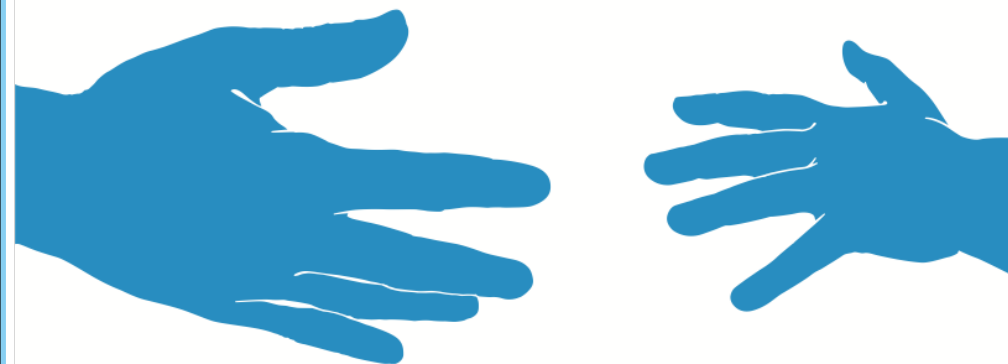


# CLOSE THE IMMUNIZATION GAP



**IMMUNIZATION FOR ALL  
THROUGHOUT LIFE**

## Global Update

**JM Okwo-Bele**  
**Director**  
**Department of**  
**Immunization, Vaccines &**  
**Biologicals**

# Outline

GVAP  
implementation

Research and  
Development

SAGE processes





## KEY DATES

**March 2015**

National authorities begin operational planning.

**May 2015**

The World Health Assembly considers a resolution on the switch.

**September 2015**

National plans are finalized.

**October 2015**

SAGE will assess the epidemiology of persistent type 2 cVDPVs as part of a readiness review.

**April 2016**

Expected date for switch from tOPV to bOPV.

**April and May 2016**

Validation of the removal of all tOPV.

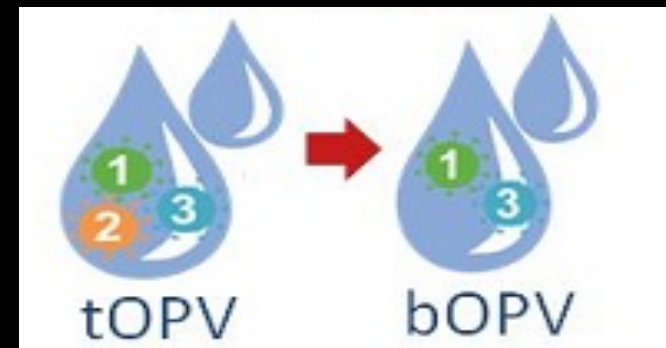
**From May 2016**

tOPV will no longer be used globally, neither in routine immunization, nor in SIAs.



**Objective 2** of the **Polio Eradication and Endgame Strategic Plan 2013-2018** calls for an important transition in the vaccines used to eradicate polio and requires **the removal of all oral polio vaccines (OPVs) in the long term.**

# SWITCH



No. of Member States or Territories	Members States or Territories that:
<b>162/194</b> 84% of birth cohort	Introduced at least 1 dose of IPV into routine EPI schedule
<b>155/155</b>	Developed a SWITCH plan
<b>139/150</b> Belarus, Malaysia, Tuvalu, Poland and Tokelau will or have already switched to IPV-only	Received bOPV shipments



**The Decade of Vaccines vision is:  
(2011-2020)**

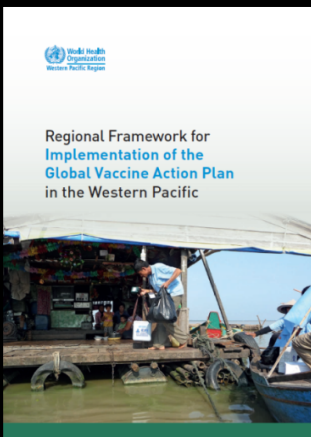
**A world in which all individuals  
and communities enjoy lives free  
from vaccine-preventable  
diseases.**

**The GVAP mission is:**

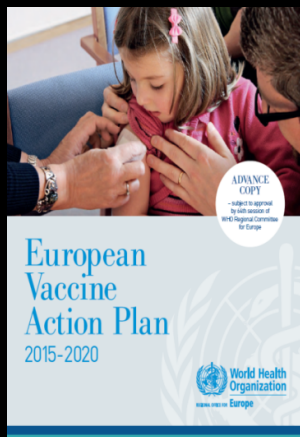
**To extend, by 2020 and beyond,  
the full benefit of immunization  
to all people, regardless of where  
they are born, who they are or  
where they live.**



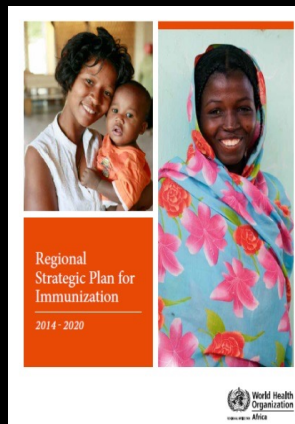
# Regional Vaccine Action Plans



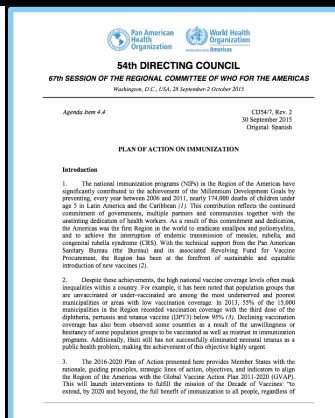
WPR: Regional Framework for implementation of GVAP adopted at the RC, October 2014



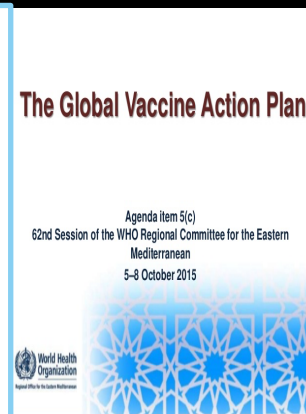
EUR: European Vaccine Action Plan adopted by the RC, October 2014



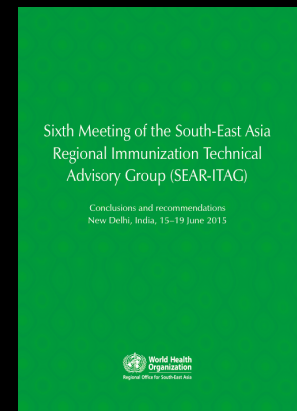
AFR: Regional Strategic Plan for Immunization adopted at RC, November 2014



AMR: Plan de Acción sobre Inmunización para la Región de las Américas adopted at RC, September 2015



EMR: Eastern Mediterranean Vaccine Action Plan adopted by RC, October 2015



SEAR: "Strategic plan 2014-2017" available up to 2017 and under revision to be the RVAP





# European Vaccine Action Plan 2015-2020

**M&R elimination new strategy:** 21 MS eliminated measles, 20 MS rubella  
**Financial sustainability** - ring-fencing of immunization budgets  
**Vaccine procurement** - for dissemination of vaccine price data  
**E-registries and behavioural insights** – to address equity notably  
**Education, promotion and advocacy including European Immunisation Week**



# AFRICAN MINISTERIAL MEETING, FEB 2016





# AFRICAN MINISTERIAL MEETING, FEB 2016

900 participants: Ministers (MoH, MoF, MoE..), CSOs, UN, media...

Declaration from countries “We, African Ministers of Health, Finance, Education, Social Affairs, Local Governments...”

Declaration from CSOs, Parliamentarian, Religious leaders...

Follow up by WHO and partners (e.g. African Union, Head of States meeting, AFR and EMR offices)

# GVAP implementation challenges across regions



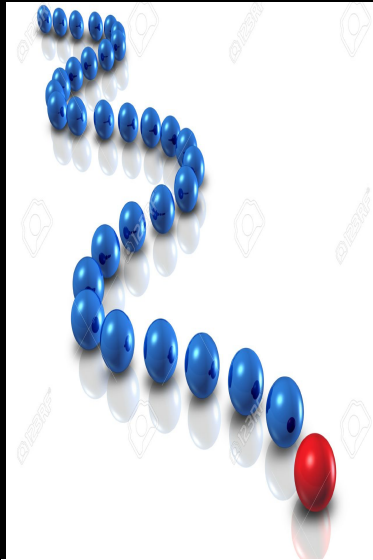
## EQUITY

Achieving and sustain equity is difficult



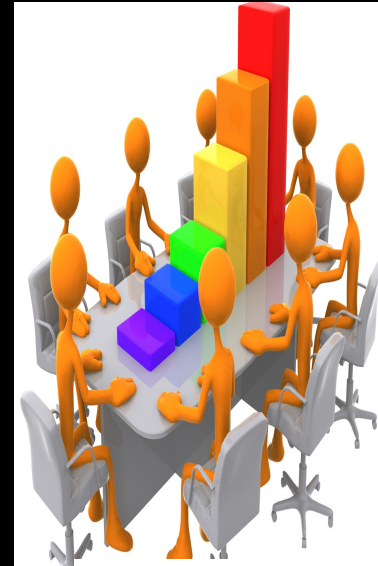
## FUNDING

Un-predictable funding



## LEADERSHIP

Leadership turnover frequent



## NITAGs

Variable quality and capacity of NITAGs



## SUPPLY

Vaccine supply issues and pricing concerns



# GVAP and WHA

**GVAP goals**

**May 2017**  
**World Health Assembly**

**Oct 2016**  
**GVAP mid-term review report to SAGE**

Review of goals (Equity in coverage, Polio, MNTE, Measles)

Review with a specific focus on 10 priority countries

**January 2017**  
**DAVOS meeting**

**2nd-3rd Quarter 2016**  
**SDG Immunization indicators**

**May 2016**  
**World Health Assembly**  
Review of SAGE assessment report

**January 2016**  
**WHA Executive Board**  
SAGE assessment report discussed

23 speakers (21 from Member States and 2 CSOs)

Member States requested updates on WHO's response to the resolution on Vaccines procurement and prices

# WHO's core functions in vaccine and immunisation

**Convene  
leaders  
and experts  
from  
all sectors**

**Establish  
norms  
and  
standards  
for products  
and  
technologies**

**Develop  
evidence-  
based  
policies and  
guidance**

**Facilitate  
synergies  
for disease  
prevention**

**Monitor  
and use  
data for  
analytics**

**Proactively share information across all areas**

# WHO Global staff retreat

Evian 1-3 March 2016

## Key challenge

How to translate country cMYP and other EPI plans into actionable, prioritized and continuously updated country annual operational EPI plans that link directly with the goals and targets of regional plan and GVAP?

## Management issues

- Clarifying **WHO's role** and priorities at the country level
- Improving the way WHO staff **communicate and work together**
- Focus on ensuring that WHO's work is targeted at **improving performance in countries**
- Cultivating a culture of **accountability** across the network

# A NEW DEAL

## “Evian” transformational outcomes

**Develop new Global Immunization strategy 2030** supporting SDGs, through a bottom up approach with strong country inputs

**Improve performance in countries:** ie strengthen and broaden country TA based on country needs assessment; ensure quality and appropriateness of tools, materials, consultants

**Staff performance:** work together as a team; staff capacity in management and leadership; updated who is who...

**Establish actionable accountability framework** – updated TORs and performance assessments (mid and end year)...

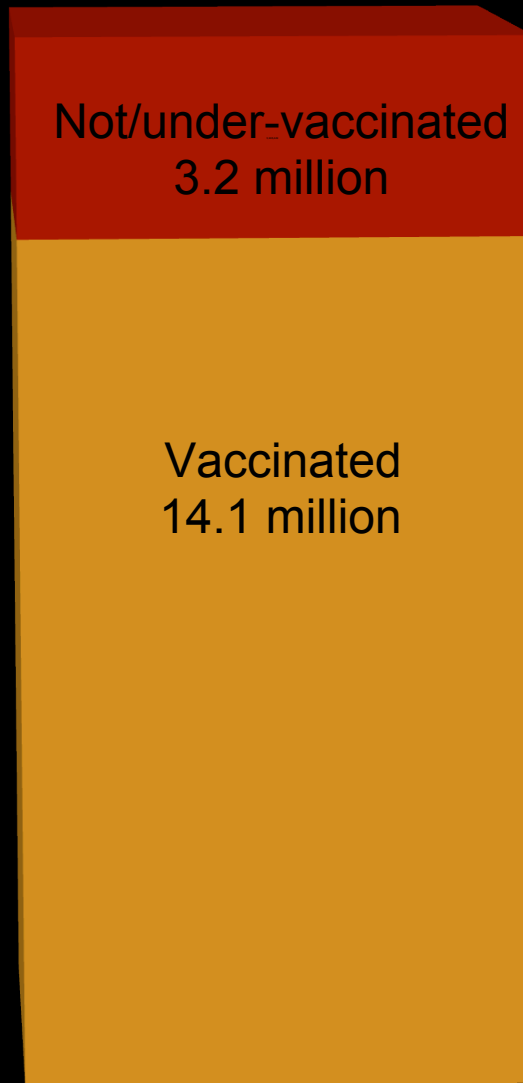
**Communicate successes**



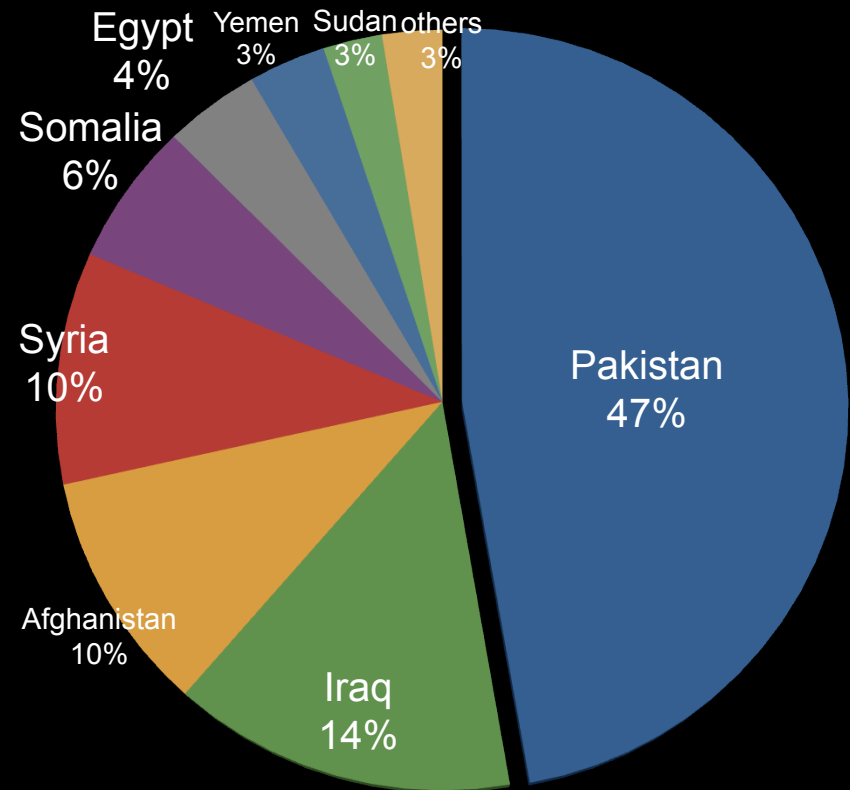


# **Vaccination in Humanitarian Emergencies**

# 3.2 million infants have not received DTP3, 97% are in the EMR conflict-affected countries



## Not/under-vaccinated



# Main activities in the conflict-affected areas in the past 6 months in EMR

**IPV introduction:** AFG, IRQ, PAK, SOM, SUD and YEM

**MCV SIAs:** Djibouti, Egypt, AFG, SOM and IRQ and Northern Syria

**RI provision in all IDPs/ refugees:** Jordan, Lebanon, Iraq

**MR SIAs in non accessible areas and preparation for resuming RI:** ongoing in northern Syria



# Humanitarian crisis in Yemen

## Impact on health system

Health Facilities (HFs) destruction: around 100 HFs

23% of health facilities have ceased to function

Health care workers displaced

Since 26<sup>th</sup> March 2015:

- More than 6000 deaths
  - More than 27 478 injuries
  - Outbreaks of dengue fever: 9469 cases
- Increase the cases of Malaria  
Measles: 407 confirmed cases





# Main actions taken to overcome the challenges

- EPI task force activated - MoH, UNICEF, WHO - Chaired by the Acting MoH and attended by WR & UNICEF Rep and representatives of other organizations
- Central and Governorate Operational Control Room: 24/7 since the 1<sup>st</sup> week of the crisis
- Regular feedback to the HCT and Health Cluster & Inclusion of PHC/immunization in the Consolidated Appeal, Flash appeal, etc...
- WB and GAVI: Re-programing according to the new situation and transferring the fund through WHO and UNICEF,



# Humanitarian crisis in Yemen

## Key achievements

Increase the number of the functional Health Facilities (HF): Taiz from 80 HFs to more than 300 HFs.

Vaccination of IDPs in targeted districts (Around 22,000 children)

Five rounds of integrated outreach activities: around 6000 immunization/ integrated sessions

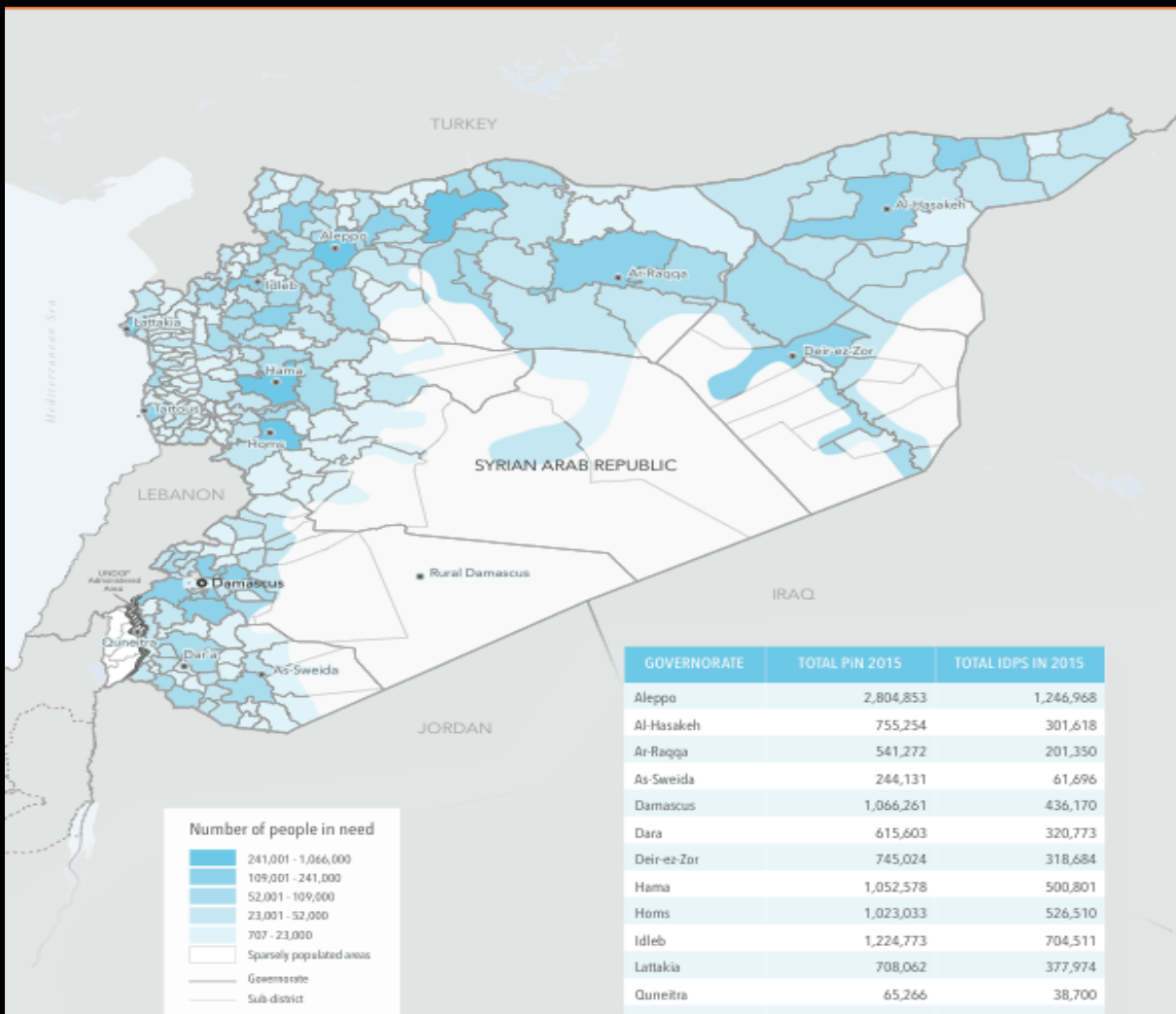
3 rounds of polio NIDs Aug and Nov 2015 and Jan 2016 (two included MR mop up targeting around 5 million children from 6 months to 15 yrs

Introduction of IPV & MR in Feb & Nov ; National Switch Plan developed in Oct 2015



# Humanitarian crisis in Syria

## Number of people in need by governorate



The Government of Syria does not recognise the boundaries of the maps included in the 2016 HRP.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

### PEOPLE IN NEED



**13.5M**

estimated number of people in need of some form of humanitarian assistance

**8.7 M** are in acute need of multi-sectoral assistance



Women

**3.7 M**



Girls

**3 M**



**6.5 M**

Internally Displaced Persons



**1.5 M**

People with Disabilities



**0.45 M**

Palestine Refugees



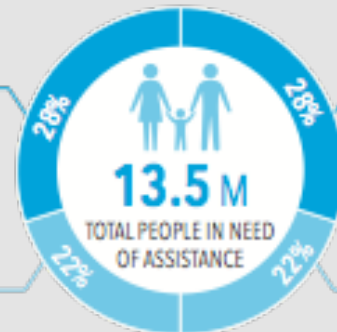
**1.3 M**

People In Need Hosting IDPs



**5.4 M**

Other People In Need



Population movement from Syria to neighbouring countries\* (as of 13 October 2015)



**2 M** in Turkey



**0.63 M** in Jordan



**0.13 M** in Egypt



**1.1 M** in Lebanon



**0.25 M** in Iraq



**0.02 M** in North Africa



**0.29 M** Syrians arrived by sea to Europe in 2015

\*The Refugees response is covered by the 3RP



# Difficulties & Challenges facing NEPL, Syria

**Inaccessibility:** The situation is unpredictable, this leads to difficulties in planning to reach all targeted children.

**Insecurity:** leads to movement difficulties of mobile teams & weak supervision in high risk areas.

**Change of administrative borders in conflict areas:** The areas have been changed according to the group controlling therefore some pockets might be missed

**Internally displacement and continuous movement of population** from hot areas lead to improper calculation of target children.

**Shortage of vaccines at national level,** UNICEF is trying to fill the gap but remains the global shortage of vaccines





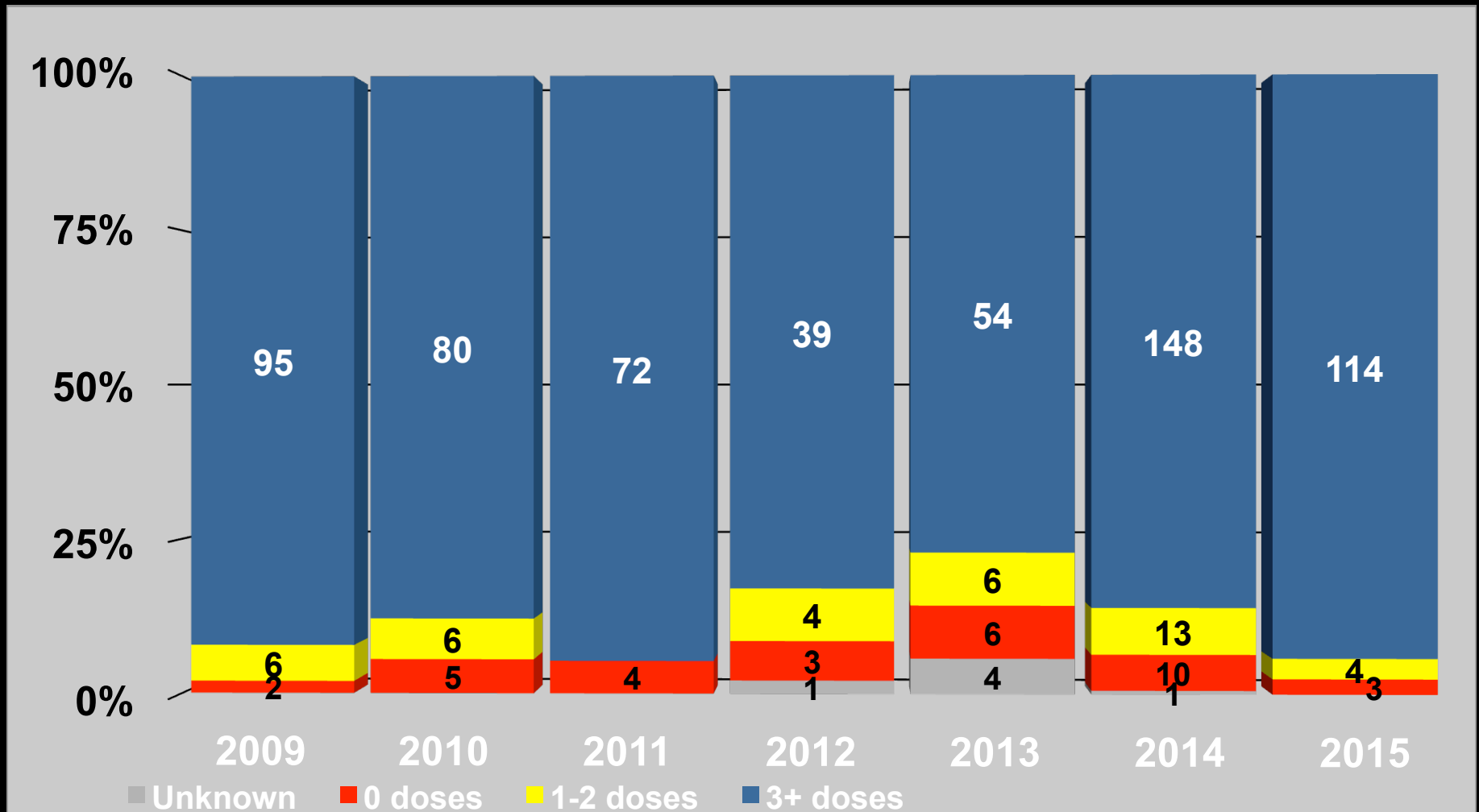
# Humanitarian crisis in Syria

The EPI team continues to work despite the difficult situation

- Comprehensive EPI programme review, including Vaccine and data quality management assessments
- Development of cMYP
- Training workshops
- Fixed sites, mobile teams supported plus outreach teams for high risk areas



# Vaccination status of NP-AFP cases among children aged 6-59 months, Syria, 2009–2015\*



# Meetings addressing vaccination during emergency situations

- **WHO (AFRO + EMRO) Meeting on experiences in increasing access to and demand for immunization in areas with insecurity and/or other complex circumstances, Tunis, 20 to 21 March 2014**
- **Global Immunization Meeting, Sitges/ Barcelona, Spain, 23-25 June 2015**
- **WHO meeting on implementation of vaccination during Humanitarian Emergency Situations, EMRO, Cairo , 12-14 January 2016**



# Lessons learnt

- Better comprehend the **reasons for inaccessibility** and risks, before initiating plan of action
- **Enhance programmatic analytical capability** to capture the root causes behind insecurity and inaccessibility
- **Adjustment of strategies and delivery modes** based on the local context, security dynamics
- Convergence initiatives that enable the **delivery of an integrated package** of services
- **Close collaboration between programme and security staff**
- Timely development & implementation of realistic plans
- **Dynamic strategy** is the best practice in areas where security situation and leaders keep on changing
- **Local negotiations for accessibility** proved to be a practical way to vaccinate the children
- **Maintain neutrality** of the program aiming to vaccinate every child.
- Coordination with all related partners is a must.
- Role of WHO/UNICEF FP is critical (HRAs)



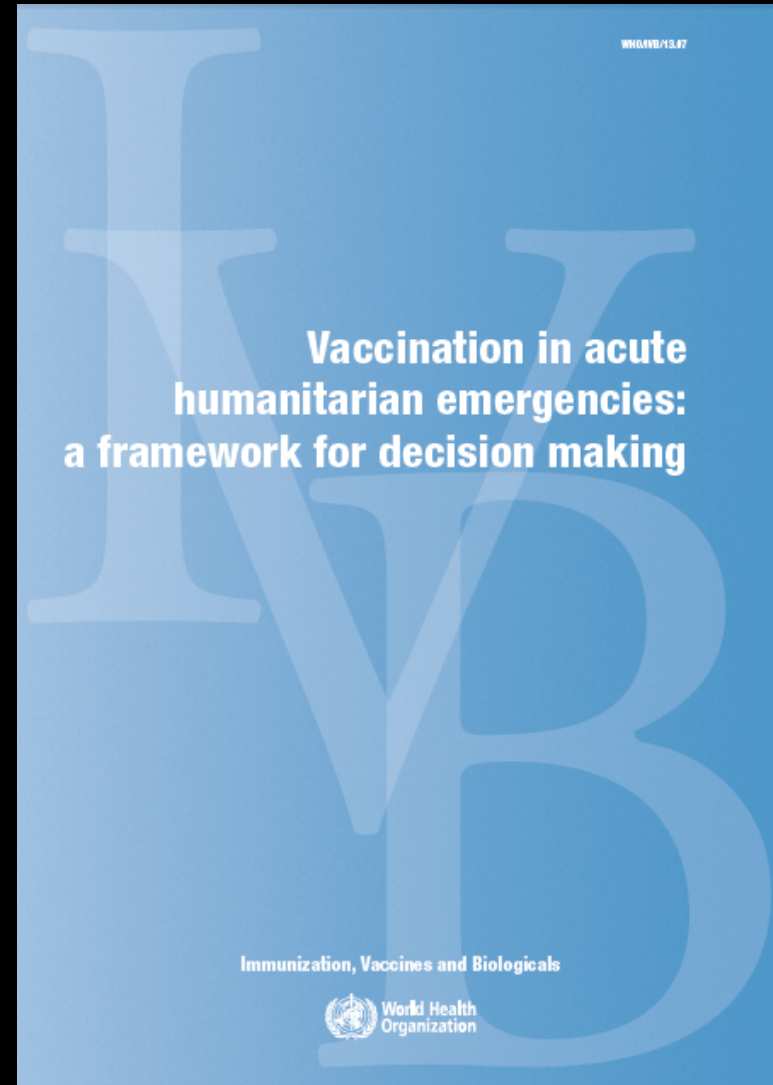
# Next steps: finalize updated guidance documents

## Framework for decision making.

- updating and producing operational manual of the framework and web applications

## New field guide on “Vaccination in humanitarian emergency”

**Meetings with key partners,**  
including joint WHO-MSF meeting  
(tbd)

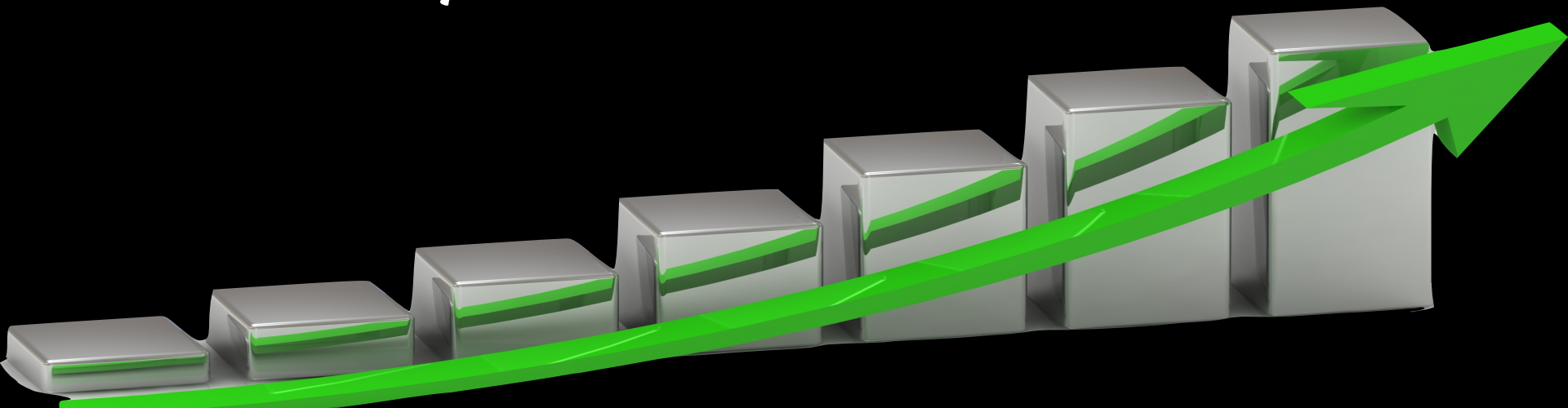


# Immunization Sustainability

**Immunization Sustainability refers to country ability to raise and sustain equitable immunization coverage and enable new vaccine introductions without or with limited external support**

**The SAGE endorsed partner-shared MLCs strategy provides a framework for WHO's work in the area of immunization sustainability**

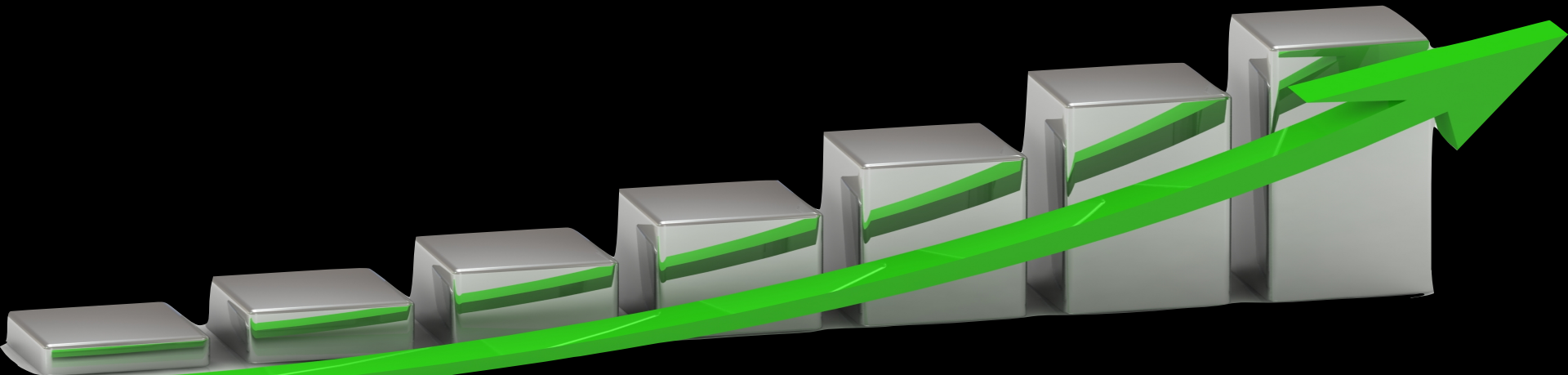
**WHO works with all countries to enhance immunization sustainability**



# **Immunization Sustainability**

## **ongoing WHO's activities since last year**

- 1. Country Engagement:** support Gavi transition work in > 20 countries and 4 MICs
- 2. Decision Making:** some progress to support NITAGs across ALL MICs
- 3. Financial Sustainability:** Limited work on financial needs through CMYPs
- 4. Demand & Delivery:** Capacity of the EURO region to support countries in demand creation/hesitancy efforts has been enhanced
- 5. Access to Supply**



# Global Vaccine and Immunization Research Forum

March 15-17, 2016

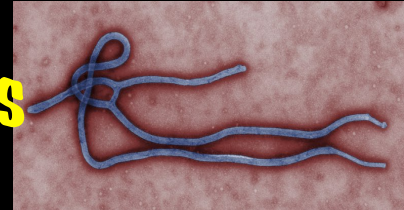


**What can research contribute to the GVAP objectives ?**

**Where is the future of immunization moving to?**



# Emerging data from candidate Ebola vaccines



## Liberia

### rVSV and cAd3 vaccines

PREVAIL enrolled 1,500 men and women aged 18 and older with no reported history of Ebola virus disease. Three arms of 500 received either one of the two vaccine candidates or a saline injection. Both vaccines were well-tolerated. At one month postvaccination:

- \* 87 % of volunteers who received cAd3-EB02 had measurable Ebola antibodies;
- \* 94 % of volunteers who received rVSV-ZEBOV had demonstrable antibodies
- \* 6.3 % of enrollees had Ebola antibodies at baseline.
- \* High prevalence of HIV infection (5.2 percent of enrollees).

### Ad26/MVA Ebola Monovalent Vaccine

Janssen has shared with WHO unpublished confidential information on the response to a prime-boost approach using two different intervals between doses. Over 1500 adults vaccinated in EBOVAC/non-EBOVAC studies to date

- Post vaccination AEs mild to moderate in severity overall and short in duration
- No SAEs related to study vaccines reported.
- Promising stability profile and induction of robust and durable immune response.

The Russian vaccine against Ebola (registered in the Russian Federation and) may be used in Guinea as part of a large trial.

WHO has formally written to developers and Russian authorities inviting them to submit the vaccine dossier for review for PQ. WHO does not have yet access to the protocols for the proposed trial in Guinea

### Russian vaccine

# **Emerging data from candidate Ebola vaccines**

## **Regulatory submission**

**December 2015** - Merck submitted on the application for rVSV Emergency Use Assessment and Listing (EUAL) for review by WHO

**March 1 2016** - WHO provided Merck with full dataset of the Ebola ca suffit ring trial in Guinea.

**March 29 2016** -WHO's Director General announced that the Ebola situation in West Africa no longer constitutes a Public Health Emergency of International Concern. Consequently, WHO will no longer accept new applications of Ebola vaccines through the EUAL mechanism. However, all applications submitted prior to this announcement will continue to be assessed by WHO.

**April 2016** - None of the candidate Ebola vaccines has been submitted for approval by a regulatory body such as the US Food and Drug Administration or the European Medicines Agency.

We understand that GSK is in the process of submitting a dossier to EMA under article 58.

# Emerging data from candidate Ebola vaccines

## Expanded Access to rVSV

Implementation of **Expanded Access** means spending extra time and money compared with using a licensed vaccine:

- ★ participants must be informed of the risk of taking an experimental vaccine and must **sign informed consent** and;
- ★ providers must conduct the vaccination in compliance with **Good Clinical Practice**

WHO is developing a country based sustainable proposal to create an Expanded Access Brigade for Ebola vaccines (until a vaccine is licensed/recommended):

- ★ trained nationals from the affected countries.
- ★ all the generic protocols, ICF and regulatory, ethics and legal forms to guarantee the access to the vaccine readily available.
- ★ Access to a secure funding mechanism that would prevent unnecessary delays.

INTERNATIONAL CONFERENCE ON HARMONISATION OF TECHNICAL  
REQUIREMENTS FOR REGISTRATION OF PHARMACEUTICALS FOR HUMAN  
USE

ICH HARMONISED TRIPARTITE GUIDELINE

GUIDELINE FOR GOOD CLINICAL PRACTICE  
E6(R1)

Current Step 4 version  
dated 10 June 1996

(including the Post Step 4 corrections)

*This Guideline has been developed by the appropriate ICH Expert Working Group and has been subject to consultation by the regulatory parties, in accordance with the ICH Process. At Step 4 of the Process the final draft is recommended for adoption to the regulatory bodies of the European Union, Japan and USA.*

Nearly 2000 people  
have been vaccinated  
under expanded access  
in Sierra Leone and  
Guinea





# **Preparing for the inevitable: the WHO R&D Blueprint**

To develop (and implement) a roadmap for R&D preparedness for known priority pathogens, and

To enable roll-out of an emergency R&D response as early and as efficiently as possible

# **Summary of Key R&D Blueprint activities since Oct 2015**

- Ongoing assessments of priorities in emerging pathogens
- Consultation on MERS-CoV R&D held, global R&D roadmap to be published
- Consensus principles for data and results sharing during emergencies agreed
- Recent Zika R&D consultation
- Clinical trial designs consultation
- Platform for technology sharing process

**ZIKA**  
VIRUS

**What is Zika?**

Zika is a virus transmitted by the Aedes mosquito, which also transmits dengue and chikungunya.

**Zika can cause:**

- Mild fever
- Conjunctivitis
- Headache and joint pain
- Skin rash

Onset is usually 2-7 days after the mosquito bite

1 in 4 people with Zika infection develops symptoms

A very small number of people can develop complications after becoming ill with the virus

[www.paho.org](http://www.paho.org) #FightAedes

Pan American Health Organization  
World Health Organization  
Americas

# WHO areas of work on Zika vaccines

Target product profile:  
for emergency use  
for routine use

Continued landscaping of vaccine development

Facilitate partnering for vaccine development

Targeted action to overcome bottlenecks



# **ZIKA vaccine landscape analysis**

## **Ad hoc survey of vaccine developers**

Collection of confidential and non-confidential information  
Exchange of information with key partners  
Continuous updating

## **Current status**

### **25 developers provided feed-back**

Multinational, biotech, government agencies ; including LMIC institutions

### **At least 15 active programmes.**

All projects are at early stage of development.

Several other big players are yet considering options.

Several developers pursue different strategies in parallel.

Some partnerships already established, some institutions interested in collaborative partnership

# **Update on pilot implementation of RTS,S Malaria Vaccine**



**Advisory Group Established with SAGE/ MPAC/ GACVS representation**

- **Prerequisites for the pilots including robust country selection process and financing**
- **Public call for Expression of Interest from MoH 10 countries expressed interest**

# RTS,S Malaria Vaccine Pilot

## Country selection criteria



- Ministry of Health engagement
- Potential size of the surviving infant cohort for pilots
- Malaria transmission/disease burden
- All-cause mortality in the relevant age group
- Immunization and malaria programme functionality
- Prior participation in Phase 3 programme
- GSK's consideration for Phase 4 sites
- Pharmacovigilance perspectives (meningitis, cerebral malaria)
- Current GAVI eligibility
- Agreement to proceed with randomised design





# RTS,S Malaria Vaccine

## Distinction between Phase 4 and pilots

### Phase 4

GSK sponsored

Focus on safety and meeting post-marketing commitments with regulators

Vaccinated N= c 40,000

Before and after design

Design agreed with EMA

### Pilots

Likely WHO sponsored

Focus on addressing policy questions on feasibility, impact and safety

Vaccinated N= c 400,000

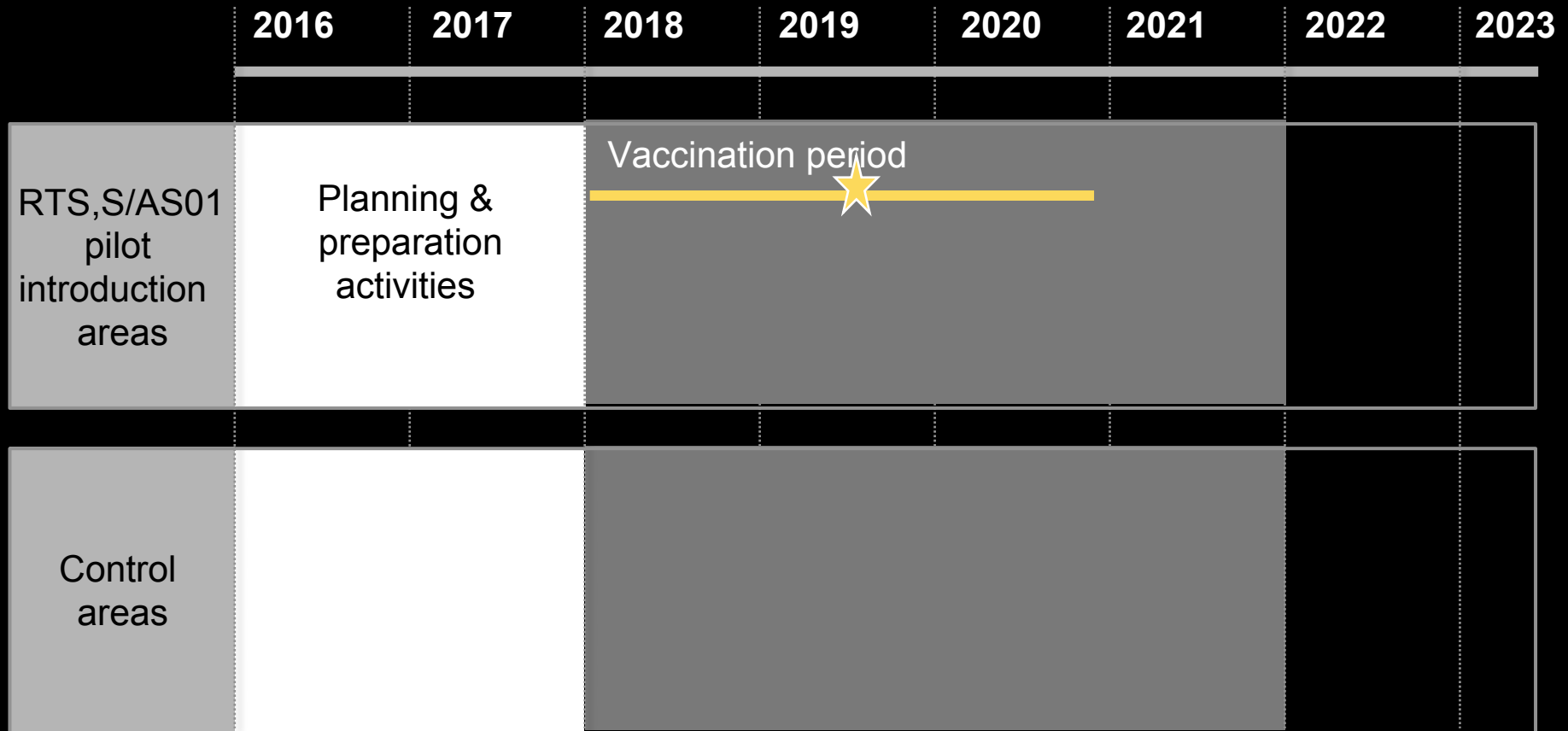
Cluster randomised design

1:1 randomisation with contemporaneous controls



World Health  
Organization

# Timeline for RTS,S/AS01 pilot implementation programme



Last vaccination with 3 doses completed



Feasibility, impact and safety assessments



World Health Organization

# Why research on Micro-Array Patches?

Potential to significantly increase vaccine coverage:

- Easing administration, enabling vaccination by trained volunteers
- Increasing thermostability, removing the need for cold chain during final stages of vaccine delivery in remote areas,
- Removing the vaccine reconstitution and needle stick risk,
- Encouraging preclinical data with measles(1), polio(2), HPV(3), PCV(4), tetanus(5) vaccines,
- Encouraging Phase 1 clinical data with trivalent 'flu recently reported\*



<sup>1</sup>Edens et al, 2015; <sup>2</sup>Eden et al 2015; <sup>3</sup>Corbett 2010;

<sup>4</sup>Pearson et al 2014; <sup>5</sup>Seid et al, 2014

\* Not yet published



# Micro-Array Patches: Next steps

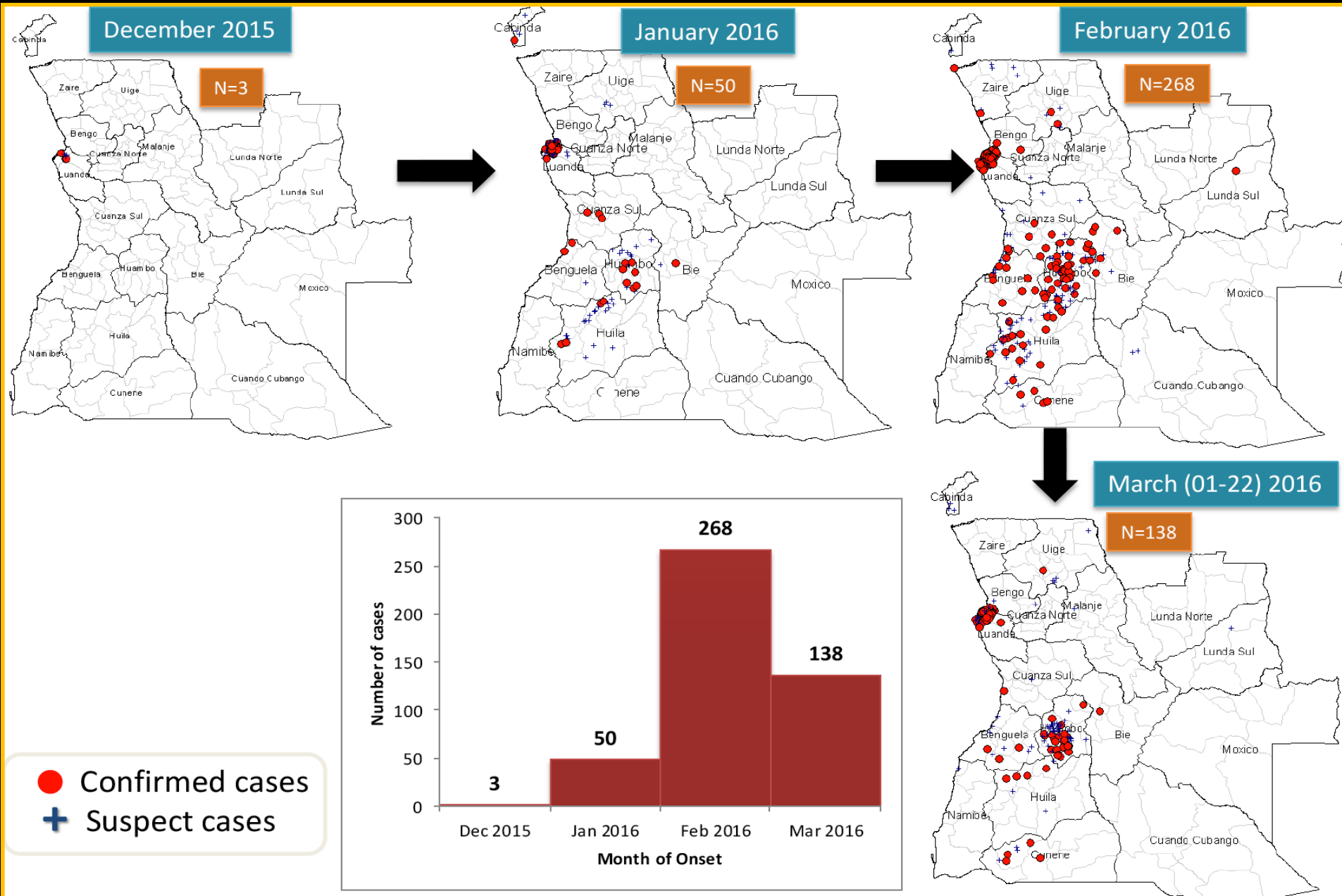
**Target Product Profile** will be reviewed by IPAC

WHO is working with developers, regulators, manufacturers and funders to clarify **product development strategies**

**Field acceptability** studies are planned in 3 WHO regions

Clinical **proof-of-principle** study is planned (non-inferiority with needle and syringe)

# Cases of Yellow Fever by month of onset, Angola (as of 22 Mar 2016)





**In 2014, WHA adopted an amendment to the Regulations to change the validity of the IHR (2005) international certificate of vaccination against yellow fever, *from 10 years to the life of the person vaccinated.***

**The amendment will enter into force and be legally binding upon all IHR States Parties on 11 July 2016**

Following entry into force, revaccination or a booster dose of YF vaccine cannot be required; even if issued more than 10 years previously.

**States Parties should prepare for implementation of new requirements**



# The Meningitis Vaccine Project

Closure Conference

Ending and New Beginnings

Addis Ababa, Ethiopia 22-25 February 2016

Celebrate success  
Share results & experience  
Plan the next steps





# Update on SAGE processes





Organisation mondiale de la Santé

## Weekly epidemiological record Relevé épidémiologique hebdomadaire

29 JANUARY 2016, 91<sup>st</sup> YEAR / 29 JANVIER 2016, 91<sup>st</sup> ANNÉE

No 4, 2016, 91, 33-52

<http://www.who.int/wer>

### Contents

- 33 Malaria vaccine: WHO position paper – January 2016

### Sommaire

- 33 Note de synthèse: position de l'OMS à propos du vaccin antipaludique – janvier 2016

## Malaria vaccine: WHO position paper – January 2016

### Introduction

In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and combinations of vaccines against diseases that have an international public health impact. These papers are generally concerned with the use of vaccines in large-scale immunization programmes; they summarize essential background information on diseases and vaccines, and conclude with the current WHO position on the use of vaccines worldwide.

The papers have been reviewed by external experts and WHO staff, and are reviewed and endorsed by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) (<http://www.who.int/immunization/sage/en>). This paper has also been reviewed and endorsed by the WHO Malaria Policy Advisory Committee (MPAC) (<http://www.who.int/malaria/mpac/en/>). A systematic assessment of the evidence has been conducted. The GRADE methodology was used to assess systematically the quality of available evidence. The SAGE/MPAC decision-making process is reflected in the evidence-to-recommendation table. A description of the process followed for the development of vaccine position papers is available at: [http://www.who.int/immunization/position\\_papers/position\\_paper\\_process.pdf](http://www.who.int/immunization/position_papers/position_paper_process.pdf).

The position papers are intended for use mainly by national public health officials and managers of immunization programmes. This paper is also intended to provide information for national malaria control programmes. The vaccine position papers may also be of interest to

## Note de synthèse: position de l'OMS à propos du vaccin antipaludique – janvier 2016

### Introduction

Conformément à son mandat, qui prévoit qu'elle conseille les États Membres en matière de politique sanitaire, l'OMS publie une série de notes de synthèse régulièrement mises à jour sur les vaccins et les associations vaccinales contre les maladies ayant une incidence sur la santé publique internationale. Ces notes, qui traitent généralement de l'utilisation des vaccins dans les programmes de vaccination à grande échelle, résument les informations essentielles sur les maladies et les vaccins concernés et présentent en conclusion la position actuelle de l'OMS concernant l'utilisation de ces vaccins à l'échelle mondiale.

Examinées par des experts externes et des membres du personnel de l'OMS, ces notes sont également évaluées et approuvées par le Groupe stratégique consultatif d'experts sur la vaccination (SAGE) de l'OMS (<http://www.who.int/immunization/sage/fr>). Les présentes notes ont par ailleurs été examinées et approuvées par le Comité de pilotage de la politique de lutte antipaludique (MPAC) (<http://www.who.int/malaria/mpac/fr/>). La qualité des données disponibles a fait l'objet d'une analyse systématique au moyen de la méthodologie GRADE. Le processus de décision du SAGE/MPAC est reflété dans le tableau indiquant les recommandations émises au regard des données factuelles existantes. La procédure suivie pour élaborer les notes de synthèse sur les vaccins est décrite dans le document: [http://www.who.int/immunization/position\\_papers/position\\_paper\\_process.pdf](http://www.who.int/immunization/position_papers/position_paper_process.pdf).

Les notes de synthèse de l'OMS s'adressent avant tout aux responsables nationaux de la santé publique et aux administrateurs des programmes de vaccination. La présente note constitue également une source d'information pour les programmes nationaux de lutte antipaludique. Les notes de synthèse peuvent par

\* See [http://www.who.int/immunization/sage/SAGE\\_DOI\\_public\\_statement\\_Sc2013.pdf](http://www.who.int/immunization/sage/SAGE_DOI_public_statement_Sc2013.pdf), accessed January 2016.

\* Voir [http://www.who.int/immunization/sage/SAGE\\_DOI\\_public\\_statement\\_Sc2013.pdf](http://www.who.int/immunization/sage/SAGE_DOI_public_statement_Sc2013.pdf), consulté en janvier 2016.



Organisation mondiale de la Santé

## Weekly epidemiological record Relevé épidémiologique hebdomadaire

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## Polio vaccines: WHO position paper – March, 2016

### Introduction

In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and combinations of vaccines against diseases that have an international public health impact. These papers are concerned primarily with the use of vaccines in large-scale immunization programmes. They summarize essential background information on diseases and vaccines and conclude with the current WHO position on the use of vaccines worldwide.

The position papers are designed to be used mainly by national public health officials and managers of immunization programmes. They may also be of interest to international funding agencies, vaccine advisory groups, vaccine manufacturers, the medical community, the scientific media, and the public. The papers have been reviewed by external experts and WHO staff, and are reviewed and endorsed by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) (<http://www.who.int/immunization/sage/en>). The GRADE methodology is used to systematically assess the quality of available evidence. A description of the processes followed for the development of vaccine position papers is available at: [http://www.who.int/immunization/position\\_papers/position\\_paper\\_process.pdf](http://www.who.int/immunization/position_papers/position_paper_process.pdf).

In response to the World Health Assembly (WHA) declaration in 2012 that polio eradication constitutes a global public health emergency, the Polio Eradication and Endgame Strategic Plan 2013-2018 was developed. This plan includes the introduction of at least one dose of inactivated polio vaccine (IPV) into routine

## Note de synthèse de l'OMS sur les vaccins antipoliomyélitiques – mars 2016

### Introduction

Conformément à son mandat qui est de donner aux États Membres des conseils sur les questions de politique de santé, l'OMS publie une série de notes de synthèse régulièrement actualisées sur les vaccins et les associations vaccinales contre les maladies ayant un impact sur la santé publique au niveau international. Ces notes portent essentiellement sur l'utilisation des vaccins dans le cadre des programmes de vaccination à grande échelle. Elles résument les informations essentielles sur les maladies et les vaccins et présentent en conclusion la position actuelle de l'OMS concernant l'utilisation des vaccins dans le contexte mondial.

Ces notes de synthèse s'adressent avant tout aux fonctionnaires de la santé publique au niveau national et aux administrateurs des programmes de vaccination, mais elles peuvent également présenter un intérêt pour les organismes internationaux de financement, les groupes consultatifs sur les vaccins, les fabricants de vaccins, le corps médical, les milieux scientifiques et le grand public. Elles ont été examinées par des experts externes et des membres du personnel de l'Organisation, et sont analysées et approuvées par le Groupe stratégique consultatif d'experts (SAGE) sur la vaccination de l'OMS (<http://www.who.int/immunization/sage/fr>). La méthodologie GRADE est utilisée pour évaluer de manière systématique la qualité des éléments disponibles. Une description du processus suivi pour l'élaboration de ces notes est disponible à l'adresse: [http://www.who.int/immunization/position\\_papers/position\\_paper\\_process.pdf](http://www.who.int/immunization/position_papers/position_paper_process.pdf).

En réponse à la déclaration de l'Assemblée mondiale de la Santé (WHA) de 2012 faisant de l'éradication de la poliomyélite une urgence de santé publique mondiale, le Plan stratégique pour l'éradication de la poliomyélite et la phase finale 2013-2018 a été mis au point. Ce Plan prévoit l'introduction d'au moins une dose de vaccin antipoliomyélitique inactivé

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# SAGE – Current working groups

Typhoid fever **NEW!**

Cholera **NEW!**

Maternal and neonatal tetanus elimination and  
broader tetanus control  
Decade of vaccines **NEW!**  
Membership  
rotation

Ebola **ONGOING**

Dengue **ONGOING**

Polio Vaccine **Membership  
rotation**

Measles and rubella **Membership  
rotation**



# **SAGE 2016 - 2017 meetings**

## **Selected topics on the horizons**

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### **Cross-cutting**

**GVAP monitoring of implementation**  
**Implementation of immunization in emergency situations**  
**Middle Income Countries strategy**  
**Use of vaccines in immunocompromised populations**  
**Strategies to reach older age groups**  
**Involvement of the private sector**  
**Strengthening NITAGs**  
**Maternal vaccination**  
**Emergency vaccine development**

### **Vaccine specific**

**Polio eradication**  
**MNT elimination strategy**  
**Measles and rubella elimination**  
**Ebola**  
**Oral cholera Vaccine**  
**Typhoid**  
**BCG**  
**Pneumococcal vaccine**  
**Rabies**  
**HPV**  
**Rotavirus**  
**RSV**



# World Immunization Week 2016 is coming soon, 24-30 April, 2016

WORLD IMMUNIZATION WEEK 2016

[www.who.int/campaigns/immunization-week/2016](http://www.who.int/campaigns/immunization-week/2016)

## CLOSE THE IMMUNIZATION GAP

IMMUNIZATION FOR ALL  
THROUGHOUT LIFE



### 115 million

In 2014, 115 million infants worldwide received diphtheria-tetanus-pertussis vaccine.

Fact sheet on immunization coverage

### 85%

In 2014, about 85% of the world's children received one dose of measles vaccine by their first birthday.

Fact sheet on measles

### 2 countries

Today, only 2 countries (Afghanistan and Pakistan) remain polio-endemic, down from more than 125 in 1988.

Fact sheet on poliomyelitis

# Theme for 2016 VWA: Summer Olympics in Brazil

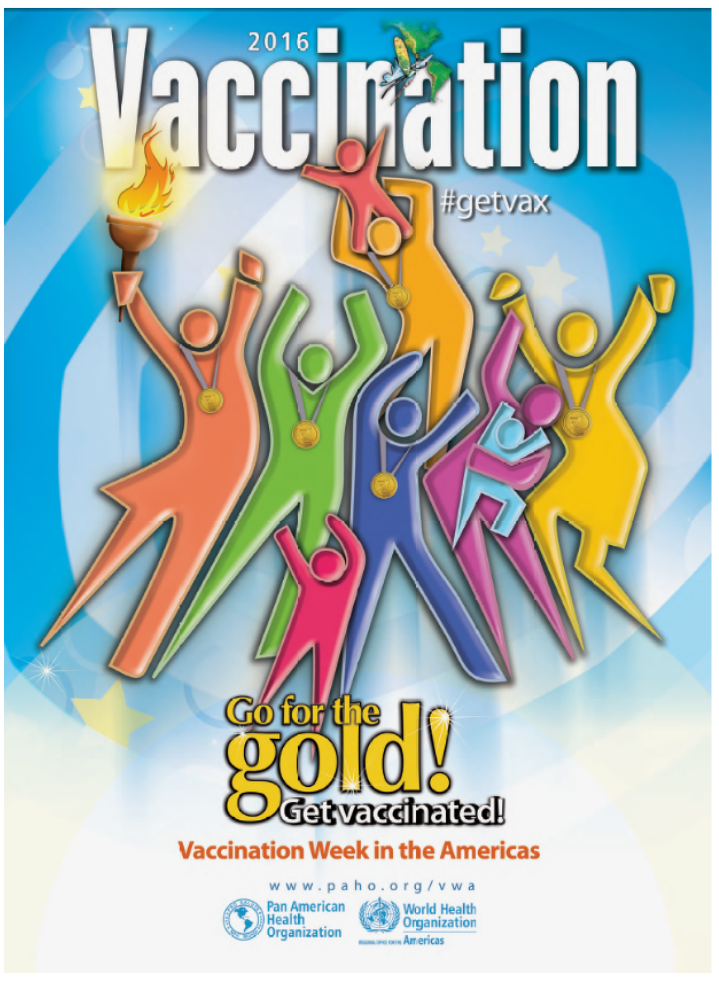


Go for the  
**gold!**



Vaccination Week in the Americas

Regional launch in  
Kingston, Jamaica on  
23rd April, 2016



World Health  
Organization



**Thank you**