

## **Global vaccine action plan (GVAP) review and lessons-learnt. Preliminary report 11 March 2019**

*Background document for the post-2020 immunization partners' consultation:  
'Co-Creating the Future of Immunization', 19-21 March 2019*

### **Executive Summary**

- The ongoing GVAP review aims at supporting the development process of the next global immunization strategy by providing analyses and lessons learnt from the current plan. Preliminary results are summarized in this document. The full review will be prepared for the October 2019 SAGE session.
- Three surveys of GVAP stakeholders have been carried out from 2017-2018. Key findings include that GVAP is seen as a powerful tool to align global immunization actors but difficult to implement. Progress has been made on many GVAP's goals and strategic objectives but the only one that is on track is introduction of new vaccines. Advocacy and communication about GVAP have been weak links.
- The 2019 survey of GVAP stakeholders suggests that GVAP added value in a number of ways, including through the Monitoring and Evaluation/Accountability framework; and by building political will for immunization through setting global goals, supporting National Immunization Technical Advisor Groups (NITAGs), the development and implementation of regional vaccine action plans (RVAPs), and the Addis Declaration on Immunization. It contributed to improving equity through a focus on subnational data and access to new vaccines, and to immunization systems. It also added value by highlighting the issue of vaccine pricing. Overall, GVAP made moderate to slight contributions to meeting its 6 strategic objectives.
- Ongoing interviews reveal a range of views on the importance and success of GVAP. The following quotes reflect some of the perspectives shared thus far:
  - "GVAP was more about goals and less about how to get to the goal, markers on the road, rather than which road to take."
  - "Some countries take the goals very seriously and work very hard. India is a good example of how GVAP has influenced action."
  - "M&E has been mainstreamed and countries have been contributing data. This has led to comparisons across countries, regional plans and annual reports. It has been a benefit."
- The global context in which immunizations occur has changed significantly over past decade, including: additional vaccines and expanding target groups; strengthening of immunization systems and improving data quality; growth in Gavi support, and Gavi and polio transition; demographic changes and population movement.

### **Background**

WHO is coordinating a review of the Global Vaccine Action Plan (GVAP) to inform the development of a post-2020 strategy for vaccines and immunization. The technical oversight of the review is provided by the SAGE Decade of Vaccines Working Group (DOV WG). The review assesses five topics:

1. Evaluation of the GVAP partnership and collaboration;
2. Evaluation of the plan itself (with a specific focus on the added value of GVAP);

3. Evaluation of the monitoring and evaluation (M&E) framework;
4. Overall assessment of progress of immunization over the decade; and
5. Comparative background analysis of the changes in the global immunization arena between 2010 and 2018.

This document provides some preliminary analyses to contribute to the development of the next global immunization strategy as a background document for the immunization partners' stakeholder consultation 'Co-Creating the Future of Immunization', 19-21 March 2019 in Geneva. A consolidated final report will be submitted to SAGE for endorsement at its October 2019 meeting. The information presented includes summary of findings from prior work and initial results from the first phase of the current project.

WHO is assisted by the Task Force for Global Health (TFGH) and MM Global Health Consulting (MMGH) in this review.

### **GVAP survey 2017-2018**

Three surveys relating to GVAP were carried out in 2017-2018. In 2017, forty key stakeholders were interviewed<sup>1</sup> on the development, implementation and impact of GVAP (what worked well and what could have worked better), and suggestions for the development of the post-2020 strategy. Another survey<sup>2</sup> in 2017 and 2018 assessed the utility and application of GVAP and explored ways to strengthen the next 10-year plan. Finally, following the June 2018 Global Immunization Meeting, a survey<sup>3</sup> was sent to all participants with 10 questions about the "why, what, and how?" of a post-2020 global immunization strategy.

Although the three surveys took place at different times, had slightly different objectives, and targeted different respondents, there was considerable concordance in their findings. In total, information was gathered from approximately 300 persons. A summary of the main findings relating to the development of GVAP (Past), current situation (Present), and post-2020 strategy (Future) follows. Of note, the value/impact of the M&E framework has not been specifically addressed in those surveys.

#### Past (development)

- The development of GVAP was a large-scale undertaking seen as having limited structure and vision of execution (no clear process goals and terms of reference, missing links with the preceding Global Immunization and Vaccine Strategy). Though the consultative phase for the development of the GVAP was open and inclusive, the development of the plan itself was driven by a handful of agencies. The latter took a top-down approach with limited engagement and ownership of stakeholders delivering immunization (country governments, non-state actors and regions), and very limited involvement of people from outside the field of immunization.
- There was a lack of clarity on process ownership and leadership.
- The development process made it difficult for GVAP workgroup outputs to be reflected in the final plan.
- Inadequate involvement of implementing parties (countries) resulted in plans with limited operational focus.

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<sup>1</sup> Survey carried out by MMGH

<sup>2</sup> Survey carried out by TFGH and the Emory Vaccine Center, with support from CDC

<sup>3</sup> Survey carried out by WHO

### Present (implementation)

- GVAP is viewed as a first-time all-encompassing plan for immunisation with large and diverse stakeholder engagement.
- GVAP is seen as a powerful tool to orient global immunisation actors, but difficult to implement (as too high level and not fully costed). It provides the "what" but not the "how."
- Aspirational goals and objectives led to limited accountability by many stakeholders.
- Progress has been made on GVAP's strategies and targets but the only one that is on track is introduction of new vaccines.
- Disease-specific targets are seen as too ambitious to reach by 2020.
- The M & E/Accountability Framework has provided a useful mechanism for monitoring progress but there has been limited accountability for actions to increase progress toward goals.
- Advocacy and communication about GVAP have been weak links – despite the plan's quality, knowledge of GVAP is still limited outside the immunization community.

### Future

- A post-2020 strategy should be developed using a bottom-up approach, with a limited number of globally-agreed goals/targets and details developed at regional and national levels.
- A post-2020 strategy should be integrated into larger strategies/goals, such as the Sustainable Development Goals (SDGs) and the 13th WHO General Programme of Work.
- A post-2020 strategy should take into account the changing context of immunization and of global health in general, such as climate change and migration.

### **Ongoing evaluation of the GVAP (with a specific focus on the added value of GVAP) and of the GVAP monitoring and evaluation framework**

A new survey relating to the added value of GVAP and to the GVAP Monitoring and Evaluation/Accountability framework has been conducted querying 110 individuals representing a range of perspectives. Respondents were given a list of 36 specific actions relating to GVAP and asked to score for each of the items their contribution to improving global immunization. Options for scoring were 3 for "important contribution of GVAP", 2 for "moderate contribution of GVAP", 1 for "slight contribution of GVAP", and 0 for "GVAP did not contribute".

GVAP-related action items were grouped under the following headings:

- Monitoring and Evaluation/Accountability (M&E/A) Framework
- Strategic Objective (SO) 1: All countries commit to immunization as a priority.
- SO 2: Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility.
- SO 3: The benefits of immunization are equitably extended to all people.
- SO 4: Strong immunization systems are an integral part of a well-functioning health system.
- SO 5: Immunization programs have sustainable access to predictable funding, quality supply and innovative technologies.
- SO 6: Country, regional, and global research and development (R&D) innovations maximize the benefits of immunizations.

In addition, respondents were asked to score each GVAP Strategic Objective in terms of its contribution to improving global immunization, using the same scoring rubric.

## Survey Results

Preliminary results as of 1 March 2019 are based on 55 responses (50% response rate). Of the respondents, 53% represented global perspectives and 47% represented regional or country perspectives. The average score for the contribution of each item to global immunization was calculated: of the 36 GVAP-related action items, 15 had average scores between 2 and 3, indicating that respondents believed they had made ***moderate to important*** contributions to improving global immunization. These items are shown in Table 1 below. None had an average score  $\leq 1$ , indicating that all were considered to have made at least some contribution to improving global immunization. Scores for all 36 action items are shown in Annex 1.

*Table 1 Preliminary results of stakeholder responses rating the perceived GVAP contribution to improving global immunization, by GVAP action items (only the 15 highest scoring items presented)*

Average Score	Area	Action items
2.4	M&E/A	<u>Regional and National Annual Reports.</u> Since 2016, all WHO regions and some countries have published annual progress reports of their regional vaccine action plans developed in conjunction with the GVAP Secretariat Report. These reports have been presented in regional committee (RC) meetings each year.
2.3	M&E/A	<u>Independent monitoring and review.</u> The Strategic Advisory Group of Experts (SAGE) reviews the Secretariat report and issues a concise Assessment Report that highlights key issues and recommends actions to accelerate progress
	SO 1: Political will	<u>Regional Vaccine Action Plans.</u> By 2016, all the WHO regions had adopted regional vaccine action plans aligned with the GVAP. These plans include robust monitoring and evaluation (M&E) frameworks that contribute to global GVAP M&E.
2.2	SO 3: Equity	<u>Subnational data collection and reporting.</u> GVAP reviews have contributed to a greater appreciation of the need for subnational data to evaluate progress in immunization and to efforts to collect, share, and use subnational data. As of 2018, 141 member states have reported subnational immunization data.
	SO 3: Equity	<u>New vaccine introduction target.</u> GVAP called for at least 90 low and lower-middle income countries to introduce one or more new or underutilized vaccines by 2015, and for all such countries to introduce one or more new or underutilized vaccines by 2020.
	M&E/A	<u>Independent oversight.</u> As called-for by the World Health Assembly (WHA), the WHO Executive Board (EB) and the WHA review progress on an annual basis to foster accountability at the highest levels.
2.1	SO 1: Political will	<u>Global Goals.</u> The GVAP set forth 5 Goals: Achieve a world free of poliomyelitis; Meet global and regional elimination targets; Meet vaccination coverage targets in every region, country and community; Develop and introduce new and improved vaccines and technologies; and Exceed the Millennium Development Goal 4 target for reducing child mortality.
	SO 1: Political will	<u>National Immunization Technical Advisory Groups (NITAGs).</u> GVAP called for an increase in the number of countries with functioning NITAGs and Assessment Reports have recommended that NITAGs contribute to monitoring the implementation of national vaccine action plans.

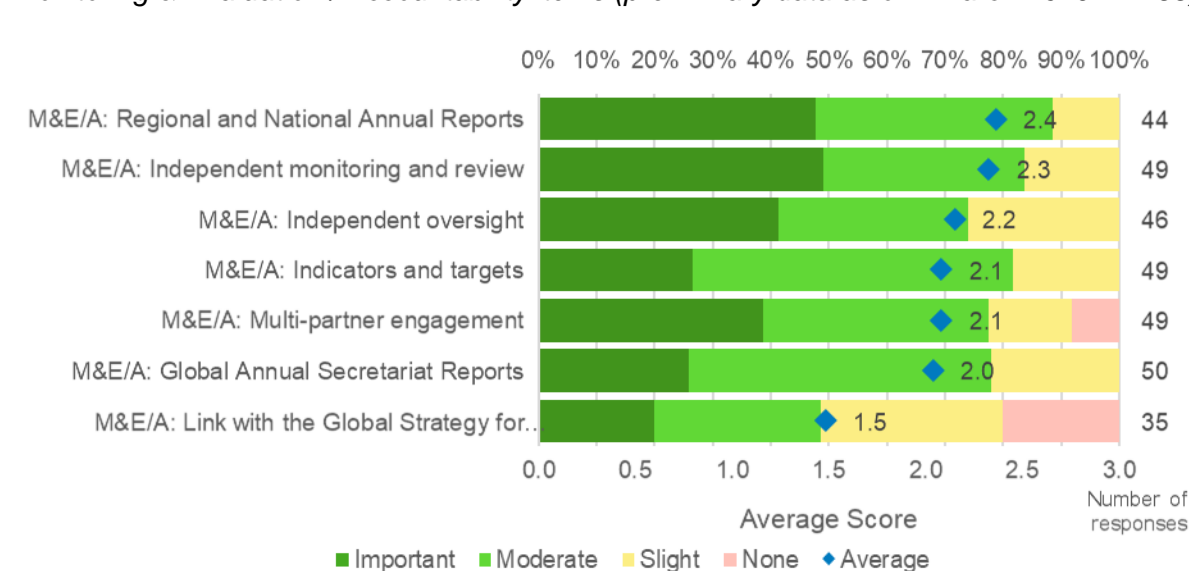
Average Score	Area	Action items
2.1	M&E/A	<u>Indicators and Targets.</u> The GVAP Monitoring and Evaluation/Accountability Framework reinforced or enhanced existing global targets and established a wide range of new indicators and targets for issues such as financing, integration, and research and development. Since 2017, progress against key indicators has been available online at the GVAP Indicators Portal.
	M&E/A	<u>Multi-partner engagement.</u> The GVAP was developed under the auspices of 5 major global health institutions (WHO, UNICEF, Gavi, BMGF, and NIAID (USA)), and these organizations engaged actively in the monitoring process, including serving as the secretariat for preparing annual reports.
2.0	SO 5: Funding and Supply	<u>Vaccine price transparency.</u> At the 2015 World Health Assembly, countries raised their concerns about vaccine prices and adopted a landmark resolution calling for price transparency and greater affordability. This created momentum for the V3P platform, which facilitates the appropriate comparison of price information and provides countries with accurate, reliable and useful data on vaccine product, price and procurement.
	M&E/A	<u>Global Annual Secretariat Reports.</u> The GVAP Secretariat describes global progress toward GVAP targets each year in a comprehensive Secretariat Report.
	SO 1: Political will	<u>Guiding Principles.</u> Six principles were adopted to guide the elaboration of GVAP: 1) Country ownership, 2) Shared responsibility and partnership, 3) Equity, 4) Integration, 5) Sustainability, and 6) Innovation.
	SO 1: Political will	<u>Addis Declaration on Immunization.</u> At the 28th African Union (AU) Summit in 2017, Heads of State from across Africa endorsed the Addis Declaration on Immunization (ADI), committing to advance universal access to immunization across Africa. This was accompanied by a roadmap for its implementation.
	SO 4:	<u>Joint Reporting Form (JRF) and data quality workshops.</u> As a result of data quality concerns raised by the first GVAP report, JRF workshops are now being held in all regions to improve the quality of the reported data. Regional workshops for data quality are also being held.

In general, respondents representing regional and national perspectives gave similar or slightly higher scores than those representing global perspectives (see Annex 2).

These results show broad recognition of the value of the GVAP Monitoring and Evaluation/Accountability framework and of similar measurement and evaluation conducted at the regional level. GVAP contributed to SO 1: Building political will for immunization through setting global goals, NITAGs, regional vaccine action plans, and the Addis Declaration on Immunization. It contributed to SO 3: Equity, through a focus on subnational data and access to new vaccines and to SO 4: Immunization systems, through JRF workshops. GVAP also added value by highlighting the issue of vaccine price transparency.

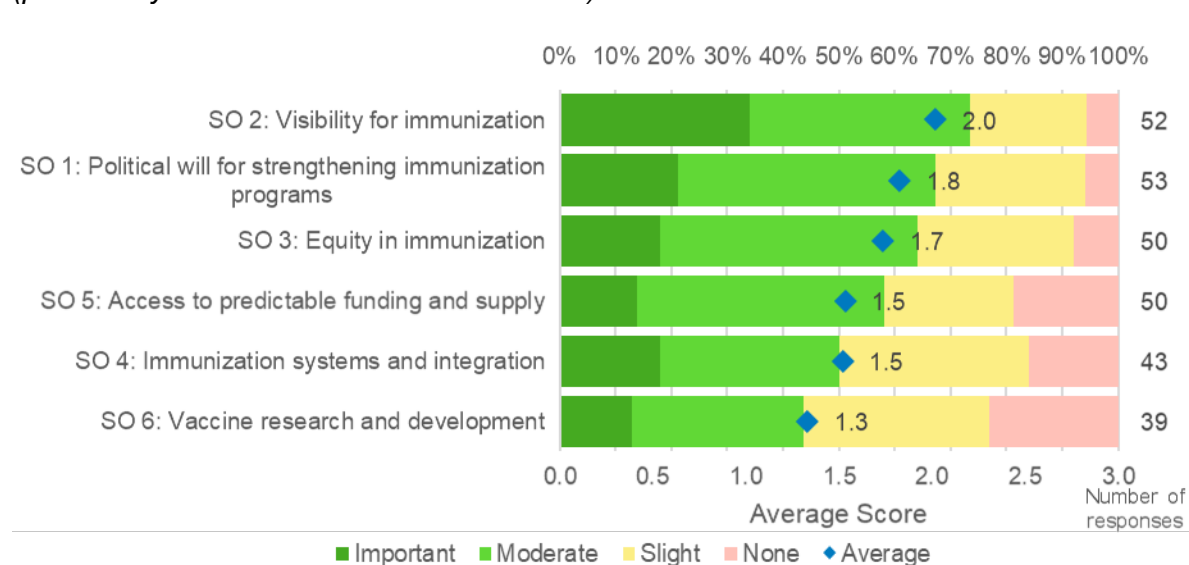
Looking specifically at actions relating to the Monitoring and Evaluation/Accountability framework, 6 of the 7 action items received scores between 2 and 3, reflecting a moderate to important contribution, and only one received an average score between 1.0 and 2.0, reflecting a ***moderate to slight*** contribution to global immunization (Figure 1). This was the link with the Global Strategy for Women's, Children's and Adolescents' Health. Overall the M&E/A average score was 2.1.

Figure 1: GVAP review survey: perceived GVAP contribution to improving global immunization – Monitoring & Evaluation / Accountability items (preliminary data as of 1 March 2019 - N=55)



When respondents were asked to score the contribution of GVAP to meeting each strategic objective, all of the 6 SOs received average scores between 1.0 and 2.0, indicating that GVAP had made **moderate to slight** contributions to achieving each one (Figure 2). Overall the average SO score was 1.7. Score differences according to respondent's global or regional/country perspective are shown in Annex 3.

Figure 2: GVAP review survey: perceived GVAP contribution to achieving Strategic Objectives (preliminary data as of 1 March 2019 - N=55)



## Interview results

Additional interviews to gain a more nuanced view of the GVAP partnership and collaboration and the added value of GVAP are being conducted with individuals who were involved in the development, implementation, and monitoring of GVAP. A selection of responses to date from current and former interviews follows, reflecting a range of views. A complete summary and analysis will be included in the final report.

- “GVAP was more about goals and less about how to get the goal, markers on the road, rather than which road to take.”
- “GVAP was an excellent technical document and no doubt GVAP 2.0 will be the same. But it hasn’t changed the dynamic at the country level. We need to put enabling factors at the center, not technical approaches.”
- “Some countries take the goals very seriously and work very hard. India is a good example of how GVAP has influenced action.”
- “M&E has been mainstreamed and countries have been contributing data. This has led to comparisons across countries, regional plans and annual reports. It has been a benefit.”
- “We need more interim measures that show progress to keep countries motivated.”
- “GVAP raised the profile of the supply chain and provided a focus on coverage and equity, but did not help much in the creation of demand”
- “We are not sure how much GVAP has improved accountability per se, but the indicators and targets, as well as the reports, serve as a benchmark, guidelines and a reminder for every level of what is important, what we have to focus on, and how far we have come.”
- “The ongoing dialogue among GVAP stakeholders has surfaced issues such as vaccine hesitancy that must be addressed.”
- “There was a lot of expectation on funding availability, but ultimately funds were not there. Funding requirements need to be much more precise and link to sources of funding.”
- “GVAP was most successful in areas such as new vaccine introduction, where funding was made available.”
- “My view is that the joint stewardship role of WHO, UNICEF, Gavi, NIAID/CDC, BMGF was among the most disappointing aspects of the DoV/GVAP overall...largely not convened at leadership levels, silent, or weak when a joint voice eventually came forward....”
- “There was close to zero communication around GVAP and no advocacy at the country level. I have not heard the work ‘GVAP’ once in three years here.”

- “GVAP contributed to R&D: The GVIRF took a lot of strength from the GVAP process and vaccine and implementation research was strengthened”

### **Changing context in which immunizations occur**

Since the beginning of the Decade of Vaccines, there have been major changes in the global context in which immunizations occur. Some of these are mentioned briefly below. The final report will provide a more detailed consideration of these changes and their implications for immunizations going forward.

#### Global context

- Sustainable development goals (SDGs) succeeding Millennium Development Goals (MDG). In the SDGs, immunization is less prominent than it was in the MDGs.
- WHO General Programme of Work 2019-2023. This describes three strategic priorities with associated goals: Achieving universal health coverage (1 billion more people benefitting from universal health coverage); Addressing health emergencies (1 billion more people better protected from health emergencies); Promoting healthier populations (1 billion more people enjoying better health and well-being).
- Demographic changes. Global population has increased from 7.0 billion in 2010 to 7.7 billion in 2017, with increases concentrated in the African and Eastern Mediterranean regions. The median age of the global population is currently 28.5 years and it rises each year. In 2010, 50.7% of global population lived in urban areas, by 2020, this is projected to rise to 56.2%.
- Post-Ebola focus on emerging infectious diseases and epidemic preparedness (e.g., CEPI) requires attention in addition to ongoing serious issues with immunization programs.
- Political changes. Rise in nationalism/populism with some new leaders not supporting immunization.
- Humanitarian crises and population movement. In 2017 the population of forcibly displaced persons was 68.5 million, an all-time high. This included 25.4 M refugees, 40.0 M internally displaced, and 3.1 M asylum seekers. One of every 110 people worldwide is displaced. In addition, there were an estimated 50 M “irregular” migrants (those in another country without proper documentation).

#### Immunization landscape

- Growth in Gavi support and transition from Gavi support. In 2010, Gavi support to country programs totaled USD 453 million, in 2018, it was USD 1.153 billion. In 2016, 16 countries were in the accelerated transition phase and five were fully self-financing.
- There has been significant strengthening of immunization systems and the quality of data has improved significantly.

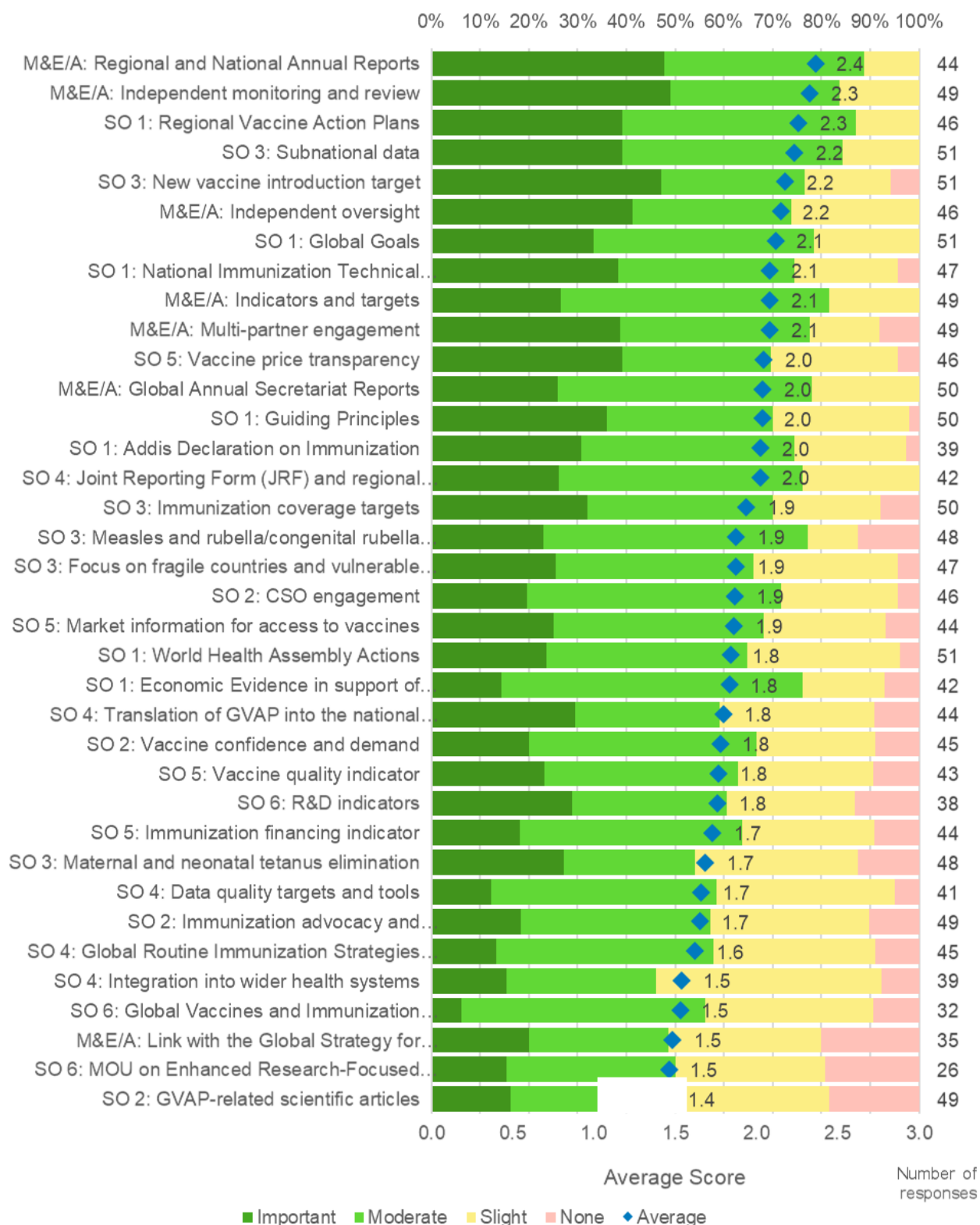


- Increase in number of NITAGs and importance of regional immunization technical advisory groups – In 2010, there were 41 functional NITAGs and in 2017, there were 98.
- Additional vaccines in program. Number of countries using given vaccine in 2010 compared to 2018: Hib 167/190, PCV 61/136, Rotavirus 29/91, IPV 60/186, HPV 40 (2012)/85.<sup>4</sup>
- Expanding target groups. HPV vaccine is administered to 9-12-year-olds (girls in many countries, both sexes in several). This is a different age group from the traditional EPI target group of infants.
- Global Polio Eradication Initiative (GPEI) transition. Sixteen countries are losing major support from GPEI and GPEI-supported staff have spent significant proportions of their time on activities other than polio (notably measles-rubella and routine immunization).
- Reversal of successes of programmes in different countries (e.g. Ukraine, Venezuela) due to economic, social, political crises.
- Rise in vaccine hesitancy. WHO has identified vaccine hesitancy as one of ten threats to global health.

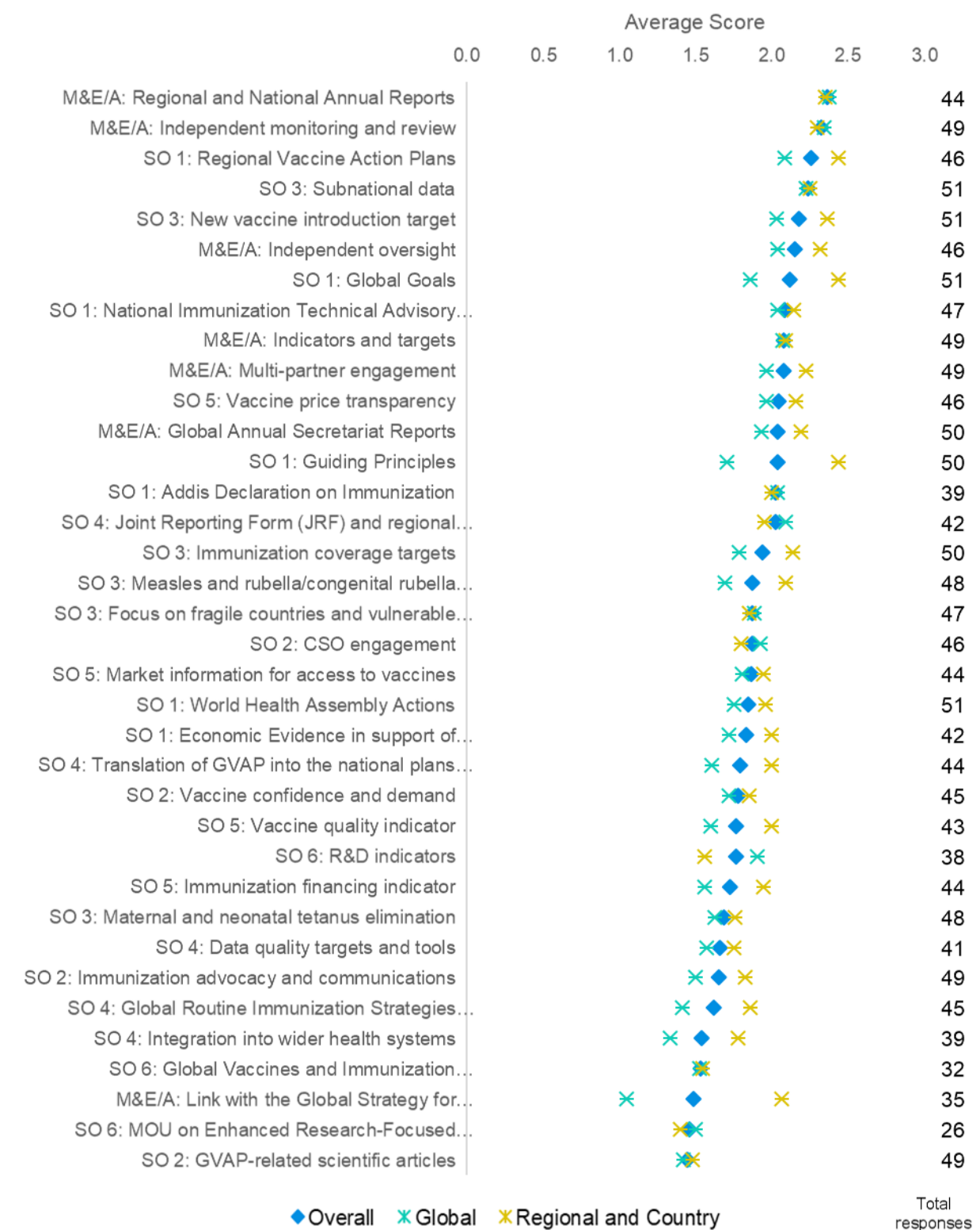
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<sup>4</sup> Hib: *Haemophilus influenzae* type b, PCV: pneumococcal conjugate vaccine, IPV: inactivated poliovirus vaccine, HPV: human papillomavirus vaccine

**Annex 1: Perceived GVAP contribution to improving global immunization: score distribution and average score for each of the 36 survey items, all respondents combined (preliminary data as of 1 March 2019 - N=55)**



**Annex 2: Perceived GVAP contribution to improving global immunization: average score for each of the 36 survey items, by type of perspective of respondent (global or regional/country)** (preliminary data as of 1 March 2019 - N=55)



**Annex 3: Perceived GVAP contribution to improving global immunization: average score grouped by Strategic Objective and by type of perspective of respondent (global or regional/country)** (preliminary data as of 1 March 2019 - N=55)

