Expectations on the Controlled Temperature Chain in MSF context

TechNet Conference, May 2015

Aitana Juan – Florence Fermon

MSF in 2013

- 66 countries, 387 projects, 215 (55%) in unstable contexts
- Expenses: €612 M (± 90% funding private, non-governmental sources)
- Vaccination policy clearly establish in 2007
  - Priority countries to strengthen RI
  - Extend vaccination package in emergencies according to risk assessment (WHO Dec.2013 recommendations)

Vaccination interventions - 2014

OUTBREAK and HUMANITARIAN emergencies responses

- **Outbreak response**

→ 25 measles vaccination campaigns (eg. DRC, Guinea, South Sudan, …), > 1 million doses

- **Humanitarian emergencies**

→ Refugee camps in Ethiopia, Uganda, South Sudan, Chad,

→ OCV, PCV, DTP-HepB-Hib, Polio, Measles, MenA (> 850.000 doses administered)

ROUTINE VACCINATION

- **Social/political crisis**
- **Vulnerable groups**: malnourished, HIV+
- **Support EPI** in stable contexts if needed

Challenges

- Vaccination in crisis settings and in remote areas
- Supply chain much more complex (bulky vaccines, more vaccines, various thermo-sensibility, high cost)
- Cold chain and logistics: implementation, especially at the last distribution point

CTC advantages in MSF context

- Reduce logistics workload and cold chain burden
- Make easier/faster the implementation of vaccination activities in emergency context
- Reduce risk of freezing of freeze sensitive vaccines
- May reduce the cost
- Increase the access to the population in remote and hard to reach areas

CTC main challenges

- Manufacturers commitment to share data on heat stability
- Review Prequalification procedures
- Clear guidance on CTC implementation (WHO?)
- Prequalified Peak T° indicator
- Implementation in countries
  - CTC non compliance for every antigen
  - CTC promotion, communication
  - change of practices, resistances, contradictory messages, Staff training and supervision
  - Documentation and evaluation.
- …

Way forwards

- The current cold chain recomm s for storage and transportation r ccess to some population

- The heat stabi , the technolog ent allow some vaccines to be tak the traditional cold chain for th etch of the journey

It is time to change our practices