

# **Decade of Vaccines Global Vaccine Action Plan**

## **Summary of the GVAP implementation progress**

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the SAGE DoV GVAP Working Group**

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# Data Quality

- High quality data are essential for countries to assess their national programme performance at all levels
- The quality of currently reported data are inadequate to reliably monitor progress and make programme decisions
- The increasing availability of new technologies provides the opportunity to improve recording, reporting, analysis and use of data
- Improving the quality of data is the highest priority in the early part of the decade

**Over 90% of JRF require clarification of data; responses to only 11% of queries**

	# of queries on JRF variables	# of GVAP-related queries	# (%) of answers to queries
AFR	179	63	11 (6)
AMR	134	36	39 (29)
EMR	87	39	25 (29)
EUR	163	79	0
SEAR	51	17	0
WPR	98	44	0
Global	712	278	75 (11)



# Disease eradication/elimination

- Polio eradication remains a public health priority
- Other elimination goals are ambitious, though possible, but will require appropriate levels of investment.
- Three WHO regions are not on track for achieving measles elimination targets; several countries in these regions are not on track to achieve interim 2015 pre-elimination targets
- Efforts to control rubella and CRS not getting due attention in some regions
- Surveillance needs to be strengthened to document elimination
- Though 2012 milestone for MNTN elimination was met, this is a goal that is long delayed. It is imperative that elimination is achieved by 2015

## Reported incidence of measles

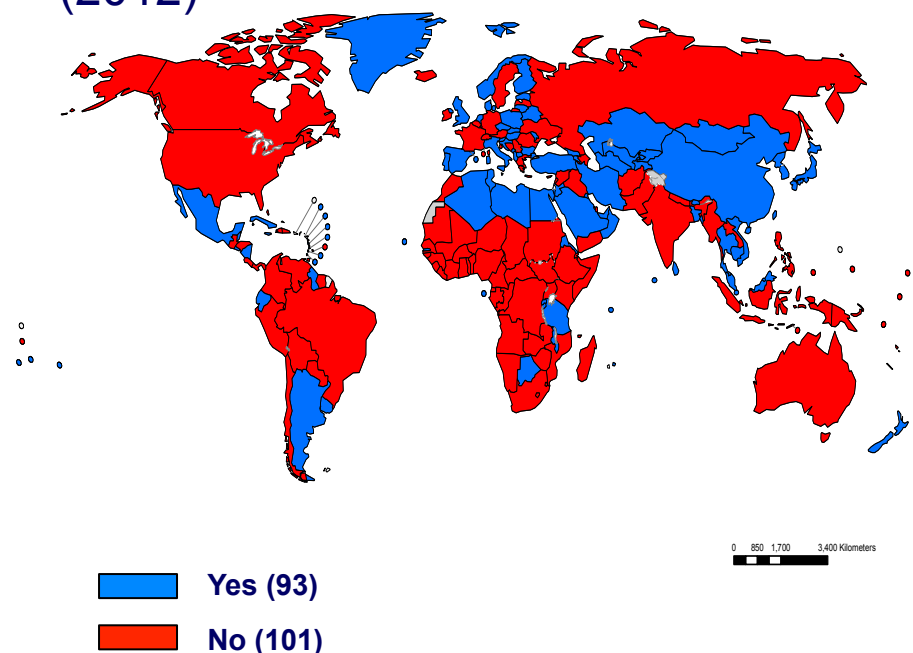
	Number of Member States reporting			Incidence per million population		
	2012	2011	2010	2012	2011	2010
AFR	44	46	46	118.8	223.5	235.1
AMR	35	35	35	0.1	1.4	0.3
EMR	22	20	20	59.5	59.8	17.1
EUR	45	50	52	29.8	41.1	34.1
SEAR	11	11	11	25.6	36.0	29.3
WPR	26	26	25	5.8	11.5	27.2
total	183	188	189	34.1	53.9	52.6



# Immunization coverage

- 131/194 countries have DTP3  $\geq 90\%$ 
  - Only 96 have "valid" district coverage
  - Only 59 (30%) have DTP3  $\geq 80\%$  in all districts
  - 13 countries with DTP3  $< 70\%$  have stagnant coverage over several years
- Accurate district level coverage will be difficult
  - Number, boundaries, and populations size of districts change over time
- Assessment of progress in coverage with all vaccines in national schedule will be difficult
  - Vaccines, schedules used vary by country and within a country over time

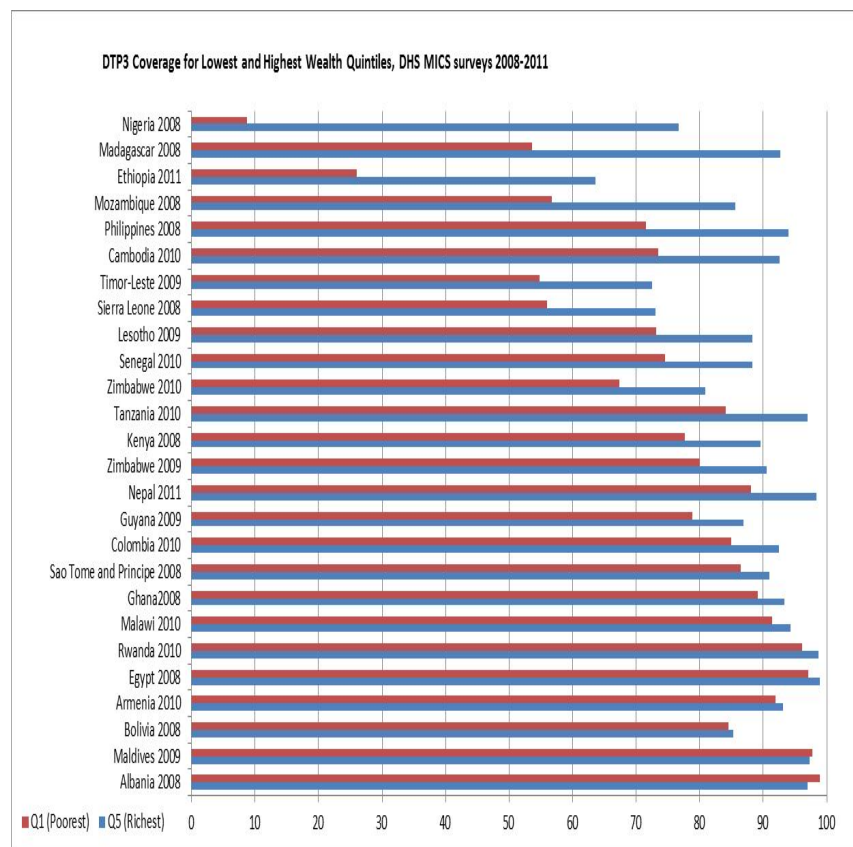
Member States with  $\geq 90\%$  coverage with all vaccines in national schedule (2012)



# Equitable Access

- Limited availability of data to monitor progress
  - Availability and quality of district level coverage inadequate in many countries
  - Coverage by wealth quintiles available from only 24 countries in the past 5 years
- 13/24 countries have  $\geq 10\%$  difference in DTP3 between highest and lowest wealth quintiles
  - Most of these have national DTP3 < 90%

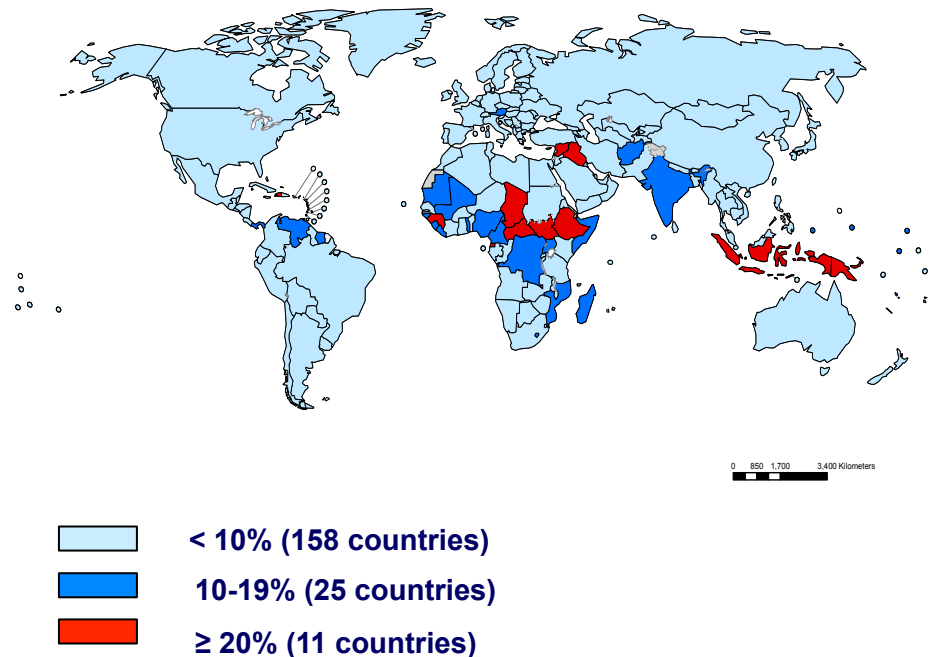
DTP 3 coverage in highest (blue) and lowest (red) wealth quintiles



# Strong delivery systems

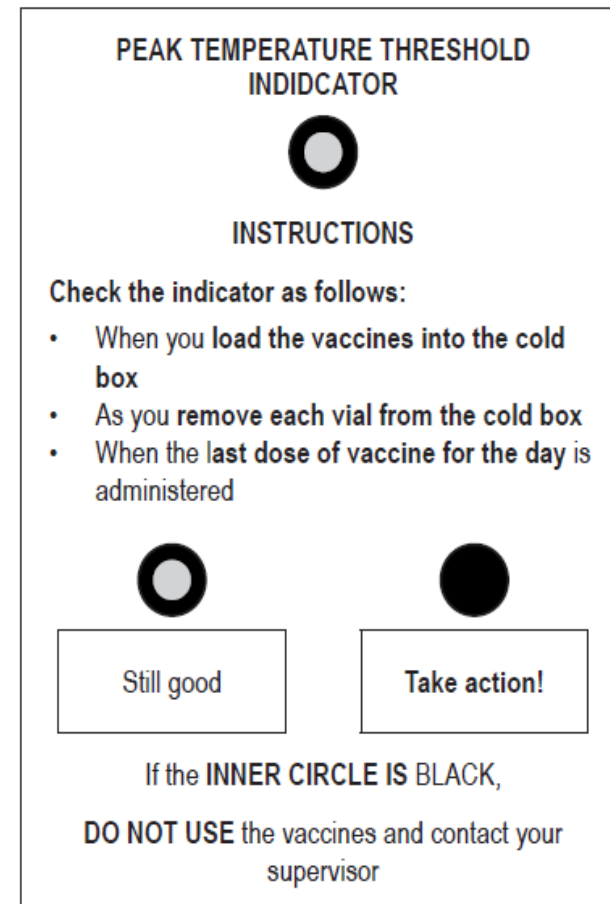
- 36 countries have dropout rates  $\geq 10\%$ ; with 11  $\geq 20\%$
- In countries where coverage is solely dependent on surveys, annual trends in dropout rates cannot be assessed
- WUENIC Grade of Confidence used as an indicator for data quality is not an empiric measure of quality of national administrative data
  - In 2012 close to 90% of countries received low or medium GoC score

DTP1-DTP3 dropout rate (2012)



# New technologies

- Progress with vaccines with label for use in **controlled temperature chain** is encouraging, but this kind of work needs to be incentivised and accelerated, while recognizing that safety and efficacy must not be compromised.
- Increasing **number of prequalified equipment and devices**, including novel ones, but insufficient information on extent of use and impact of these products



# Reaching and exceeding MDG-4

- Immunization has made a significant contribution to reducing child mortality, especially through measles mortality reduction
- Pneumonia and diarrhoea still account for close to a third of child deaths
  - **Comprehensive strategies** as articulated in “**Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea**” (GAPPD) can enhance future contribution of vaccines
- **Integrated packages**, such as around birth dose of Hep B can further contribute to reducing child mortality

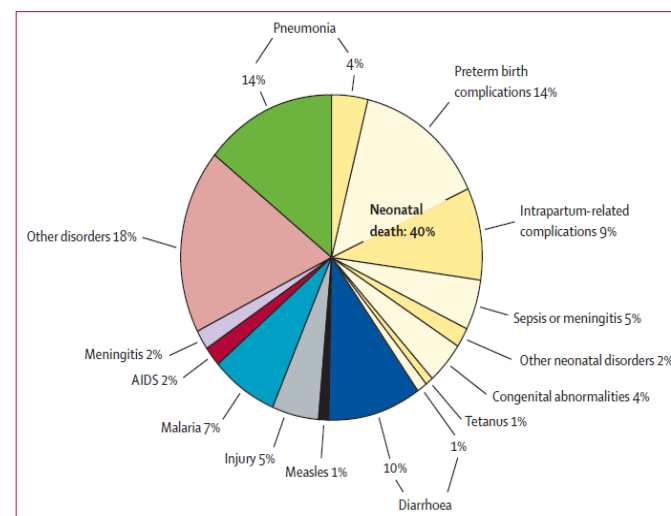


Figure 2: Global causes of childhood deaths in 2010  
Causes that led to less than 1% of deaths are not shown.

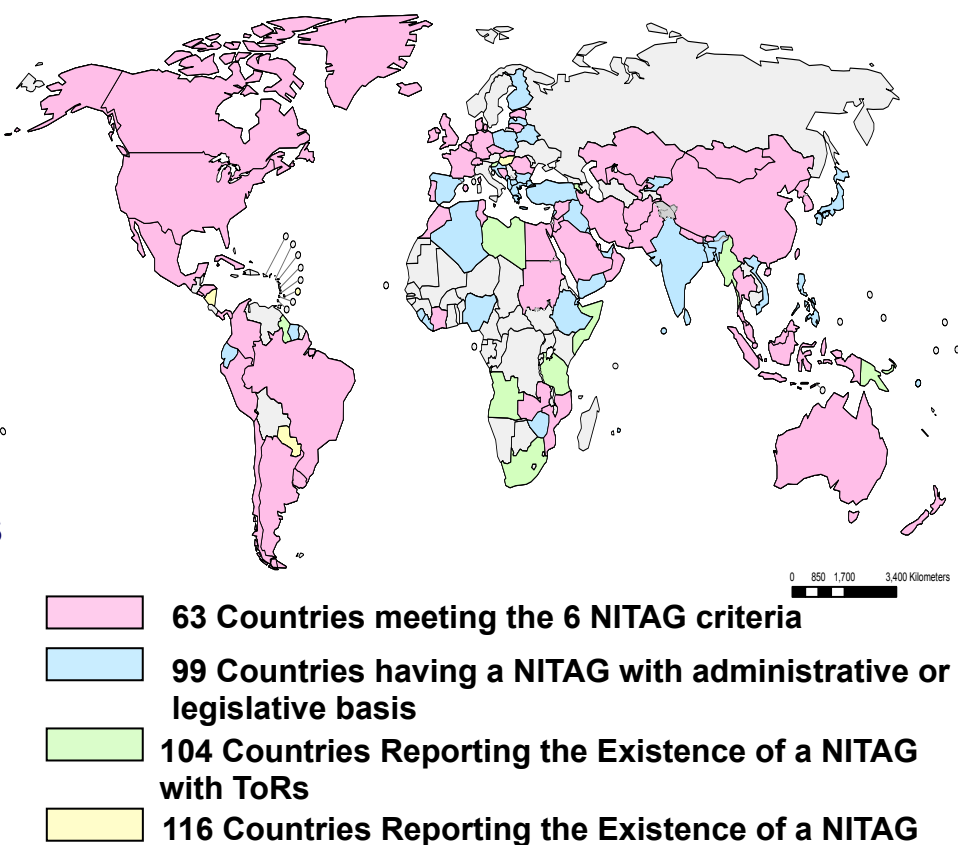




# Country ownership

- Data on **immunization expenditures** is inadequate to draw conclusions on trends
- The number of NITAGs meeting functionality criteria have increased significantly
  - Lack of sufficient progress in some regions
  - Lack of technical support and engagement of national authorities
- Capacity strengthening required for NITAGs to collect, synthesize and use data and evidence for decisions
- NITAGs have important role in improving quality of national data and monitoring progress at national level

## NITAGs in 2012



# Building grass root support

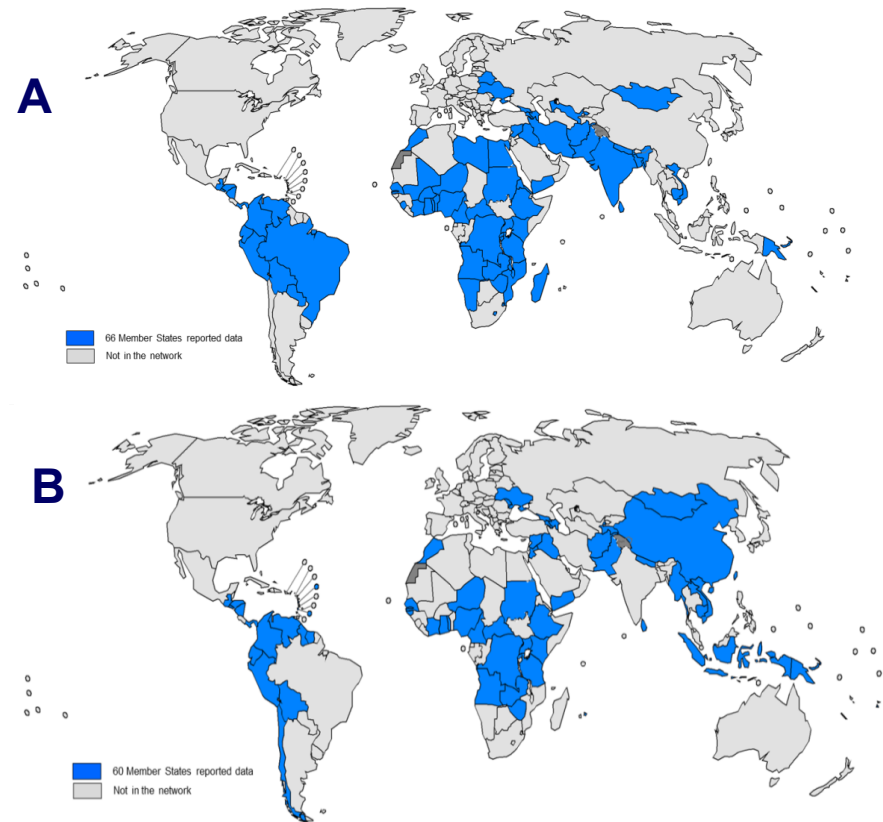
- Community **demand** for immunization **is crucial**
  - Can be the deciding factor in eradication/elimination efforts
- Current **indicators insufficient** to assess progress
- **Vaccine hesitancy is highly contextual** and single indicator is difficult to formulate



# Surveillance systems

- High quality surveillance is essential for assessing whether immunization programmes are having the desired impact
- Surveillance quality and timely reporting is inadequate to meet national programme needs
- Inconsistencies noted in surveillance data from different sources, i.e. JRF versus surveillance reports
- Greater investments and technical assistance is required to strengthen systems

Countries participating in invasive bacterial disease (A) and rotavirus surveillance network (B)



Source: WHO/IVB New vaccine surveillance database as of 12 August 2013.  
Map production: Immunization Vaccine and Biologicals (IVB), World Health Organization.  
194 WHO Member States  
Updated on 12 August 2013

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there has not yet been full agreement. 2014/02/2013. All rights reserved.

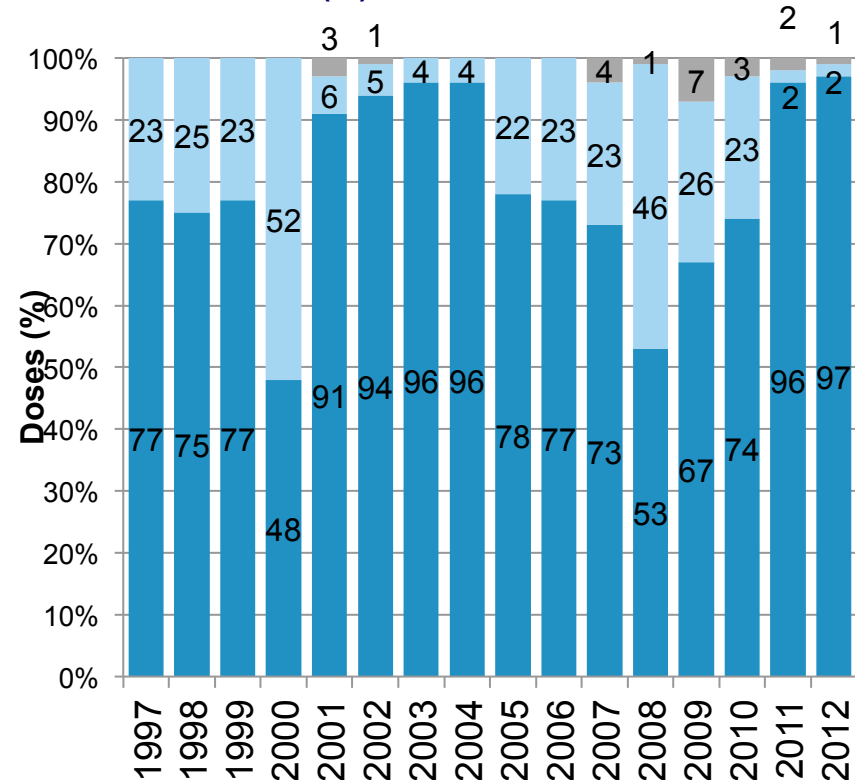


World Health  
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# Access to vaccines of assured quality

- Supply shortages may be affecting coverage and delaying the introduction of new vaccines
  - Closer monitoring of stocks at delivery point is required
- The WHO pre-qualification system works well and is a very important quality assurance step, but resources are limited and it will struggle to deal with increased demand as new manufacturers and products come to the market
- In the long run, countries need fully functional regulatory systems to ensure that the quality of the vaccines used locally is satisfactory
- Pharmacovigilance systems need to be strengthened
- Progress with introduction of Hib, pneumococcal and rotavirus vaccines in LMICs has been encouraging. However, delays with the introduction of these vaccines stemming from limited supply are concerning

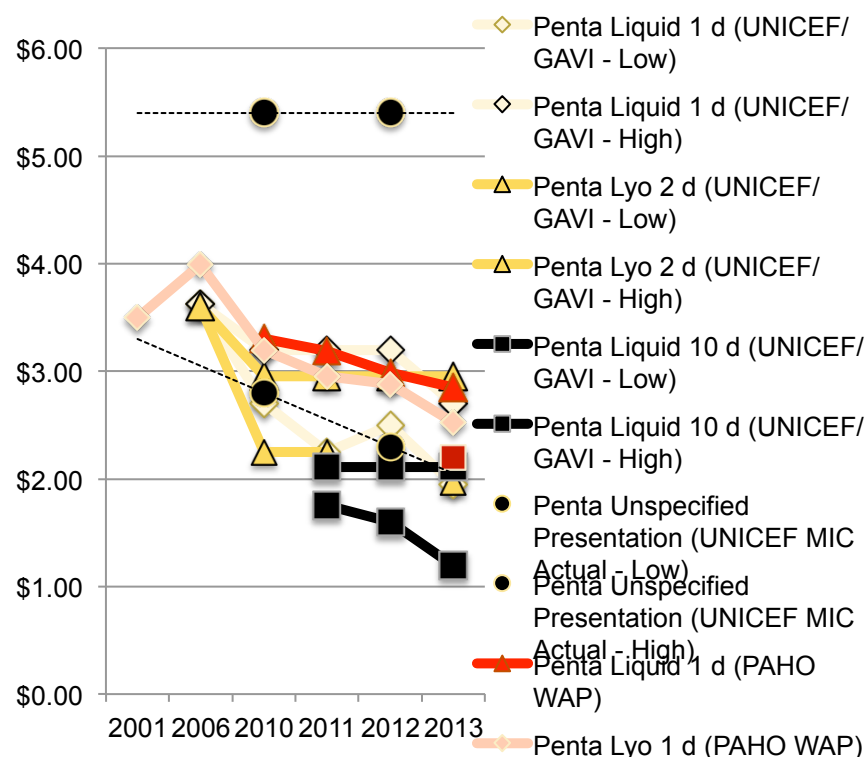
Percentage of assured (dark blue), non-assured (light blue) and unknown (Grey) quality vaccines used worldwide (%) 1997- 2012



# Access to vaccines of assured quality and affordable prices

- While price trends were positive, objectives of indicator were unclear
  - objective required to contextualize the data and to explain the dynamics of supply and demand and the determinants of the presented results
- Report not sufficiently comprehensive
  - No data on prices in self-procuring countries
  - Relationship between price, supply and the health of the markets not fully addressed
  - no discussion about price tiers and pooled procurement
  - no indication of private sector prices or prices paid by high-income countries

Price trends for pentavalent vaccines





# The next frontiers

- New vaccines and improved vaccine delivery technologies play a crucial role in fighting disease and saving lives
- WG noted the importance on operational research
  - Improving service delivery
  - Increasing community demand
- Sustained use of new vaccines and technologies after the end of external support will be critical

