

**WHO 136<sup>th</sup> EXECUTIVE BOARD**  
**GLOBAL VACCINE ACTION PLAN, ITEM 9.3**  
**Geneva, 26<sup>th</sup> January 2015**  
**COUNTRIES AND NGOs INTERVENTIONS**  
**INFORMAL SUMMARY RECORDS**  
**(not to be shared)**

**1. Kuwait**

- Supports the recommendations that further work and investments are needed to strengthen immunization programmes in the low coverage countries
- Highlights the importance of data quality, the role NITAGs can play in monitoring progress towards GVAP targets at national levels;
- Notes the impact of conflict on immunization coverage, including the impact of recent increase of refugees in the region (including financial burden this imposes on the host countries, given the high price of vaccines) and highlight the need for WHO guidance on how to sustain coverage during conflicts and crisis. including
- Supports the recommendations to convene a technical side meeting at the next WHA on accelerating progress in low coverage countries

**2. Malaysia**

- Highlights the importance to share the GVAP vision with all health care staff at all levels to obtain their commitment in implementing and achieving the targets.
- Requests WHO to provide more support on how countries should deal with anti-vaccines lobbies (communication strategies to increase individuals and communities demand for immunization)
- Introduction of new vaccines should be based on local data and health priorities.
- Anti-vaccine movement social media – communication strategies to be one of the items in the agenda of the GVAP

**3. Democratic Republic of the Congo**

- Statement on behalf of all AFR Countries
- Highlights that indeed GVAP targets are not on track to be achieved, DTP3 coverage rates in AFR is still low (around 75-78%), below the target set;
- However some progress has been made in our region controlling polio (no cases for 6 months); introducing new vaccines (October 2014, PCV in 31 MS, rotavirus vaccine in 22 countries but HPV vaccines in only 4 countries and Men A CV in 13 countries)
- Ebola outbreaks are disrupting for health services (including immunization) in Guinea, Liberia, SL, and also in Mali, Nigeria, Senegal and DRC.
- The Regional Strategic Regional Plan 2014-2020 has been endorsed by the Task Force on Immunization (TFI) and adopted at the Regional Committee. Main challenges will be to strengthen routine immunization, the health system and the financial sustainability for immunization programs.
- There is a need to ensure better coordination mechanisms in countries so that everyone agrees on the priorities set by the Ministry of Health(MoH) and better use the financial resources.
- Rehabilitation of health systems, competent trained skilled staff to provide health care to vulnerable groups and even physical rehabilitation of hospitals and health care centres
- Capitalize from positive experiences from countries is important (supplementary immunization activities, immunization conducted between neighbouring countries)

#### **4. Croatia**

- European Regional Vaccine Action plan has been adopted by the Member States with 6 objectives; Croatia supports both the GVAP and the EVAP.
- Croatia is meeting all the GVAP goals, including interruption of transmission of polio and measles, hepatitis control, sustaining high coverage and evidence-based decision making
- However sustainability of achievements is difficult because of the financial sustainability due to austerity measures linked to the economic crisis
- Difficulties in timely procurement of vaccines due to global shortage of vaccines
- Challenges related to a vaccine uptake due to anti-vaccine movement: WHO is requested to play a stronger role.
- Request WHO to mediate between vaccine manufacturers and the Member States to ensure access to sustainable supply of vaccines at affordable prices.

#### **5. Cuba**

- Trying to eliminate maternal and neonatal tetanus (MNT), polio, rubella, measles, combat hepatitis B
- Ensuring accessibility to safe vaccines is crucial and involves both public and private manufacturers (including developing countries producers)
- Solid financing is needed for vaccination programmes in the context of the universal health coverage (UHC) and the important role of immunization

#### **6. China**

- Commend the active actions in pushing the GVAP
- The report objectively reports the progress and the difficulties faced.
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- Implementation of GVAP requires an extensive collaboration between WHO, Member States and partners to exchange technology.
- WHO to mobilize more resources, increase accessibility and equity
- Civil Society Organizations (CSOs) should respect the countries' regulation and WHO should not provide uniform rules for this collaboration.

#### **7. Australia**

- Supports routine immunization as a crucial element of the investment in improving child health.
- Support to increase routine immunization coverage rates is a core business for WHO and an important indicator of the Organization performance at country level.
- Put sustainable finance at the heart of the discussion especially in Gavi graduating country.
- Progress is "Slow and patchy" as noted in the report, WHO and partners (UNICEF) should indeed prioritize countries with "less than 80% coverage" for more intensive support.
- There is a need for review and support to strengthen routine immunization in some Pacific island states where immunization rates are very low.

#### **8. Lebanon**

- Need to focus on low coverage countries to discuss issues, funding gaps and implementation obstacles.
- Supports the recommendations to convene a side technical meeting at the next WHA on low coverage countries and gather the views of the ministers on the challenges their countries face.
- Welcome the recommendation for specific guidance for countries facing war and conflicts Lebanon is providing the same immunization services to Syrian refugees as for Lebanese nationals, thanks to the support from the MoH and CSOs. However, the burden is heavy especially financially (due to the high prices of pneumococcal or rotavirus vaccines). This has created some delays in providing those vaccines to refugees.

## **9. USA**

- Make polio eradication a focus.
- Great progress despite the security challenges: no reported case in the last 6 months in the African Region and 9 months in the Middle East.
- Surveillance needs to be strengthened.
- If polio transmission is not interrupted in Pakistan, there is a global risk which can cost another US\$1 billion a year for polio eradication efforts worldwide.
- The world needs to be prepared for the timely switch from tOPV to bOPV.
- Routine immunization needs to be strengthened for the successful implementation of the end game.

## **10. Russia**

- Agree with the challenges highlighted by SAGE in their report, based on a systematic review.
- There is a need for stable financing for national immunization programmes, a problem for low middle income countries (LMICs).
- Russia's contribution to eradicate polio and eliminate measles and rubella in neighbouring countries.
- Highlights the importance of data quality and of strong health systems
- Need also to support countries to ensure immunization services during crisis

## **11. Iran**

- WHO to help support MS to achieve the GVAP goals.
- Monitoring and evaluation is very important; it is recommended that NITAGs should be established and supporting these activities of monitoring and verification of objectives achievements (by also ensuring CSOs, Academics are involved).
- Prioritize reaching migrant and remote populations; Iran is making special efforts.
- Countries should be supported to strengthen capacity for rapid response to disease outbreaks.
- Universal access to vaccines, affordability, and transparency of prequalification processes are important in reaching the GVAP.

## **12. Saudi Arabia**

- Endorsed statements by Member States from the region.
- Reported some technical issues related to the online access to the report

## **13. Panama**

- Reports the existence of a national law for immunization which includes the existence of specific budget lines
- Highlights the importance of financial sustainability
- Extended the number of vaccines offered free of charge.
- Extra resources were set aside to cover for additional cost linked to new vaccines
- Expressed the need to be flexible with global targets to accommodate national priorities and to reflect regional differences.

## **14. DPR of Korea**

- Efforts were done to maintain high coverage for all antigens with WHO and UNICEF support
- Highlights the issues related to vaccines affordability (and the cost of vaccines)

## **15. Brazil**

- Congratulates SAGE and supports their recommendations; agrees with the focus on data quality

- Gavi and the AMRO Revolving fund should continue to play a role to guarantee universal access to vaccines.

#### **16. Argentina**

- Reports its own achievement (DTP3 80% coverage in all provinces, introduction of new vaccines, diseases eliminations).
- Data quality achieved thanks to integrated systems throughout the country and electronic reporting tools
- AMRO revolving fund to ensure vaccines are available at the lower prices
- Need to increase local production of vaccines and producers in MICs
- Problems in terms of prices and availability of vaccines, producers to show flexibility so that we can ensure our immunization programme are going on.

#### **17. Canada**

- Commends the report, though concerned about lagging progress; supports SAGE recommendations.
- Priorities, risk (mitigation) and role of partners for the upcoming years must be outlined in future reports.
- Show in the report how efforts are tied to results and to the overall system strengthening
- Importance of affordable vaccines and possible role of tiered pricing
- Need to understand the leadership roles of implementing agencies and whether there are dedicated funds to implement the recommendations.

#### **18. Colombia**

- Concern about prices and cost for acquisition of vaccines. They account for a consistent part of the health budget. Support the recommendation on sharing information on pricing.
- Supports the recommendations to convene a side technical meeting at the next WHA on low coverage countries

#### **19. Thailand**

- Strong health systems are crucial to increase and maintain high immunization coverage.
- There is an important issue related to workforce insufficiency (availability and training). HCW migrate, shift positions or tasks. Lack of strong management teams is a structure barrier. WHO should provide some support to MS in this area.
- Financial sustainability is the other main issue. Access to immunization are at threat: need to expend national production, strengthen NRAs, and regional collaboration for ensuring vaccine security. WHO should support these projects.

#### **20. Mexico**

- Endorses and commends the GVAP report.
- Universal coverage is a priority
- Introduction of new vaccines should be done in a responsible fashion.

#### **21. Germany**

- Supports all recommendations made in the report.
- Specifically support the recommendation to foster integration to reduce missed opportunities.
- Reference made to the GAVI replenishment conference to be held in Berlin the 27 January 2015.

#### **22. Libya**

- Problems with availability of vaccines in a big part of the country due to the current conflict (security issues for HCW)

- What can WHO do to help, shall we wait for polio cases for WHO to intervene?

**23. MSF**

- See attached statement.
- Along the lines of their recent press release and focused on vaccine prices

**24. Medicus Mundi International**

- See attached statement.
- Comment related to the vertical nature of immunization programmes, which could be to the detriment of strengthening primary health care in general.

**25. International Pharmaceutical Federation**

- See attached statement.  
Raised the need to increase awareness and community demand.

**26. IFPMA**

- See attached statement
- Express commitment to GVAP and to country self-sufficiency

**27. Save the Children**

- See attached statement.
- Concerned about lack of progress and emphasized that immunization should be viewed as the flagship for universal coverage.