

# **Global Report to SAGE**

## **Achievement of previous recommendations & Progress highlights**

***SAGE Meeting, 10-12 April 2012***

***J.M. Okwo-Bele, WHO***



# Outline

- **Update on the DoV/GVAP**
- **Measles control/elimination**
- **World Immunization Week**
- **Updates from regions**
- **Cholera Vaccine stockpile**
- **Roll out of the Global Vaccine Safety Blueprint**
- **Implementation research priority setting**
- **SAGE processes and future agenda items**

# Update on the DoV/GVAP

- **Final draft for WHA submitted**
- **Proposed WHA resolution :**
  - **RECOMMENDS** all members states to
    - **APPLY** the vision and the strategies according to epidemiological situation;
    - **COMMIT** to allocate adequate resources
    - **REPORT** every year to the Regional Committees
  - **Requests the Director-General to:**
    - **FOSTER** alignment and coordination of global immunization efforts
    - **IDENTIFY** resources for technical support and monitor impact;
    - **Monitor** progress and **REPORT** every year to the Health Assembly

# Decisions of DoV Collaboration Leadership

- **DoVC structure**

- Leadership Council and secretariat continue till Dec 2012.
- Steering Committee and Working Groups dissolved

- **Transition plan for June-December 2012**

- Focus on the work to finalize DoV/GVAP
- No new areas of work
- Articulate how GVAP will be carried forward from Jan 2013



# Four areas of work to sustain DoV momentum post WHA

## Companion documents

- List of companion documents
- Publication strategy

## Monitoring and Evaluation framework

- Indicators with data source, baseline and targets
- Process to monitor progress

## Stakeholder engagement

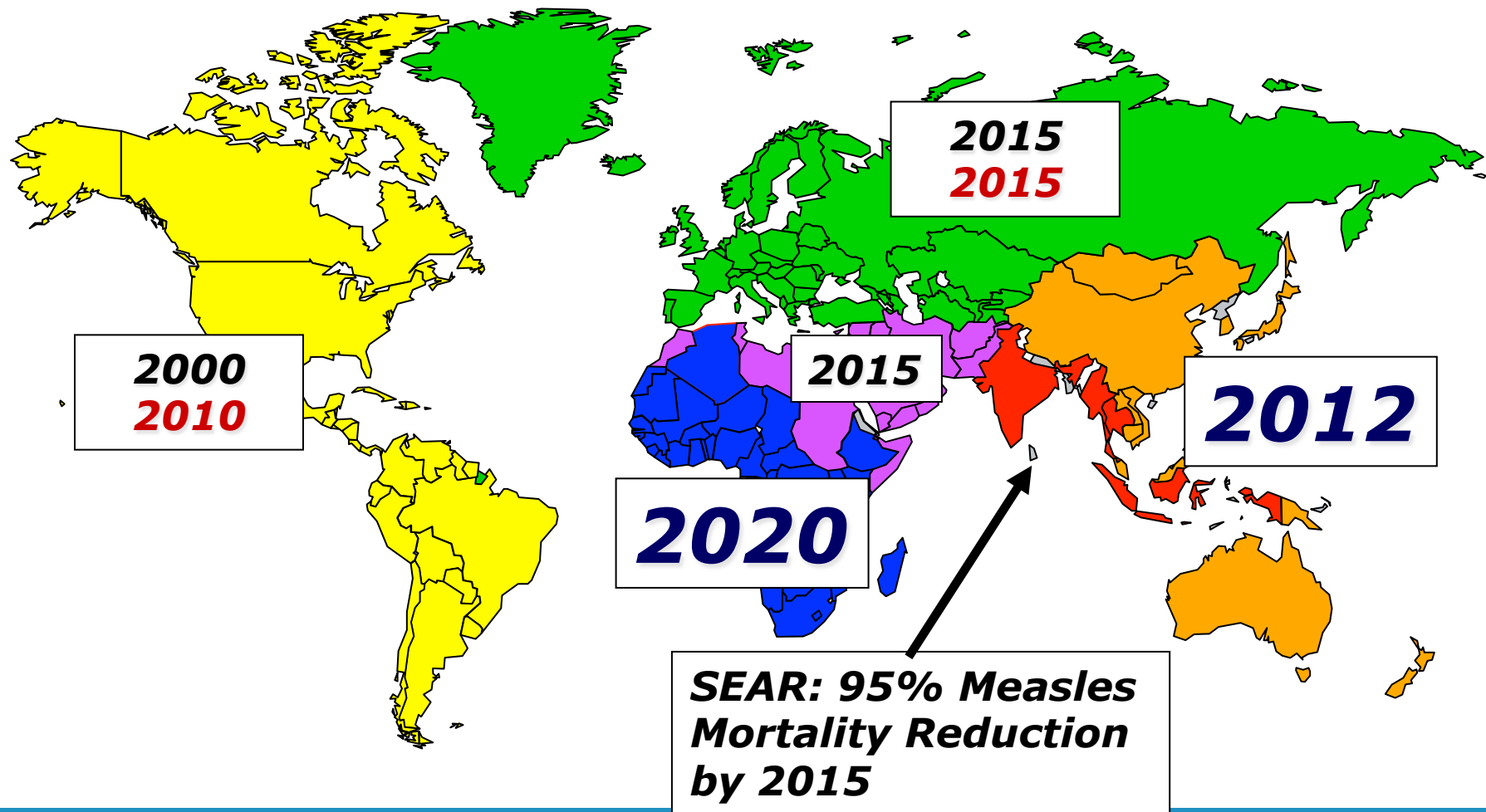
- Detailed engagement plan for key stakeholders
- Outreach strategy
- Management of key events

## Communications

- Develop key messages tailored for key stakeholders group; event coordination; communication of final DoV products

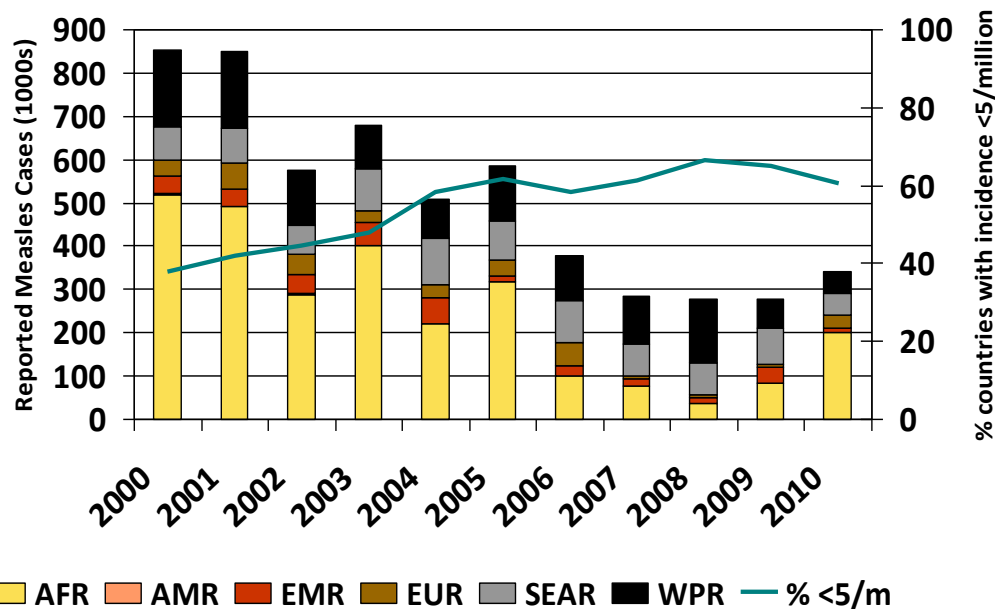
# Measles and *Rubella* Elimination Goals by WHO Region, February 2012

Americas, Europe, E. Mediterranean, W. Pacific, Africa have measles elimination goals  
*Americas and Europe have rubella elimination goals*



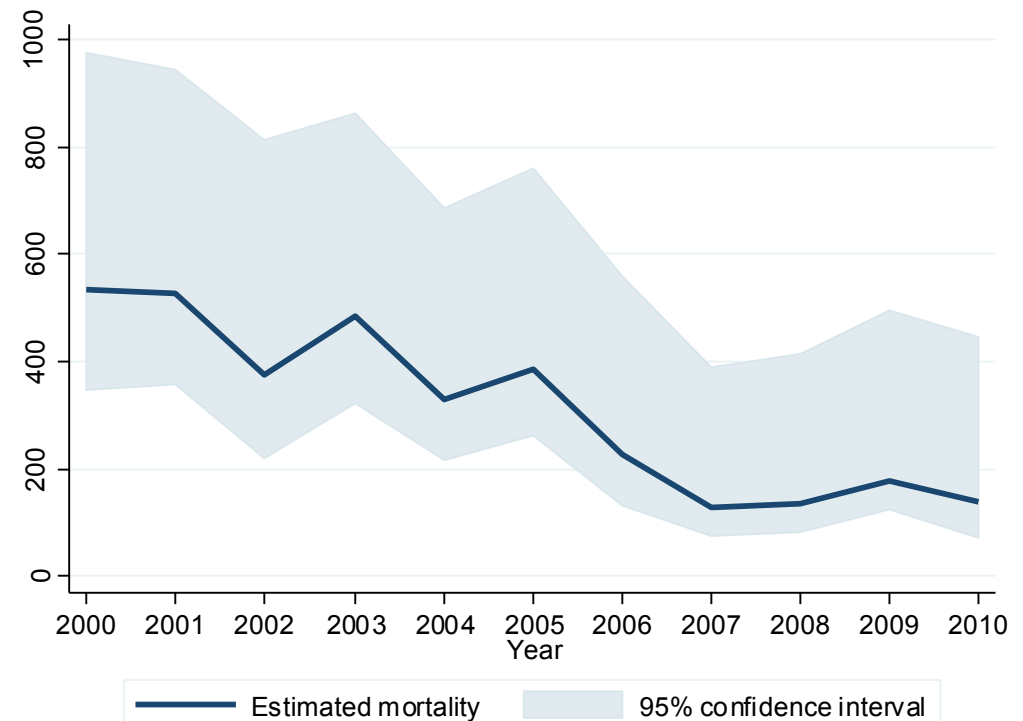
# Impact of Accelerated Measles Activities

## Reported measles cases down by 62%



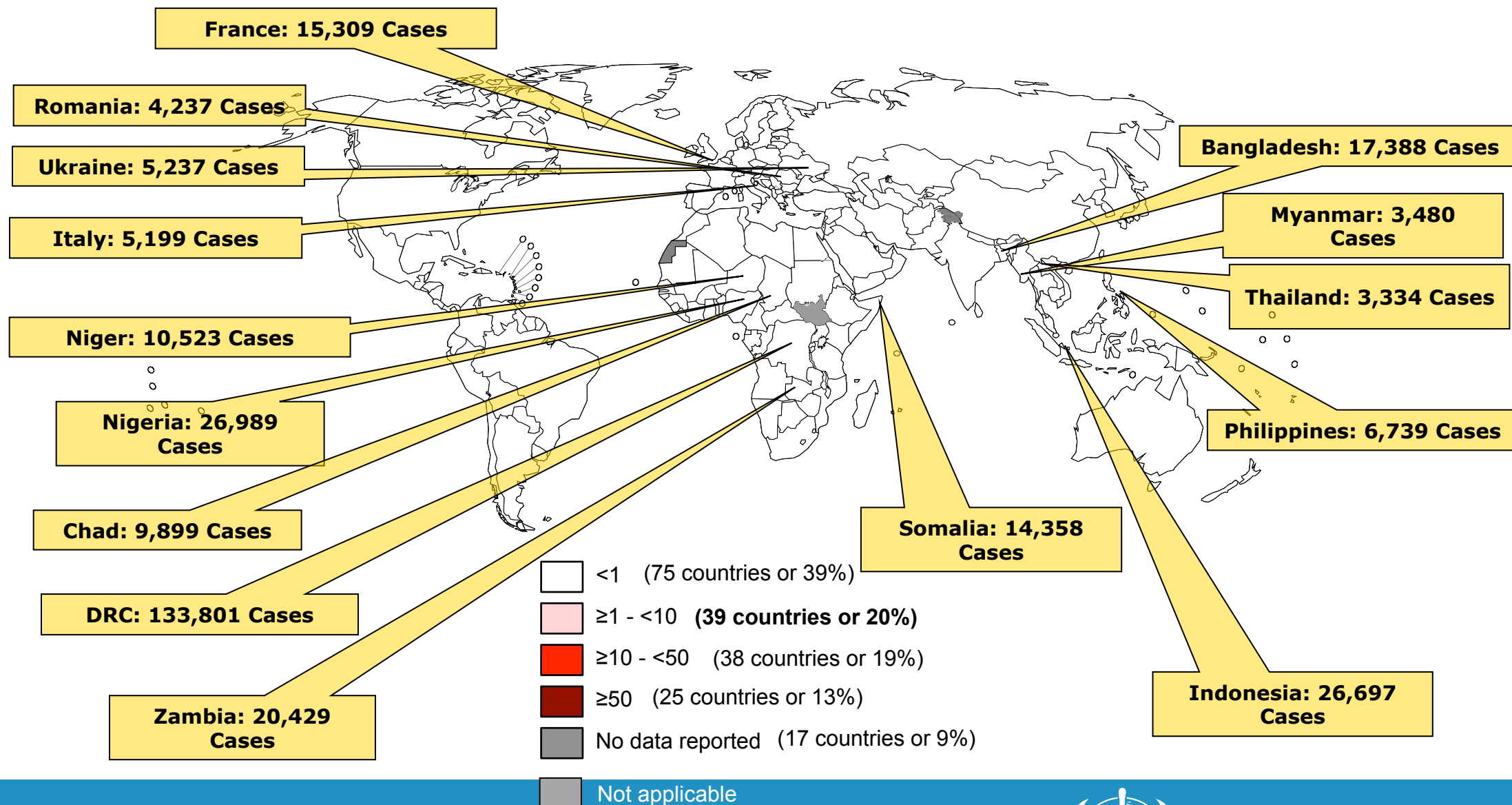
Progress in global measles control, 2000–2010.  
WER 3 Feb 2012, vol. 87, 5 (pp 45–52)

## Estimated measles deaths down by 74%\*

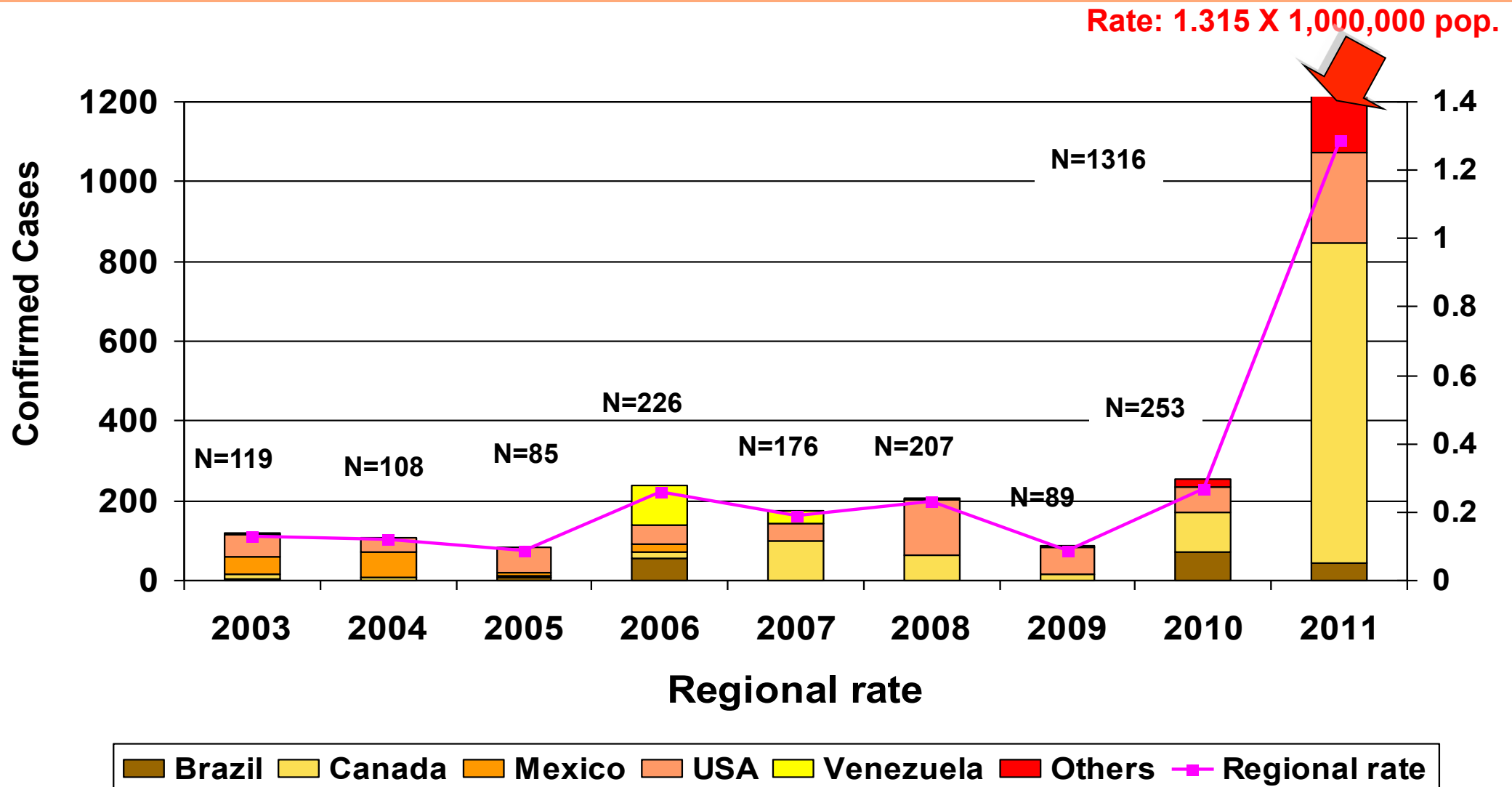


\*Lancet in press; 2012 IVB model by Simons, Ferrari et al.

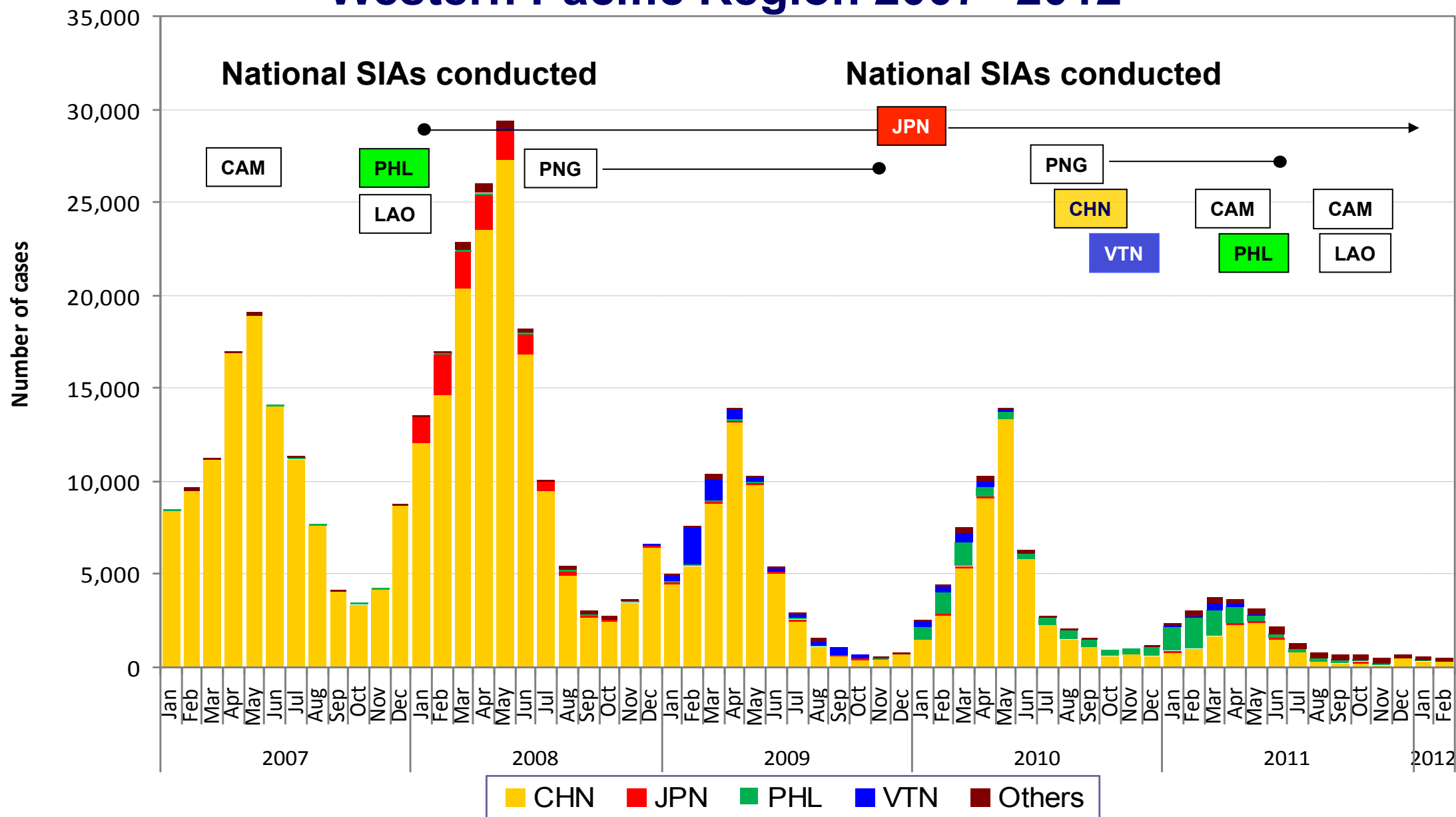
# Reported Measles Incidence Rate, January to December 2011, and Number of Reported Measles Cases in 15 Large Outbreaks, January 2011 to March 2012



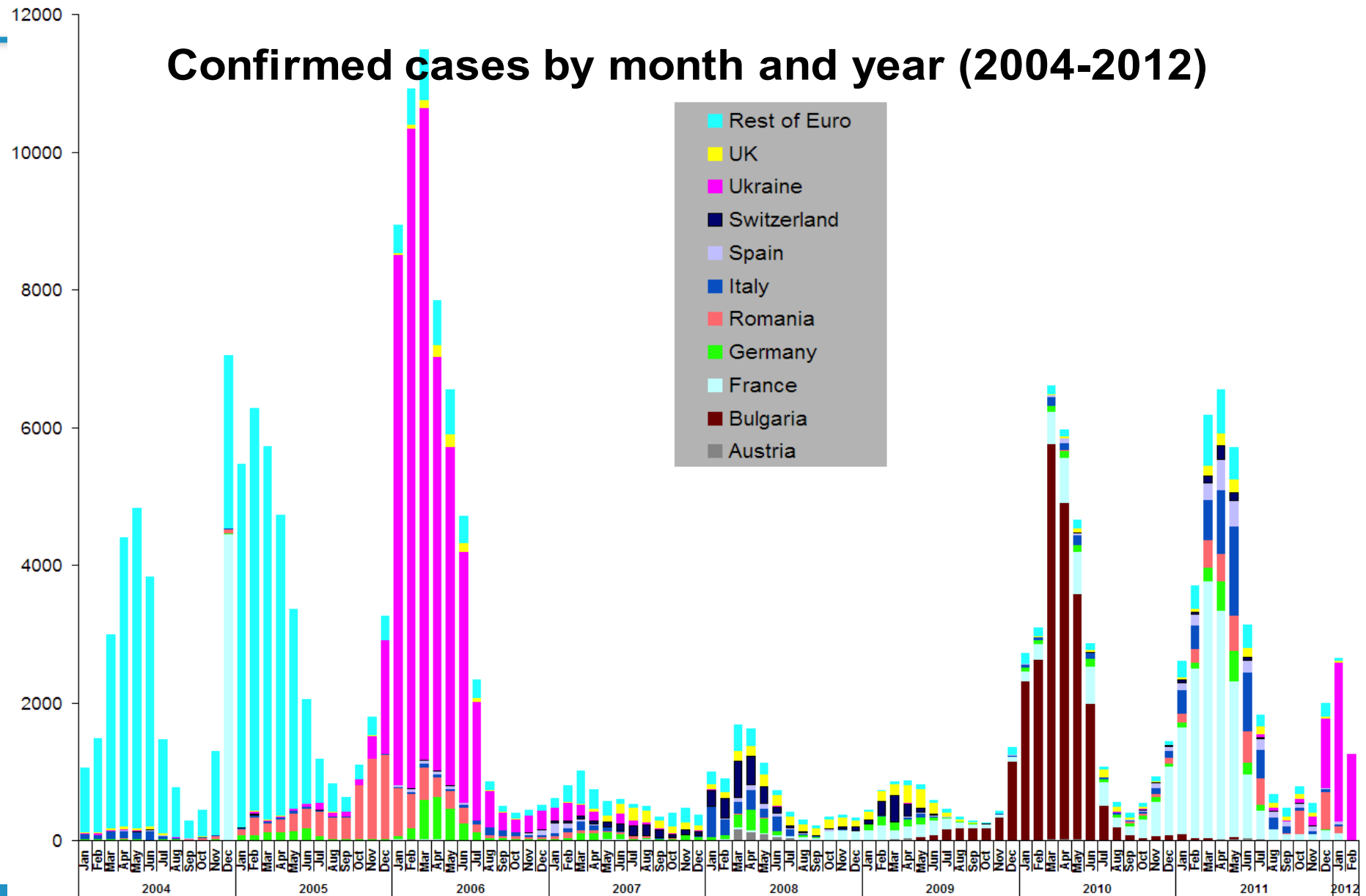
# Distribution of Confirmed Measles Cases Following the Interruption of Endemic Transmission, the Americas, 2003-2011\*



# Confirmed Measles Cases, by Month of Onset and Country, Western Pacific Region 2007–2012\*



# Confirmed measles cases: January 2004 – February 2012, WHO European Region

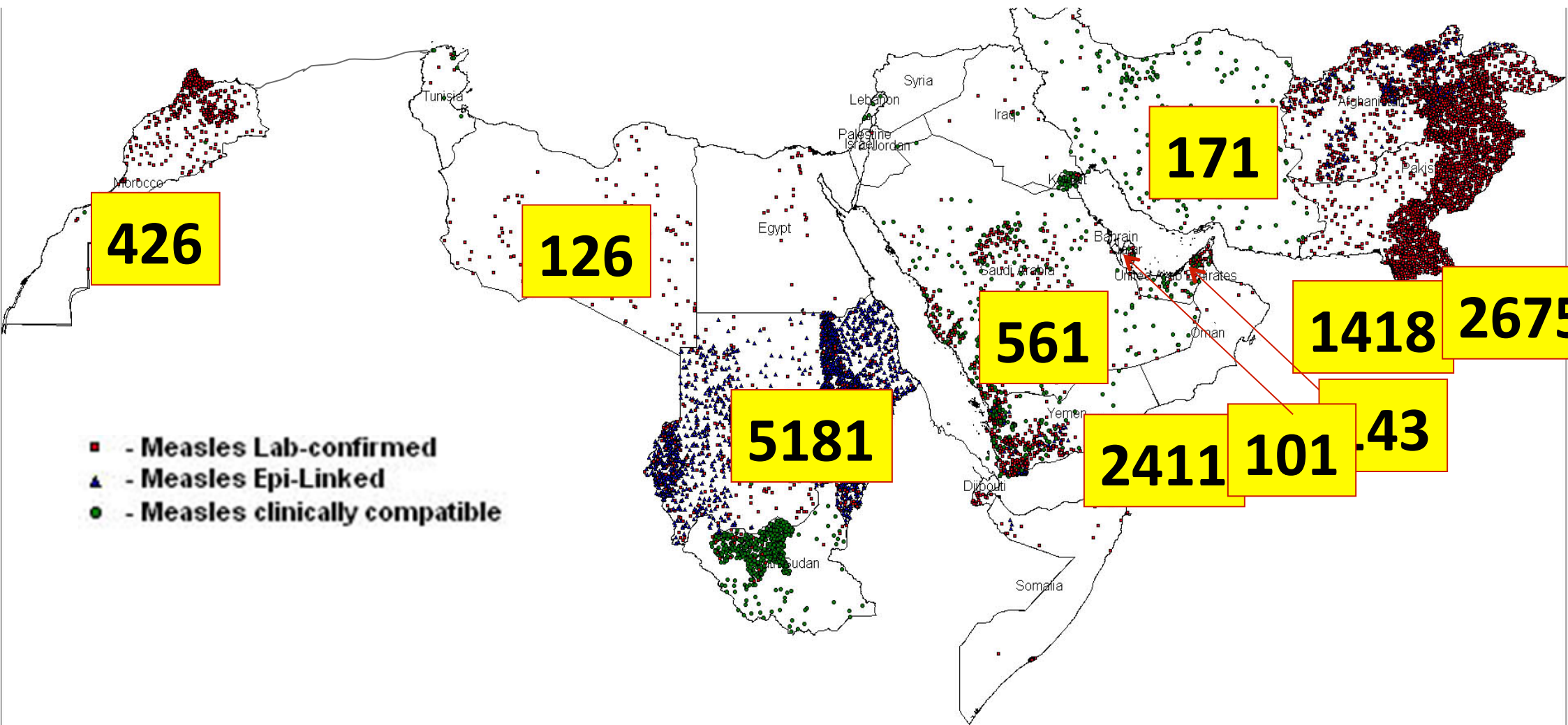


Data Source: Monthly measles and rubella data reporting to CISID  
Data as of Feb 2012



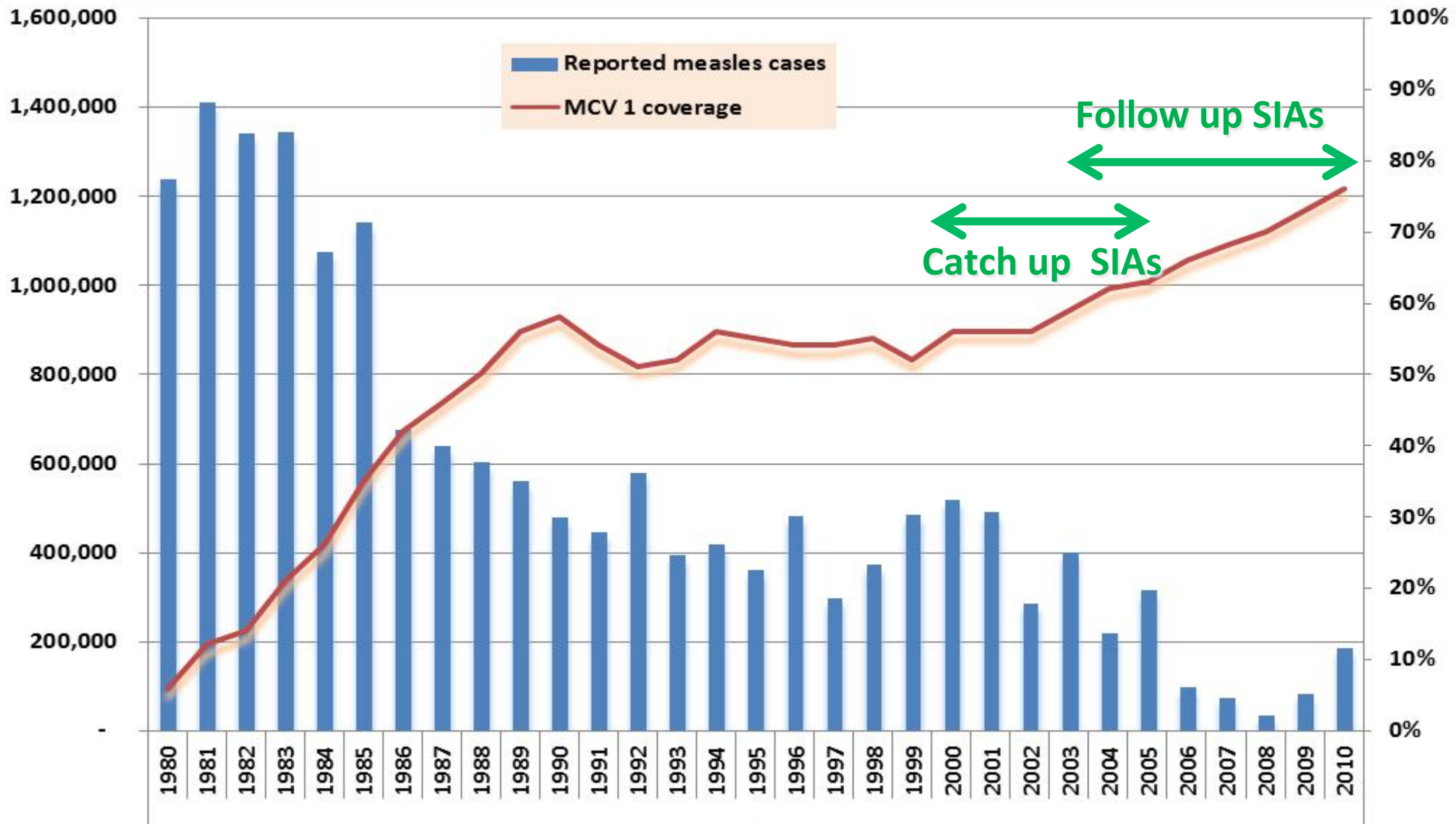


# Measles cases 2011, Eastern Mediterranean Region





# Measles case reports & MCV1 coverage (WHO-UNICEF estimates). African Region, 1980 - 2010



# AFR Regional Committee Resolution on Measles Elimination, Sept 2011



World Health  
Organization  
REGIONAL OFFICE FOR **Africa**

AFR/RC61/4  
16 June 2011

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-first session

Yamoussoukro, Côte d'Ivoire, 29 August–2 September 2011

Provisional agenda item 10

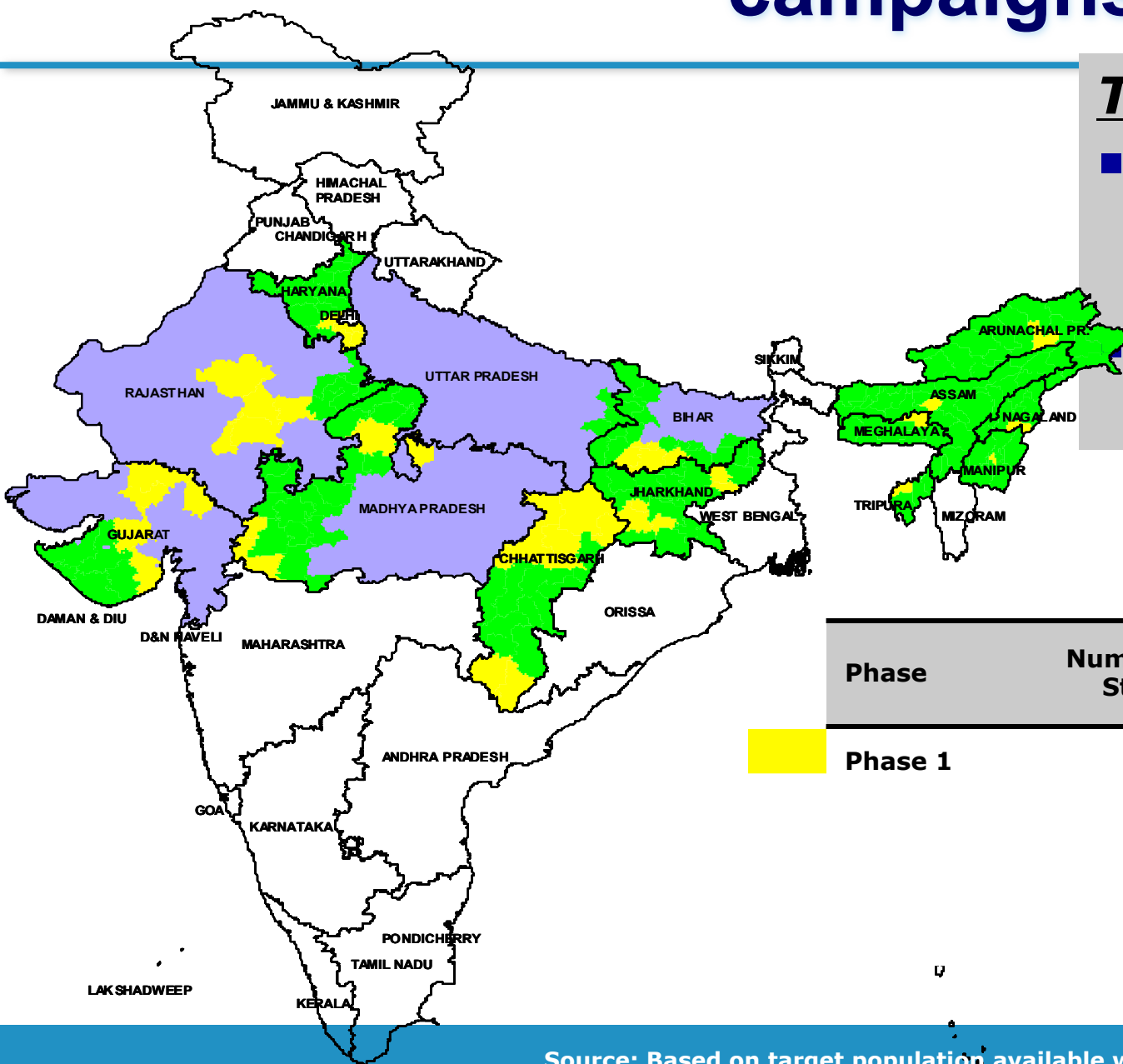
## MEASLES ELIMINATION BY 2020: A STRATEGY FOR THE AFRICAN REGION

Report of the Secretariat

### Executive Summary

1. The African Region adopted measles mortality reduction goals starting in 2001 and has been implementing the WHO-UNICEF recommended strategies. Successful implementation of these strategies resulted in a 92% reduction in the estimated number of measles deaths in the Region between 2000 and 2008.
2. Despite the significant reduction in measles mortality, the reality is that measles vaccination coverage, the quality of measles supplementary immunization activities and the quality of disease surveillance in the African Region have not yet reached the levels required to avert resurgence of measles. In 2010, 28 countries in the African Region experienced measles outbreaks.
3. Measles elimination is biologically and programmatically feasible, building upon the experiences of measles mortality reduction in the past decade. The elimination efforts should be entirely led by countries, and implemented to strengthen immunization systems and promote equity of service delivery.
4. The priority interventions should include improving immunization coverage through systematically implementing a combination of approaches, providing a second opportunity for measles vaccination, conducting sensitive disease surveillance, building the capacity of health workers, improving the quality of immunization monitoring data, conducting sustained advocacy and mobilizing local and international partners, and scaling up operational research.
5. This document proposes a strategy for the elimination of measles by 2020 in the African Region. The Regional Committee is invited to examine and adopt this strategy and the related resolution.

# INDIA - MCV2 introduction through catch-up campaigns



## Target population:

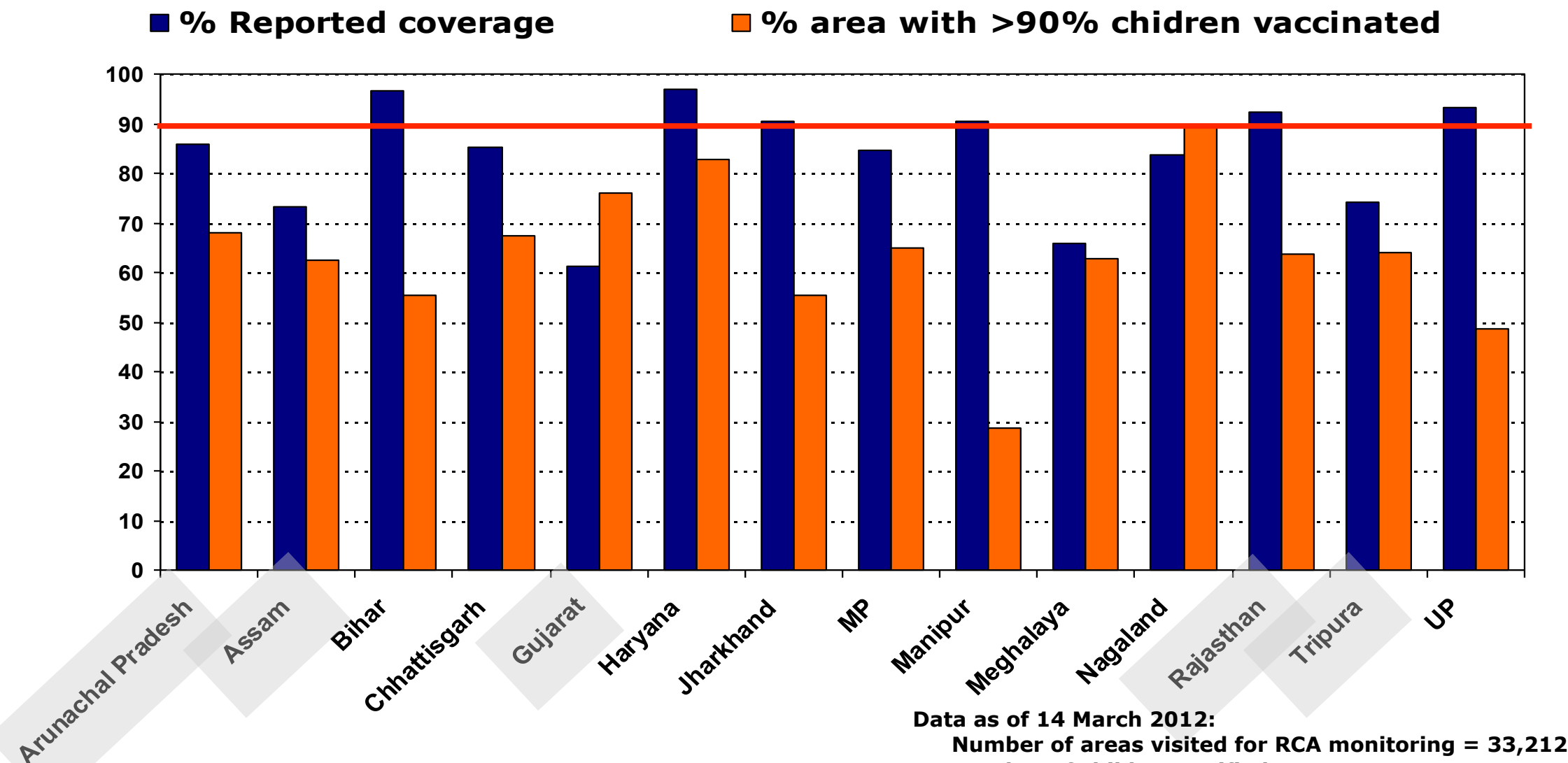
- ~ 130 million children 9 months – 10 years of age

**361 districts in 14 states**

Phase	Number of State	Number of District	Target Population (9 m - 10 yrs)	% Coverage
Phase 1	13	45	13,845,686	87.2

# India Campaign results:

## Reported coverage vs. Random Convenience Assessment monitoring



Activity ongoing in AP, Assam, Gujarat, Rajasthan & Tripura  
 RCA areas checked < 100 in AP, Manipur and Tripura



# Measles/Rubella Summary

- **Progress:**
  - Americas on track to document elimination (M & R)
  - Good progress in W. Pacific towards measles elimination
- **Challenges:**
  - 4/6 regions not on track to achieve targets
  - Grossly under resourced
  - Advocacy particularly weak
- **Opportunities:**
  - New Global M/R Strategic Plan signed by 5 heads of agency
  - GAVI support for MR vaccine in 50 countries
  - M/R as the "tug boat" for routine immunization systems



# World Immunization Week

- 21-28 April
- Theme and slogan:
  - *Immunization saves lives*
  - *Protect your world, get vaccinated*
- Visual identity, posters, banners & 30-sec video developed
- Materials available in 6 languages

[http://www.who.int/immunization/newsroom/events/immunization\\_week/en/index.html](http://www.who.int/immunization/newsroom/events/immunization_week/en/index.html)



# SEAR: 2012 Year of intensification of Routine Immunization

- Launching/advocacy events to raise awareness on routine immunization (Indonesia, Bangladesh, Nepal)
- media training and sensitizing workshops (Indonesia, Nepal and Myanmar).
- Communication products targeting mothers and parents on immunization benefits
- Coordinated meetings involving development partners for engagement





# WIW – Making it official!

- **World Immunization Week (WIW) resolution for endorsement by Member States at the Health Assembly in May 2012**





---

# REGION SPECIFIC UPDATES

# **AMR : HAITI - Strategic Immunization Plan of Action 2011-2015**

- **Increasing coverage through several strategies**
- **Strengthening EPI management**
- **Introducing new vaccines**
  - **Pentavalent / Rotavirus in 2012 and 2013**
  - **Pneumococcal conjugate vaccine – 2014 (GAVI not able to provide in 2013)**
- **Strengthening M & E and VPD surveillance**
- **Maintaining the country free of polio, measles and rubella**
- **Eliminating neonatal tetanus as a public health problem**

# Transfer of tools and lessons from the PAHO ProVac Initiative to other Regions

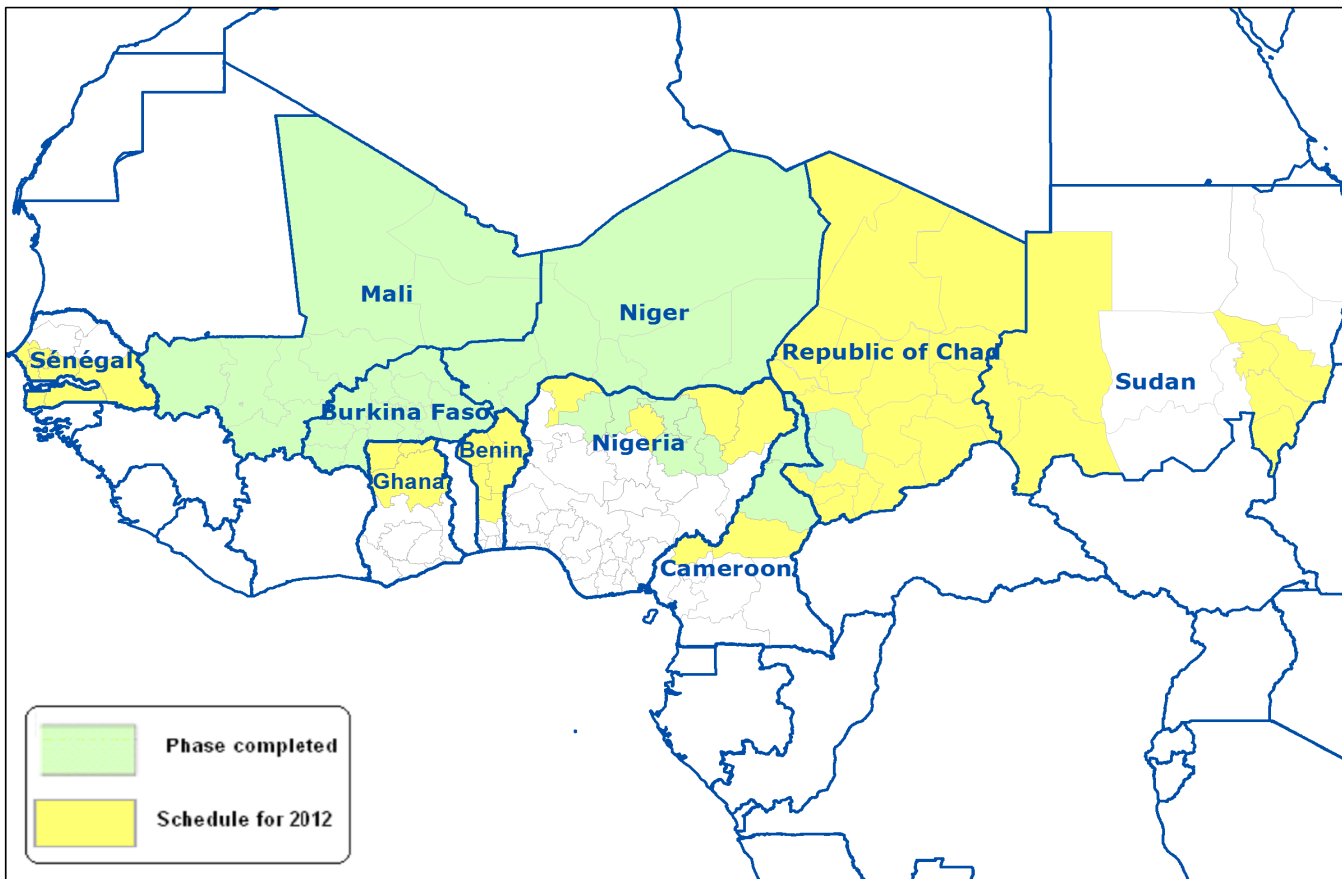
- **Established a ProVac International Working Group:**
  - WHO HQ and WHO Regional Offices
  - AMP, PATH, Sabin Vaccine Institute, CDC
- **Awarded a 2-year grant from BMGF to support regional workshops (EMRO, EURO, AFRO) and 5 pilot pneumo and/or rotavirus cost-effectiveness analyses in LMICs.**

# AFR Task Force on Immunization, 2-3 December 2011 meeting

- Interrupting endemic and re-established wild poliovirus transmission in Africa and responding to 2011 polio outbreaks in addition to preventing new international spread and outbreaks;
  - Reaching the unreached children with immunization services: strategy options for the African Region;
  - Planning for the 2012 African Vaccination Week;
  - Reviewing 2011 SAGE recommendations and implications for the African Region;
  - Assessing progress made in accelerated immunization control initiatives (measles/rubella and maternal & neonatal tetanus) .
- In depth discussions on communications at the June 2012 meeting

# Meningococcal A conjugate vaccine - “MenAfriVac”

## Roll-out plan 2010 - 2012



**~ 55 Million**  
Target population  
1-29 year-olds vaccinated

**2010 ~ 20 Million vaccinated**  
Burkina Faso, Mali, Niger

**2011 ~ 35 Million vaccinated**  
Mali, Niger  
+ Nigeria, Cameroon, Chad

**2012 ~55 Million to be vaccinated**  
Nigeria, Cameroon, Chad  
+ Senegal, Ghana, Benin, Sudan

High vaccine coverage amongst all age groups, no safety concern, dramatic fall in MenA cases where the vaccine was introduced, elimination and prevention of MenA carriage demonstrated in Burkina Faso

### WAY FORWARD

- ➔ Continue surveillance for disease cases as well as monitoring of vaccine coverage to confirm vaccine effects and to monitor relative importance of disease caused by other serogroups
- ➔ Define a sound pediatric indication to ensure protection of new birth cohorts

# **EMR: Emergency and security situations in increasing number of countries**

- **Syria: possibility of significant drop in coverage in 2012**
- **Libya: measles outbreak in the south, cases are on the increase. SIAs ongoing**
- **Afghanistan:**
  - **Measles SIAs: access uncertain in some areas and funding not secure covering target age up to 9 years**
  - **Coverage survey planned but nationwide implementation questionable**

# Devolution in Pakistan

- **Uncertainty on responsibility for vaccine procurement**
- **Stock out of Measles vaccine**
- **Polio situation calls for strengthening both quality of SIAs and RI expansion**
- **With EMRO support, national RI workshops helped to produce provincial action plans. Financial assistance needed for implementation.**

# **New vaccines introduction activities and challenges in EMR countries in 2012**

- **Development of proposals for GAVI support:**
- **Improving surveillance performance**
- **Establishing regional pooled vaccine procurement system**
- **Inadequate technical and managerial capacity of national EPI in presence of multiple priorities**
- **Financial constraints**



# EUR: Immunization schedules/supplies

- Guidance (per antigen) easily available, but difficulties arise seen when multi-component vaccines are selected
- Complex mix of tri-, quadri-, penta-valent plus several mono-valent vaccines in national supply chain, prone to stockouts, higher pricing, and programmatic errors
- Significant problem with novel multicomponent vaccines: self-procuring Member States face higher cost (e.g. >10USD per dose of pentavalent vaccine or MMR) in absence of competition
- Stockouts of IPV containing combination vaccines lead to serious dropouts of PV3 coverage

# EUR: Underperforming countries and other issues

- Current political commitment does not translate into significant changes → careful consideration needed in view of DoV accountability
- Denominator remains a problem in several Member States, technical assistance to be provided
- Reporting transparency – some Member States fail to report VPD cases or forward samples to regional laboratories for confirmation – political context
- Significant (negative) impact of health system changes/reforms on immunization programme implementation
- Call to establish fair salaries for immunization and surveillance personnel including laboratory staff to maintain skilled workforce
- Vaccination acceptance is a raising problem with varying causes
- EURO expands assistance to NITAGs

# WPR: Hepatitis B Control

- **WPRO on track to meet on 2012 control milestone (region-wide)**
- **Several priority countries have birth dose assessments (LAO, CAM, PHL-planning)**
- **Several countries have recently conducting seroprevalence surveys (LAO, CAM, VTN, PHL-planning)**
- **Tonga verified to reach milestone; several countries initiated verification process.**

# Vaccine Safety and Quality

- In 2012 WPRO will prioritize technical assistance to formally certify NRA in Viet Nam and also for building and improving the adverse events surveillance systems in Members States
- China SFDA and 13 provinces received training on adverse events following immunization (AEFI) surveillance advanced course
- EVM assessment conducted in Cambodia and two countries are planned in 2012
- To support Member States, Regional alliance for NRA will be formed in 2012 - informal meeting is planned to be held in May
- Revision of Regional AEFI guidelines are in progress
- Sub-regional AEFI and data management training was conducted in Fiji for 20 Pacific Island Countries

# Terms of Reference of Global Vaccine Safety initiative

## Mandate

- serve as a forum for Vaccine Safety stakeholders
- offer stakeholders benefits from joint recommendations for planning and implementation in line of the 8 Strategic Objectives of the Blueprint
- Support exchange of information.

## Structure

- Planning Group steers Initiative
- Planning Group steers Initiative presents results of its work to Global Vaccines Safety Initiative Meeting (1 representative from each participating organization, agency or institution, convenes at least annually)
- GVSI is administered by WHO



# Planned first steps in 2012

- Implementation has begun 2012.
- A Constitutive Taskforce has been set up to:
  - Initiate and take forward a workplan for 2012(/2013), and
  - Prepare the constituting of a first General Meeting
  - The taskforce consists of
    - experts on Vaccine Safety issues
    - countries that show/have shown interest in building minimal capacity or enhanced capacity in line with the GVBS.
- First General Meeting shall then
  - make recommendations on further steps for implementation based on the developed draft workplan, and
  - constitute a Planning Group

# Oral cholera vaccine stockpiles

- **WHO consultation, Sept 2011 :**
  - Establish an emergency supply (>2 million doses)
    - Use of the mechanisms and procedures as for YF and meningitis vaccine stockpiles
    - If stockpile is not utilized in priority settings, evaluate options for use in endemic setting
  - Communication with affected countries on use OCV
- **Technical consultation, 26-27 Apr 2012 to define:**
  - How to start short-term cholera outbreak response activities
    - Timing for vaccination in outbreak situations
    - How best to target vaccination;
  - How to transition from the short term response activities to the longer term strategy for endemic and epidemic control

# Strengthening WHO's role and leadership in immunization implementation research

- Implementation research is an important component of WHO's work
- To further strengthen this area of work QUIVER is now expanded in its terms of reference and membership to include an advisory role on implementation research → *Immunization and Vaccines related Implementation Research Advisory Committee (IVIR-AC)*
- A time-limited Working Group of technical experts will assist in developing the implementation research agenda prior to discussion at IVIR-AC
- Such a research agenda will ultimately feed into the technical and policy review functions of IVIR-AC and SAGE itself to strengthen WHO's ability to make evidence-based policies



# The strategic objectives of WHO's implementation research agenda

- Define a global immunization implementation research agenda and priorities (includes all vaccines, health systems, and programme issues)
- Map global research activities and monitor progress
- Assess quality, relevance and potential policy implications from implementation research
- Build scientific consensus around useful implementation research outputs, and develop best practices and guidelines
- Build implementation research capacity in countries and regions in collaborations with partners
- WHO will:
  - Provide a platform for researchers to share results, and assess their potential contribution
  - Coordinate efforts to build scientific consensus and develop best practices and guidelines in areas where harmonized research approaches will add value
  - Mobilise the necessary resources to conduct or initiate research on key critical topics,

# **Update on SAGE processes, working groups and related WHO Committees**

# SAGE working group on dealing with vaccine hesitancy (established March 2012): Terms of Reference

- Prepare for a SAGE review and advice on how to address vaccine hesitancy and its determinants.
- **Define vaccine hesitancy and its scope**
- **Suggest one or several indicators of hesitancy to monitor progress in the context of the DoV GVAP**
- Undertake a review of vaccine hesitancy in different settings including its **context-specific** causes, its expression and its impact.
- At global, regional and national levels:
  - Perform a landscape analysis of who/what organizations are working on this issue in various settings/countries
  - Identify existing activities and strategies that have had or could have a positive impact including looking at successful strategies that have worked and are not specifically related to vaccines or even medicines;
  - Identify strategies and activities that did not work well;
  - Identify new activities and strategies that could have a positive impact;
  - Prioritize existing and new activities/strategies based on assessment of potential impact;
  - Outline the specific role of WHO in addressing vaccine hesitancy;
  - Identify the specific role of regional and country advisory committees.

# 2012-2014 SAGE Meetings: Topics on the Horizon

## Cross-cutting and strategic issues

- Use of vaccine in humanitarian emergencies (Nov 2012)
- Dealing with vaccine hesitancy (April 2013)
- Use of vaccines in immunocompromised populations
- DOV GVAP implementation
- Maternal immunization to enhance the protection of mothers and infants
- Involvement of the private sector
- Strengthening of NITAGs
- Non specific effects of vaccines
- Vaccine stockpiles
- Accessibility to affordable vaccines and WHO's role
- Supply chains

# 2012-2014 SAGE Meetings: Topics on the Horizon

## Vaccine specific recommendations and updates

- **Optimizing immunization schedules (Hib) (Nov 2012)**
- **Polio**
  - Eradication strategies
  - Post eradication
- **Impact monitoring**
  - Measles elimination (Nov 2012)
  - Pertussis
  - Hep B
  - Hib
  - Meningitis....
- **Pertussis**
- **Influenza**
- **Yellow Fever**
- **Varicella & herpes zoster**
- **JE**
- **HPV (Apr 2013)**
- **Malaria (Apr 2013 and Apr 2015)**
- **Dengue**

---

**END**