

Raising the Profile of Pneumococcal Disease



**Collaborations in
Communications Efforts**

2003 – 2008



About PneumoADIP

Historically 15-20 years have passed before new vaccines reached children in developing countries.

In 2003, the GAVI Alliance took an innovative approach to shortening this time lag and speeding up vaccine introduction by establishing the Pneumococcal vaccine Accelerated Development and Implementation Plan (PneumoADIP) with a \$30 million grant. In 2000, the first pneumococcal conjugate vaccine was made available in industrialized countries and the public health impact of routine pneumococcal vaccination was demonstrated. According to WHO, up to 1 million children under five die each year due to pneumococcal disease and over ninety percent of these deaths occur in developing countries. The GAVI Alliance established PneumoADIP at Johns Hopkins to speed up access to pneumococcal vaccines to children in developing countries by working with countries, donors, academia, international organizations, and industry to develop effective public-private partnerships.



Millions of lives could be saved through earlier and faster access to pneumococcal vaccines. PneumoADIP focused its work in three main areas:

- Establishing value by demonstrating the burden of pneumococcal disease and the value of prevention through vaccination
- Communicating value to key decision makers about disease burden and the value of vaccination
- Delivering value by ensuring that there is a predictable supply of quality vaccine at an affordable price, an adequate system to deliver it to children who need it the most and the financing to sustain its use

PneumoADIP developed a strategic communications plan and invested in communications as a key element of the model for success. This report provides an overview of the five-year communications efforts, with a focus on media outreach, and highlights key milestones that were achieved through extensive collaborative efforts by key stakeholders.

PneumoADIP's Mission: To improve child survival and health by accelerating the evaluation of and access to new, life-saving pneumococcal vaccines for the world's children.

"In 2003, PneumoADIP's overall aim was simple: to get life-saving vaccines to children in the poorest countries of the world faster than ever before. We faced an immense challenge in doing this. Our media relations strategy was an essential part of highlighting to the world that pneumococcal disease is serious, common and preventable."

Orin Levine, Executive Director, PneumoADIP



"The achievements thus far in raising the profile of pneumococcal disease prevention are the result of collaborations without which this would not have been possible. But the real achievement has been that in just five years we are now on the cusp of delivering vaccines to children in some of the poorest communities in the world."

Hans Kvist, Director, Communications, PneumoADIP

Executive summary

Starting against a backdrop of low awareness of pneumococcal disease and its impact in the developing world, PneumoADIP identified communications as one of three key activities necessary to reach its goal of saving lives, faster than ever before.

In 2003, the need for strategic communications was clear. Initial stakeholder analysis showed that awareness of pneumococcal disease was low among donors and country policy makers and prioritization of pneumococcal disease varied even among child health experts. Media coverage of pneumococcal disease was also low.

PneumoADIP saw media outreach as an important component of a strategy to increase awareness and action. Media relations involved fostering relationships with key stakeholders, ensuring consistent use of simple, evidence-based messages and presenting data with case studies to illustrate the realities for families affected by pneumococcal disease. Key strategic partnerships in media outreach efforts were essential in magnifying the media coverage through coordination and sharing of expertise and resources.

Key Success Factors

- dedicated team with clear mission
- simple & consistent messaging
- presenting both data & human interest
- key strategic partnerships

Results

Since 2004, there has been an 11-fold increase in news coverage of pneumococcal disease with messages reaching over 200 million homes worldwide during 2005 alone. Policy-makers and world leaders now mention pneumococcal disease and pneumonia alongside HIV/ AIDS, tuberculosis, malaria and measles.

Based on the current progress being made and the foundation this has set for the future, PneumoADIP

estimates that accelerated vaccine introduction can avert more than seven million child deaths by 2030.

Big Picture: Shift in Stakeholder Positions, 2008

When PneumoADIP was launched in 2003, few key stakeholders recognized the impact of pneumococcal disease. With the efforts of committed partners and collaborators around the world, stakeholders now willingly participate in discussions around this disease and are actively supporting the introduction of the vaccine.

- Donors/developing countries now recognize that preventing pneumonia through vaccination provides a major opportunity to help achieve the UN's Millennium Development Goal 4 of reducing child deaths by two thirds by 2015
- Global donors have pledged \$1.5 billion for an Advance Market Commitment (AMC) for pneumococcal vaccines
- Over 30 countries that are eligible for GAVI funding have expressed an interest to introduce pneumococcal vaccines by 2011
- Industry has indicated its willingness to supply developing countries
- The scientific community has reached consensus about taking action now to prevent pneumococcal disease through vaccination
 - WHO recommended PCV introduction in developing countries
 - Professional groups dedicated to policy, including APPG and PACE, were formed, generating wider professional society support in a call to action

About pneumococcal disease

Serious pneumococcal diseases caused by *Streptococcus pneumoniae* – primarily pneumonia, meningitis and sepsis – are the #1 vaccine-preventable cause of death in children under 5. The WHO estimates that up to one million children under five die each year due to pneumococcal diseases and over 90 per cent of these deaths occur in developing countries. More children die from pneumonia than from any other illness - more than HIV, malaria and measles combined.

Control and prevention of pneumonia is possible through vaccination, case management, improved nutrition and risk factor modification. Pneumococcal conjugate vaccination (PCV) is safe and effective for preventing severe childhood pneumococcal diseases.

Need for coordinated communications



A baby being vaccinated in Narena, Mali



Nayeem and Monica

Nayeem, Bangladesh

Nayeem and Monica were twins. Nayeem was five months old when he developed pneumococcal meningitis. The disease caused irreversible damage to his brain, leaving him with serious physical and mental disabilities. His sister Monica continued to grow up as any other normal child would. Sadly, two years later, Nayeem died from complications caused by this preventable disease.

The Situation in 2003

In 2003, WHO estimated that pneumococcal disease was responsible for the deaths of up to a million children each year, yet awareness of the disease among stakeholders was low. Pneumococcal disease was largely overlooked by the media and the absence of standard language or messaging resulted in sporadic media coverage with little focus on developing countries.

Research among decision makers in donor countries and developing countries also confirmed low awareness about pneumococcal disease and its prevention through vaccination. Pneumonia was widely recognized as a major public health problem among child health experts, however, confusion around its causes and uncertainty over its disease burden meant that prevention or management were rarely prioritized. In most parts of the world, surveillance of pneumococcal disease was under-funded and limited in scope. Without robust data to confirm its global disease burden, pneumococcal disease was all too frequently overlooked in favor of more high profile diseases such as HIV/AIDS, malaria and tuberculosis.

There was also little consensus within the technical community, in particular around the value of the pneumococcal conjugate vaccine (PCV) as an effective prevention strategy in developing countries. One of the most common statements from the technical community was that the vaccine was too expensive and could never be made affordable to developing countries. In 2003, the technical community was also divided in its statements about the value of the first generation vaccine for developing countries.

With little consensus from the technical community to position pneumococcal disease as an urgent health problem with available solutions, there was minimal demand from developing country governments for vaccines or commitment from donor countries to finance them, even as PCV began to be licensed and introduced in developed nations. In short, in 2003, pneumococcal disease was an important global health problem in urgent need of a coordinated effort on communications to create awareness and generate informed actions.

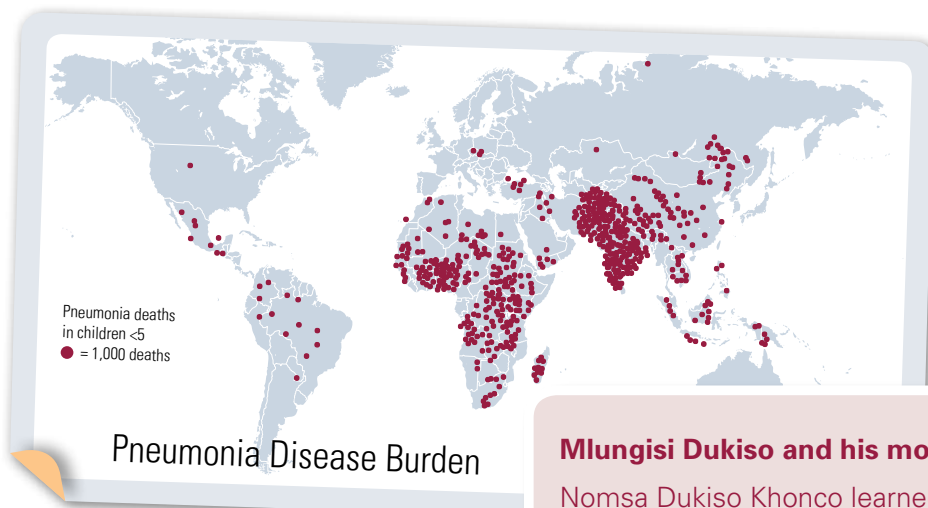
GAVI Alliance establishes the
Pneumococcal vaccines Accelerated
Development and Introduction Plan
(PneumoADIP) at Johns Hopkins

2003–2004

June 2003

October 2003

New England Journal of Medicine publishes South African trial results showing that PCV9 reduces the incidence of pneumonia in children with and without HIV



Mlungisi Dukiso and his mother, Nomsa, South Africa

Nomsa Dukiso Khonco learned of a trial for PCV from her local clinic when her son Mlungisi was a baby. She agreed to Mlungisi taking part as it was hoped the vaccine would help protect him against pneumonia and meningitis. Nomsa knows of many mothers whose babies have caught pneumonia and is pleased that Mlungisi has been protected and remains healthy. Nomsa feels very strongly that all families should be given the chance to protect their children with a simple vaccine.

Childhood Pneumococcal Disease. Serious. Common. Preventable now.

Two main components of the communications strategy in raising awareness about pneumococcal disease among stakeholders were to develop consistent messaging and a cohesive language around pneumococcal disease and the value of vaccination, and to present human interest stories behind the statistics. Messages were developed in cooperation with the world's leading pneumococcal experts and a consensus on the messages was achieved. These key messages have been consistently used in all communications. Individual stories around children and their parents were developed to show the tragic consequences of being affected by pneumococcal disease.

Initial communications strategy focused on establishing relations and dialogues with global stakeholders, including technical experts, donors, industry and media. The first BBC World documentary, *Kill or Cure?*, filmed in Kenya and South Africa, provided an early opportunity to highlight pneumococcal disease as a serious, common yet preventable disease. Partnering with local hospitals, researchers and health professionals and produced by Rockhopper TV, the documentary reached more than 200 million households worldwide. To build on the success of the first documentary and update the world about

scientific and funding developments, a second BBC World documentary filmed in India, Nepal and Alaska illustrated pneumococcal disease as a problem that affects all regions and the need to speed up vaccination that was shown to work in industrialized countries. It also featured, for the first time, high-level political leaders – the Norwegian Prime Minister, Jens Stoltenberg, who appeared with strong supporting statements on the need to prevent pneumococcal disease by vaccination, and the Secretary for Biotechnology of the Government of India, Dr. Raj Bhan, who acknowledged the burden of disease and value of pneumococcal vaccination.

A second important component of the strategy was to raise the profile of pneumococcal disease to the point where policy makers could no longer delay action by claiming to be unaware of the burden of disease or the value of vaccination. Media outreach with the GAVI Alliance around Norway's leadership as a donor committed to increasing the provision of vaccines to children in developing countries not only highlighted the need for funding to other donor countries, but also helped galvanize the global community to address vaccine-preventable diseases.

PneumoADIP partners with Rockhopper TV in the making of the BBC World "Kill or Cure?" documentary focusing on pneumococcal disease

September 2004

Success with partnerships

Building coalitions

Following the early successes in the first eighteen months of the PneumoADIP, there was a need to expand existing partnerships and to generate a wider call to action. Partnerships and collaboration would be key to creating a unified voice for elevating the priority of pneumococcal disease on the international health agenda and spurring action.

As scientific evidence continued to build for pneumococcal vaccination, the communications strategy was to take advantage of these opportunities for coordinated communications with partners especially in media outreach efforts. For example, building on the success of the first BBC World *Kill or Cure?* documentary on pneumococcal disease by developing a second *Kill or Cure?* special documentary on pneumococcal disease was crucial in presenting up-to-date evidence while building new partnerships and reaching policy makers. The Gambia trial media outreach, highlighted in these two pages, is one of the key successes in coordinated communications to translate scientific data for policy makers.

The communications strategy also shifted from a global approach to regions - focusing on leveraging data and meetings and placing opinion editorials in regional publications. This regional focus fostered support and increased willingness to introduce the vaccine in Africa and Asia, continents with the highest disease burden and mortality. Press briefings were held in Bangladesh, Sri Lanka, Kenya, Thailand and South Africa to build a strong regional presence closer to where vaccines were urgently needed.

With growing awareness of pneumococcal disease, PneumoADIP focused on generating a wider call to action to address the burden of disease.

FINANCIAL TIMES

A market remedy that can bring vaccines to the poor

7 March 2006



Press Conference in conjunction with the 3rd WHO pneumococcal and Hib surveillance investigators meeting in Colombo, Sri Lanka

"Working with PneumoADIP, we are raising awareness about pneumococcal disease among health officials, medical experts, and members of the media in Nigeria. We hope that through these efforts, we will help make the pneumococcal vaccine widely available in our country."

Professor AG Falade, Department of Paediatrics
College of Medicine, University of Ibadan, Nigeria

Communicating health research to decision makers

A key component of PneumoADIP's role in accelerating the introduction of vaccines into developing countries was to synthesize the available evidence and then communicate the outcomes of health research and surveillance data to key decision makers, in order to foster political will. In 2005, the results of the pneumococcal vaccine trial in The Gambia, published in *The Lancet* showed a significant reduction in child mortality. A coordinated global media campaign to promote the trial results achieved extensive news coverage. Bill Gates mentioned the findings of the study in his address to the World Health Assembly, urging governments, researchers and the private sector to take collective action to discover and deliver safe, affordable, life-saving interventions for diseases that overwhelm people living in developing countries.

The Gambia Pneumococcal Vaccine
Trial results show significant
reduction in child mortality

2005–2006



March 2005

February 2006



BBC World airs "Kill or Cure? Special on pneumococcal disease" documentary



The Gambia trial press conference at the National Press Club in Washington, DC

“PneumoADIP realized early that the successful vaccine trial in The Gambia had to be translated into action. Through a collaborative approach, they translated scientific data into public dialogue about getting the vaccine to those most in need – as fast as possible.”

Regina Rabinovich, Bill and Melinda Gates Foundation



In May 2006, PneumoADIP brought together leading global health experts for a call to action on pneumococcal disease that was published in *The Lancet*. The call to action urged vaccine manufacturers and international donors to negotiate affordable pricing of pneumococcal vaccines and for governments of developing countries to establish surveillance networks in preparation for the introduction of the vaccine.

In September 2006, the launch of the new UNICEF/WHO joint report on *Pneumonia: the Forgotten Killer of Children* provided another opportunity to strengthen strategic partnerships for increased media attention. The report was a critical step in increasing awareness of pneumonia and pneumococcal diseases and their importance in achieving the ambitious Millennium Development Goal target of decreasing under five child mortality by two thirds by 2015. Through such multi-partner collaboration, it was possible to reinforce clear and consistent messaging around pneumonia, meningitis and pneumococcal disease and achieve widespread media coverage.

These strategic partnerships helped to lift pneumococcal disease further up the international health agenda. Moreover, the results of The Gambia pneumococcal vaccine trial clearly demonstrated the value of vaccines as an important intervention for saving lives in developing countries. To facilitate the introduction of vaccines into developing countries, proposals emerged for a new funding mechanism called the Advance Market Commitment (AMC); pneumococcal conjugate vaccines were selected for the pilot AMC.

The Gambia trial media outreach

The results of the trial looking at the efficacy of a nine-valent PCV against pneumonia and invasive pneumococcal disease in The Gambia were published in *The Lancet* in March 2005. PneumoADIP collaborated with key trial partners (Medical Research Council, USAID, WHO, GAVI and the London School of Hygiene and Tropical Medicine) to agree for a combined media outreach strategy and joint materials. Extensive media relations outreach was conducted across Europe and the US.

Total print, online and broadcast coverage in each target sector included:

- 130 individual media hits across the US
- 20 individual media hits across the UK
- 15 individual media hits across France
- 44 individual media hits across Germany
- 15 individual media hits across Scandinavia
- 12 individual media hits across the rest of the world (including Africa and India)

Paving the way for the first vaccinations

Advance Market Commitment

As awareness of pneumococcal disease grew within the global health community, the introduction of PCVs into developing countries became an increasingly attractive proposition for both developing countries and donors.

To overcome the challenges of limited supply of the existing vaccine for developing countries and prices that may have been unsustainable for developing countries and donors, an innovative financing mechanism called the Advance Market Commitment (AMC) was developed. The first AMC was announced in February 2007, when Italy, United Kingdom, Canada, Russia, Norway and the Bill and Melinda Gates Foundation committed \$1.5 billion to accelerate the development and availability of a new vaccine for pneumococcal disease, a vaccine tailored to the developing world and capable of averting the deaths of more than seven million children by 2030.

The strategy for the launch included close collaboration among partners to communicate key messages and important information about pneumococcal disease prevention. The partners engaged independent, high level spokespeople such as UK Prime Minister, Gordon Brown, and Queen Rania of Jordan to talk about child survival and the need to prevent pneumococcal disease.

The announcement of the donor commitment to the AMC shifted the prime focus of discussion away from pneumococcal disease and on to the innovative financing mechanism itself. This shift brought with it risks, with industry participation in the AMC increasingly under scrutiny. Under the leadership of the GAVI Alliance, a strategy was developed to respond quickly in order to remain focused on the AMC's potential to save lives. The commitment of resources to the AMC, the media outreach around its launch and other efforts by partners stimulated considerable interest in PCVs as a public health



Lamine

Lamine

Lamine, 11, caught meningitis when he was a year old. The long-term debilitating effects of the disease means he now struggles to walk, has lost the use of one eye and cannot hold things properly.

The New York Times
Wealthy Nations Announce Plan to Develop and Pay for Vaccines
10 February 2007

Pneumococcal disease kills nearly one million children under age five yearly. PneumoADIP has played a critical role both in raising awareness of this devastating disease and its burden on developing countries and in urging action for prevention and saving lives.

Dr Jean-Marie Okwo-Bele, Director, Department of Immunization, Vaccines and Biologicals, WHO

priority from developing countries. In June 2007, thirty GAVI countries, accounting for more than 33 percent of all childhood pneumococcal deaths worldwide, expressed an interest in using PCVs by 2010.

An Advance Market Commitment for pneumococcal vaccine announced in Rome, Italy

March 2007

2007–2008

February 2007

WHO issues recommendation on the introduction of PCV7 in developing countries

Kalifa, Mali

Kalifa, age 3, began to feel unwell several days before she was brought to Bamako's main paediatric hospital. In this photo, she lies in her hospital bed, recently diagnosed with pneumococcal pneumonia and meningitis. Six months prior, her six-year old sister passed away as a result of pneumococcal meningitis in this same room. Tragically, despite the best available treatment, Kalifa died the day after this photo was taken and her mother, Tiemany, is left to mourn the loss of both of her children to the same preventable disease.



Tiemany and Kalifa

Keeping the momentum

With PCVs expected to be introduced into GAVI-eligible developing countries as early as 2009, the momentum could not be lost and PneumoADIP and partners continued to find ways to tell the human interest stories and reinforce messages that pneumococcal disease should remain a health priority.

In April 2008, PneumoADIP coordinated with country partners (including PAHO, Ministries of Health, Professor Samba Sow and Nurse Dochyta Falcon) for a journalist tour to Nicaragua and Mali. This effort was to highlight the devastating impact of pneumococcal disease on families and communities in developing countries and demonstrate exactly why vaccines are so urgently needed. The images and stories that emerged from the trip are a stark reminder of why the acceleration of pneumococcal vaccine into developing countries is so important.



Steven Fernando

The Sun-Herald

A shot at life

As children die from meningitis and pneumonia, a doctor races to deliver a vaccine - 22 June 2008

Steven Fernando, Nicaragua

Eight-month old Steven Fernando Castellon began having seizures, coughing and a fever ten days before his parents reached the Hospital Infantil Manuel de Jesus Rivera in Managua, Nicaragua from their remote home in La Dalia near Matagalpa in the north. A nurse uses a pump to help Steven's pneumonia-ravaged lungs breathe for the little boy. A few weeks after this photo was taken, Steven was sent home, but appears to have suffered permanent mental effects from pneumonia-related oxygen deprivation.

Supporting complementary initiatives

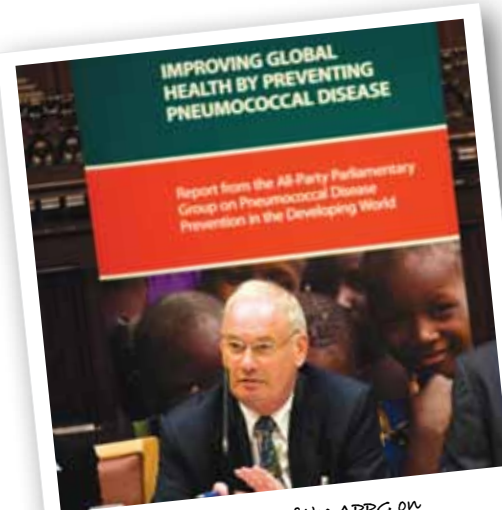
Laying the foundations for the future, PneumoADIP supports partner institutions and organizations that can take the fight against pneumococcal disease to new audiences.

APPG Report on Pneumococcal Disease Prevention

The All Party Parliamentary Group (APPG) on Pneumococcal Disease Prevention in the Developing World was established by a group of MPs and Peers in the UK Parliament to raise awareness of pneumococcal disease among parliamentarians both in the UK and abroad. In October 2008, after an exhaustive six month inquiry, the APPG launched its report: *"Improving Global Health by Preventing Pneumococcal Disease"* to invited guests at the House of Lords, calling for pneumococcal disease to be given prominence equal to that of HIV, malaria and tuberculosis. The event brought together parliamentarians, ambassadors and high commissioners, medical specialists from both the developed and developing countries as well as a number of key stakeholders to consider and discuss the recommendations of the report.

PneumoADIP, working alongside the GAVI Alliance and the World Bank, supported the targeted media outreach around the report launch, raising awareness of the issues covered in the report. The timing of the launch proved challenging as the media environment was dominated by the global financial crisis. However, the decision by the group to continue with the launch underlined the APPG's commitment to addressing the problem of pneumococcal disease.

Framed in the light of the financial crisis and supported with photos from the journalist trip to Mali and Nicaragua, the launch of the report generated thoughtful and high profile coverage across print, broadcast and online media. Critically, coverage was secured in two prominent political



Des Turner, MP, Chair of the APPG on Pneumococcal Disease Prevention in the Developing World, October 2008

THE PARLIAMENT
POLITICS, POLICY AND PEOPLE

A preventable killer

- 10 November 2008

publications *"The Parliament Magazine"* (EU) and *"House Magazine"* (UK), both of which featured articles on the report authored by Des Turner MP, Chairman of the APPG.

PACE Call to Action

The Pneumococcal Awareness Council of Experts (PACE) is a working group of health experts convened by the Sabin Vaccine Institute in 2006 to raise awareness of pneumococcal disease and advocate for its prevention through vaccination. Co-chaired by Dr. Ciro de Quadros of the Sabin Vaccine Institute and Dr. Orin Levine of GAVI's PneumoADIP, PACE members include 18 of the world's leading experts in infectious diseases and vaccines.

In October 2008, PACE launched a Global Call to Action on Pneumococcal Disease Prevention with the support of 114 professional medical societies, institutions and organizations around the world.

The APPG on Pneumococcal Disease Prevention in the Developing World launch its report, *"Improving Global Health by Preventing Pneumococcal Disease"*

October 2008

2008 onwards

October 2008

PACE Call to Action on Pneumococcal Disease Prevention, supported by over 100 global organizations

Editorials & Op-Eds

Success in raising awareness about pneumonia, pneumococcal disease and vaccination as global health issues was driven in part by key editorial coverage and placement of Op-Eds by recognized leaders in health and politics. PneumoADIP, in collaboration with GAVI, Hib Initiative, PACE, regional and local health professional societies, including the Kenya Paediatric Association, and other partners, reached out to leading publications around the world to call for action in saving children from dying of pneumococcal disease and pneumonia.

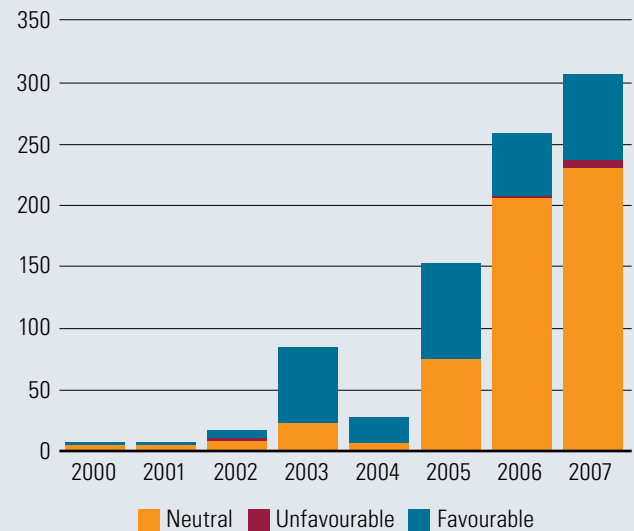
The Washington D.C. event urged governments, donors, advocates and industry to work together to assure access to pneumococcal vaccines around the globe. Speakers included Sabin Vaccine Institute's president, Dr. Peter Hotez, Dr. Matthew Moore of the United States Centers for Disease Control (CDC), Dr. Orin Levine, and representatives of professional societies from Costa Rica, Kenya, Burkina Faso and the United States.

During the event, PACE honored the Rwandan Ministry of Health for its efforts to introduce pneumococcal vaccine into its national immunization program in 2009. The Honorable James Kimonyo, Ambassador of the Republic of Rwanda to the United States, accepted the 2008 PACE Global Leadership Award on the Ministry's behalf.

PACE's Global Call to Action coincided with research released in a CDC report on the global status of pneumococcal conjugate vaccination and provided an opportunity to coordinate media efforts with CDC. Outreach resulted in print, TV and radio coverage in Africa, Europe, Asia and North America, and more than 100 online postings reaching outlets across the globe.

Africa Science News Service
"Medical Societies Join Forces to Assure Equal Access to Life-Saving Vaccines."

Pneumococcal Media Coverage: Annual Trend by Volume & Favorability



Measuring Impact

PneumoADIP has worked with Echo Research, an independent research company, to analyze coverage from a pool of over 2,000 articles for mentions of pneumococcal disease and pneumonia, favorability of coverage, message penetration and comparison to other vaccine-preventable diseases.

- Media coverage of pneumococcal disease increased 11-fold in 2008 compared to 2004.
- Quality of coverage improved dramatically, driven by improved messaging and spokesperson impact.
- The simplest messages have been most effective with messages relating to the consequences of pneumococcal disease achieving greatest penetration.
- The multi-partner approach to media outreach drove coverage with proactive communications by PneumoADIP and its partners accounting for more than half of the media coverage.
- Despite increased media coverage, visibility of pneumococcal disease still lagged behind that of HIV/AIDS, tuberculosis, malaria and measles.





Meningitis sufferers from Narena, Mali, two hours drive south of the capital, Bamako. Lucky to have survived, each suffers some of the long-term effects of the illness including deafness, mental retardation, partial paralysis or blindness.

Acknowledgements

PneumoADIP's mission is to improve child survival and health by accelerating the evaluation of and access to new, life-saving pneumococcal vaccines for the world's children.

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Many have contributed to the increased awareness of pneumococcal disease and prevention, including GAVI Alliance, WHO, UNICEF, CDC, countries, donors, academia, international organizations, and industry. A special thank you goes to families who have shared their stories with all of us.

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Photo credits

PneumoADIP and Adrian Brooks

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