and Immunization, National Primary Health Care Development Agency (NPHCDA), Federal Ministry of Health, Abuja

### A vision for 2030: a perspective from IVAC

**Lois Privor-Dumm**

Director, Policy, Advocacy and Communications, International Vaccine Access Center (IVAC), Johns Hopkins Bloomberg School of Public Health, Baltimore

(1750-1900)

**Each breakout group will discuss:**

- What achievements should be made in meningitis **prevention** by 2030? What are the principles that underpin these ambitions?
- What achievements should be made in meningitis **diagnosis and treatment** by 2030? What are the principles that underpin these ambitions?
- What achievements should be made in **support and information** to populations and patients affected by meningitis by 2030? What are the principles that underpin these ambitions?
- What are the key challenges and opportunities?

1900

Reception followed by dinner, hosted by

**Myles Wickstead**

Acting Chief Executive, Wilton Park; Member, Wilton Park Advisory Council

## Tuesday 9 May

0800-0845

Breakfast

0900-0915

## 3. The meningitis story in 2030: recap and reflection

**Chair:** Robin Hart, Director of Programmes, Wilton Park

Facilitators of the breakout discussions in session 2 to provide feedback to plenary

0915-1045

## 4. Improving prevention through vaccines

**Format:** Short presentations in plenary followed by discussion

**Aim:** To highlight the best strategies for improving the prevention of meningitis through vaccines

**Topics for discussion may include, but are not limited to:**

- What are the current vaccine strategies and what is known about duration of protection?
- What has influenced the achievement of high vaccine coverage in some areas?
- What changes have happened as a result of introducing vaccines (health, economic, other)?
- What are the key strengths and weakness of our approach to vaccines today?

- Where should the focus of efforts be over the next decade?
- Can vaccine R&D be improved?
- What impact does public perception have?
- What has been learned from the past?
- How does this relate to epidemics and routine immunisation?
- What part does surveillance play?
- How is this enabled or hindered by current financing mechanisms?

**Chair: Imran Mirza**, Health Specialist, UNICEF, New York

#### **MCV-5 program and MenAfrivac**

**Marc LaForce**

Director, Technical Services, Serum Institute of India Pvt Ltd, Haymarket

#### **A global picture of prevention**

**Mark Alderson**

Director, Pneumococcal Vaccine Project (PVP), PATH, Seattle

#### **Adding vaccines to routine schedules**

**Patience Musanhu**

Senior Programme Manager, GAVI The Vaccine Alliance, Geneva

1045-1115

Tea/coffee

1115-1300

### **5. Challenges and opportunities for improving vaccination programmes**

(1115-1155)

**Format:** Plenary introduction and case studies followed by a breakout session in four predesignated groups

**Aim:** To examine different perspectives on the challenges and opportunities faced around the world for improving vaccine coverage by 2030, and to provide headline recommendations for improvement

**Session introduction: Robin Hart**, Director of Programmes, Wilton Park

**Case studies:**

#### **Challenges with data – global perspective**

**Heidi Larson**

Professor, Department Infectious Disease Epidemiology; Director, Vaccine Confidence Project, London School of Hygiene and Tropical Medicine

#### **Challenges for developing and introducing new vaccines**

**Beate Kampmann**

Professor of Paediatric Infection and Immunity, Imperial College London; Scientific Director for Vaccinology Research, MRC Unit, The Gambia

(1200-1300)

**Each breakout group will discuss:**

- How to improve surveillance and who has responsibility for this?
- How to increase coverage with existing vaccines and who has responsibility for this?
- How to get new vaccines that are more effective, have a broader spectrum of activity, are more effective with fewer doses and are cheaper?
- What advocacy is needed for better vaccine coverage at global, national and local level?
- What financing needs to be in place to buy extra vaccines? What are the challenges to making this happen?
- How to improve public perception in vaccine programmes and who has responsibility for this?

1300-1430

Lunch and garden walks

1500-1515

## 6. Improving vaccination programmes: feedback and reflection

**Chair: Robin Hart**, Director of Programmes, Wilton Park

Facilitators of the breakout discussions in session 5 to provide feedback to plenary.

1515-1645

## 7. Improving diagnosis and treatment

**Aim:** To highlight the best strategies for improving the diagnosis and treatment of meningitis. Cases of meningitis will still occur even as ever more successful vaccination programmes are developed. The health systems and health care workers in every country tackling meningitis are therefore a vital part of the solution to the ongoing reduction of burden.

**Topics for discussion may include, but are not limited to:**

- How can health systems be strengthened to deliver more effective responses and what needs to change to strengthen them?
- What skills and knowledge do health workers need?
- What role does digital technology play in strengthening health systems and front line health worker capacity to fight the disease?
- What tools and technologies are needed to improve diagnosis and treatment?
- How to improve surveillance and who has responsibility for this?
- How to improve management of sequelae and who is responsible for this?
- What lessons have been learned from meningitis outbreaks and from other diseases, such as Ebola?

**Chair: Rob Heyderman**, Professor of Infectious Diseases and International Health, Division of Infection and Immunity, University College London

### The situation today and what this means for the next 13 years

**David Laloo**

Professor of Tropical Medicine; Dean of Clinical Sciences and International Public Health, Liverpool School of Tropical Medicine

### Diagnosis and treatment in outbreaks

**Myriam Henkens**

International Medical Coordinator, Médecins Sans Frontières, Geneva

### The digital revolution in health systems and care

**James BonTempo**

Chief Strategy Officer, D-Tree International, Boston

1645-1715

Tea/coffee

1715-1850

## 8. Challenges and opportunities for improving diagnosis and treatment

(1715-1745)

**Format:** Plenary introduction and case studies followed by a breakout session in four predesignated groups

**Aim:** To examine different perspectives on the challenges and opportunities faced around the world for improving diagnosis and treatment that will help work towards eliminating the disease by 2030. To provide headline recommendations for improvement.

**Session introduction: Robin Hart**, Director of Programmes, Wilton Park

**Case studies:**

### A perspective from the health facility

**Queen Dube**

Paediatrician, Ministry of Health, Blantyre

### A perspective of diagnosis in Africa

**Ryan Novak**

Director, MenAfriNet, Center for Disease Control and Prevention, Atlanta

(1750-1850)

**Each breakout group will discuss:**

- Development of diagnostics: what is needed and who should be doing this?
- How can recognition of meningitis in the community be strengthened?
- How can recognition and diagnosis at a primary health level be strengthened?
- How can the development of better rapid diagnostic tests be encouraged?
- What improvements are needed in tertiary health facilities?
- How can the availability of suitable antibiotics be improved?

1855-1915

**9. Improving diagnosis and treatment: feedback and reflection**

**Chair:** Robin Hart, Director of Programmes, Wilton Park

Facilitators of the breakout discussions in session 8 to provide feedback to plenary

1915

Reception followed by dinner

**Wednesday 10 May**

0800-0845

Breakfast and checkout

0900-1030

**10. Improving engagement, support and information for people and patients**

(0900-0945)

**Format:** Plenary introduction and case studies followed by a breakout session in four pre-designated groups

**Aim:** To help determine the role that patient voice plays in defeating meningitis

**Chair:** Robin Hart, Director of Programmes, Wilton Park

**The work of Confederation of Meningitis Organisations (CoMO)**

**Chris Head**

President, Confederation of Meningitis Organisations (CoMO), Bristol

**The work of PodCam**

**Miriam Namanja**

Executive Director, Parents of Disabled Children of Malawi (PodCam), Blantyre

**Why the voice of people matters: the UK story of MRF**

**Rob Dawson**

Head of Communications, Advocacy and Support, Meningitis Research Foundation (MRF), Bristol

(0945-1030)

**Each breakout group will discuss:**

- Does having a population that demands better health increase the likelihood of a lasting, sustainable solution as called for in the SDG's?
- What role can patient groups and advocacy play in helping vaccines become a mainstream part of health policy?
- How does the 'patient voice' get heard and where does it have most impact?
- What are the barriers to strengthening the 'patient voice'?
- What role can the 'patient voice' have in combatting vaccine adversity and improving public perception of vaccines?
- What do we want to be able to say about the role of patients in delivering a lasting reduction in meningitis by 2030?

1030-1100

Tea/coffee

1100-1115

**11. Improving engagement, support and information for people and patients: feedback and reflection**

**Chair:** Robin Hart, Director of Programmes, Wilton Park

Facilitators of the breakout discussions in session 10 to provide feedback to plenary

**1115-1300**

## **12. The vision for 2030: the start of an action plan**

**Aim:** This session will revisit the discussions of the last three days and ask groups to make recommendations on what they think should happen next to build on the momentum of the meeting

**(1115-1205)**

### **Discussion in four breakout groups (the same groups as session 2):**

Participants will have 45 minutes to start to build the key elements of an action plan

**(1210-1300)**

### **Feedback, closing summaries and next steps (in plenary)**

Facilitators will provide a summary of the output from the group discussions

Completion of online eQuestionnaire, identifying personal next steps

**Chair: Robin Hart**, Director of Programmes, Wilton Park

#### **Vinny Smith**

Chief Executive, Meningitis Research Foundation (MRF), Bristol

#### **Marie Pierre Preziosi**

Medical Officer, Lead Flagship Projects, Initiative for Vaccine Research, World Health Organization (WHO), Geneva

**1300**

Lunch

**1400**

Participants depart