13 Global road map on defeating meningitis by 2030

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In focus

In WHA73.9 (2020) the Assembly approved the global road map on defeating meningitis by 2030 (summarised in A73/6) and requested the DG to submit a report to EB150 on progress in implementing the resolution. EB150/13 provides a summary of WHO activities since November 2020.

EB150/13 reports on the current workplan and draft workplan for 2022-23; regional landscape analyses; consideration of using the levers from the Operational Framework for PHC in relation to meningitis; development of a monitoring and evaluation plan, and the development of a business case for funds mobilisation.

Background

The road map sets a comprehensive vision for 2030 “Towards a world free of meningitis”, with three visionary goals:

- Elimination of bacterial meningitis epidemics;
- Reduction of cases of vaccine-preventable bacterial meningitis by 50% and deaths by 70%;
- Reduction of disability and improvement of quality of life after meningitis due to any cause.

It sets a path to achieve goals, through concerted actions across five interconnected pillars:

- Prevention and epidemic control focused on the development of new affordable vaccines, achievement of high immunization coverage, improvement of prevention strategies and response to epidemics;
- Diagnosis and treatment, focused on speedy confirmation of meningitis and optimal management;
- Disease surveillance to guide meningitis prevention and control;
- Care and support of those affected by meningitis, focusing on early recognition and improved access care and support for after-effects from meningitis, and

- Advocacy and engagement, to ensure high awareness of meningitis, consideration into countries' plans, and increase the right to prevention, care and after-care services.

See Fig 2 of the road map for the underlying theory of change.

WHO topic page on meningitis; see esp Defeating meningitis by 2030

Recent commentary:

Stuart, JM 2021, 'Editorial for the Special Issue: Bacterial Meningitis—Epidemiology and Vaccination', Microorganisms, vol. 9, no. 5. <https://www.mdpi.com/2076-2607/9/5/917/htm>

Venkatesan, P 2021, 'Defeating meningitis by 2030: the WHO roadmap', The Lancet Infectious Diseases, vol. 21, no. 12, p. 1635, <https://www.sciencedirect.com/science/article/pii/S147330992100712X>.

Tracker links to previous discussions of meningitis

PHM Comment

Importance of comprehensive primary health care

There are three pillars of the road-map to meningitis control: disease surveillance, treatment, and vaccination and outbreak response. All of these depend a lot on the "use of the primary health care levers of the operational framework for primary health care for action on meningitis",which includes the challenge of integration of meningitis prevention and management in primary health care.

The reason that meningitis is now figuring in the global public health program list is that vaccines are available for the four main causes of bacterial meningitis that have epidemic potential and that account for more than 50% of all deaths due to meningitis.

Meningococcal disease (meningitis and other presentations such as septicaemia) needs to therefore find a prominent place in disease surveillance systems. Disease surveillance systems need to be much more robust both in reporting suspect cases and in clinical and laboratory confirmation and outbreak response. Since the number of bacteria that cause meningitis is high, good laboratory support to identify the specific pathogen is essential.

Early diagnosis (usually based on clinical presentation), prompt treatment (penicillin) and outbreak response rest upon having in place an adequate primary healthcare system. Meningitis is not included in the selective list of conditions that are included in the primary healthcare package of most nations. Nor would it be possible to include it in such 'packages' in isolation from diseases with similar presentations.

Inclusion of meningitis in the list of public health priorities would require the strengthening of primary health care services and of clinical and laboratory support at district level.

Preparedness to deal with meningitis epidemics must be integrated into the epidemic preparedness effects that are being envisaged as a follow up to the covid 19 pandemic- and not as a stand-alone program.

Immunisation policy reform

Immunisation plays a key role in the road map and accordingly PHM's commentary on Item 11 at this EB is also relevant to Defeating Meningitis. Our comment on Item 11 highlights:

- failure of the profit driven R&D model for vaccine development; see discussion of innovation needs under Section 3 Prevention and Control from page 14 of Baseline Assessment from 2019; though there are vaccines available, further development is required to make better vaccines which can provide effective protection against all the main bacterial pathogens.
- need for technology transfer regarding vaccine production to enable local public sector production which might be critical in fully deploying TRIPS flexibilities for vaccine procurement (hinted at in the Road Map) and for stockpiling;
- lack of a strategy to control vaccine prices, including through price transparency; several references to "healthy market dynamics" seems to mean that producers must be assured of high prices;
- failure to recognise that the opportunity costs of including new vaccines on the national schedule are a function of competing needs and comparative costs as well as fiscal capacity;
- importance of strengthening the technical capacity, information support and public accountability of NITAGs and RITAGs; in order to carry out such cost effectiveness studies;
- strengthening regional collaboration for pooled procurement and stockholding for epidemic needs;
- dangers of multistakeholderism, handing over control to the corporations and their supporters and the foundations .

Stockpiles and emergency procurement

Ideally once an outbreak is alerted, the causative agent and its serotype has been identified and then the corresponding vaccine accessed from the nearest national (or international stock-pile) and the population at risk is to be vaccinated. Since the outbreaks occur in some of the most deprived and under-developed countries and regions, the importance of response from a global team maintaining stock-piles cannot be overstated. The Report does not present any details of the current state of readiness.

Notes of discussion