PATH'S JAPANESE ENCEPHALITIS PROJECT: ACCOMPLISHMENTS AND LESSONS LEARNED

ADVOCACY FOR JAPANESE ENCEPHALITIS

Background

PATH's advocacy work raised the prominence of JE within the global health dialogue. Efforts at regional and national levels also helped prioritize JE immunization, fostering collaboration and country-level control strategies.

The importance of advocacy was revealed in the early stages of the PATH JE project. In Andhra Pradesh, India, officials working with PATH to support routine immunization and hepatitis B vaccine introduction voiced concerns about JE. Voices rose from several other states, citing repeated outbreaks and seeking a solution. By 2003, PATH had secured a grant from the Bill & Melinda Gates Foundation to tackle JE not just in one state in India, but in the entire Southeast Asia and Pacific region. Since then, focused advocacy has sensitized stakeholders and raised awareness among decision-makers so they may set appropriate policies in support of JE control efforts.

Local conversations and global outreach

Information-sharing was a key element of the JE project's accomplishments in all technical areas. To disseminate data on surveillance studies and clinical trials or to discuss country experiences using JE vaccine, PATH presented at international meetings and local workshops. Conversations with ministries of health identified information gaps, such as details on the safety of JE vaccines, and guided the JE project's communications and outreach efforts.

PATH raised awareness of JE control at key conferences, ensuring it was included on the agendas of various meetings, including the World Health Organization (WHO) Global Vaccine Research Forum, the United Nations Children's Fund Global Immunization Meeting, and the WHO Global Meeting on New and Underutilized Vaccines Implementation. Presentations to WHO's Strategic Advisory Group of Experts and Global Advisory Committee on Vaccine Safety brought new data for review by experts setting global recommendations. Every two years, PATH and WHO co-sponsored a Bi-regional Meeting on Control of JE, bringing together country representatives, officers from the WHO's Southeast Asia and Western Pacific regions, and other partners to share lessons learned and set priorities for the coming years.

Japanese encephalitis (JE), a mosquito-borne viral brain infection, affects an estimated 35,000 to 50,000 inhabitants of Asia and the western Pacific annually. The disease most often strikes children, who have not yet built up a natural immunity. One-third of JE infections are fatal, and another third leave survivors with severe neurological sequelae. There is no treatment for JE; vaccination is the only defense. Funded by the Bill & Melinda Gates Foundation, PATH's JE project (2003–2009) worked with international partners and developing countries to increase the information available for understanding the extent of the disease and how best to control it.

Established as a primary resource for information on JE disease and vaccines, PATH was a major contributor to an effort initiated by the GAVI Alliance to identify vaccines for future support. PATH and its partners compiled crucial information that informed GAVI's evaluation and eventually led to the designation of JE vaccines as a future funding priority (along with vaccines against human papillomavirus, rubella, and typhoid).

Laying a foundation for continued advocacy, PATH assembled a coalition of partners to develop a JE global control plan with communications and advocacy as primary components. Japanese Encephalitis Morbidity, Mortality, and Disability: Reduction and Control by 2015 outlines priority activities that must be sustained, including improved understanding of disease burden, technical assistance for vaccine introduction, procurement support, and advocacy.

Multiple organizations—including PATH, WHO, UNICEF, the US Centers for Disease Control and Prevention, research institutions, universities, and others—helped develop the plan and have committed to working together to maintain progress, catalyze fundraising, and provide assistance to countries in need.

Multiple channels to reach multiple audiences

To raise awareness of clinical information about JE, PATH created training presentations on vaccine storage and administration, surveillance, and diagnostics (available on the Vaccine Resource Library—see sidebar). Provided in a generic format, these materials allow for adaptation according to local settings. Other training materials produced by the University of Liverpool with funding from the JE Project focus on clinical evaluation of patients at hospital admission and follow-up—important tools to assess the burden of JE disability.

Talking points and Q&As distributed to partners ensured consistent messaging, particularly regarding clinical trials, vaccine quality and safety, and public-sector pricing. In 2006, the importance of clear and accurate messaging was illuminated by inaccurate press reports that questioned the safety of the SA 14-14-2 JE vaccine and threatened mass campaigns in India. With clear and thorough responses already prepared, PATH and the Government of India were able to quell rumors and provide accurate information.
Key lessons learned

- Advocacy efforts must highlight the impact of regional diseases, which may be underappreciated by funding agencies and global health bodies. The total disease burden of JE may be less overall than for diseases found around the world, but the impact of JE on an individual country can be catastrophic.

- Close attention must be paid to media reports and communications outlets within the global public health community. Inaccurate and/or incomplete news reports from even local publications can quickly become available on the Internet. It is crucial to develop a crisis communications plan to ensure immediate clarification and responses when appropriate.

- The decision of a national government to introduce a new vaccine can significantly influence decisions in other countries of the region. Vaccine introduction experiences can be valuable in a regional and global context, and it is important to document these experiences and support the sharing of lessons learned and best practices.

ENDNOTES


*Shadow Lives*, a film produced by the JE project in 2005, demonstrated the impact of JE on families and communities and is a powerful advocacy tool. Two additional films produced in partnership with Rockhopper TV—*Japanese encephalitis* and *Vaccine of Hope*—documented the burden of JE and the promise of vaccines and captured the first images of Indian children receiving JE vaccine. Aired on BBC World, these documentaries were broadcast in more than 200 countries.

Finally, peer-reviewed publications were a priority for the JE project, with clinical trials and surveillance studies generating new information. Publications addressed cost-effectiveness, co-administration of JE and measles vaccines, country-level disease burden, disability among JE survivors, and evaluation of available diagnostic kits.