
**Strategic Advisory Group of Experts on Immunisation (SAGE)
2014 ASSESSMENT REPORT
OF THE GLOBAL VACCINE ACTION PLAN**

[Full report available at: www.who.int/immunization/global_vaccine_action_plan/en/]

SUMMARY

Vaccines are remarkable.

They protect people from developing diseases that otherwise scar, kill and maim. They prevent more than two million deaths a year. Relative to their great benefit, their cost is small. They have an impressive history and an exciting future.

The Global Vaccine Action Plan is vital.

At the moment, 1.5 million children die every year of diseases that are readily prevented by vaccines. There is gross inequity. One-fifth of the world's children do not receive these simple, cheap, life-protecting interventions that parents elsewhere take for granted – or receive a partial set, and so are not wholly protected. There is a pressing need to expand and strengthen the delivery of vaccines, so that they protect all people.

The Global Vaccine Action Plan has two great ambitions, to make 2011-2020 the Decade of Vaccines:

- To deliver vaccination to all – and through this: to end inequity in vaccination, eradicate polio globally, eliminate maternal and neonatal tetanus globally, and eliminate (guided by regional targets) measles and rubella.
- To unleash vaccines' vast future potential – because their impressive history is nothing in comparison to what they could yet achieve.

In setting these two great ambitions, the Global Vaccine Action Plan aims to make 2011-2020 the 'Decade of Vaccines'. SAGE's 2014 Assessment Report of the Global Vaccine Action Plan examines the progress made to date.

Progress is far off-track

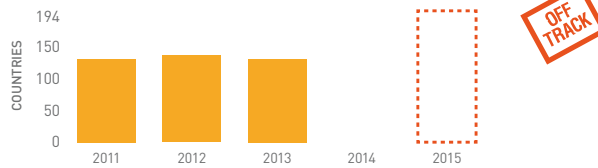
The Global Vaccine Action Plan set six immunisation targets with deadlines that are fast approaching – one at the end of 2014, four at the end of 2015. Just one of these six targets is on track to be realized (see figure overleaf). Indeed, most have seen very little progress. Some have been missed multiple times before.

The Global Vaccine Action Plan was created to end the inequity in vaccination worldwide, and hence to save millions of lives. This need remains as important and urgent as ever. **It is not acceptable that the plan is failing to deliver.**

IMPENDING GVAP TARGETS: FIVE OF SIX ARE OFF-TRACK

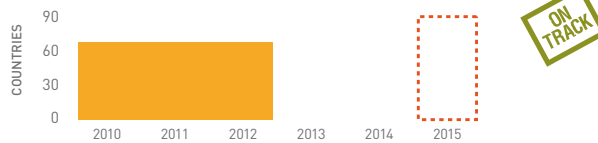
DTP3: NATIONAL VACCINATION COVERAGE OF 90%

TARGET: ALL 194 COUNTRIES BY 2015



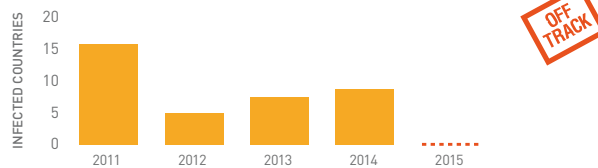
INTRODUCTION OF UNDER-UTILISED VACCINES

TARGET: 90 LOW OR MIDDLE INCOME COUNTRIES INTRODUCE AT LEAST ONE UNDER-UTILISED VACCINE BY 2015



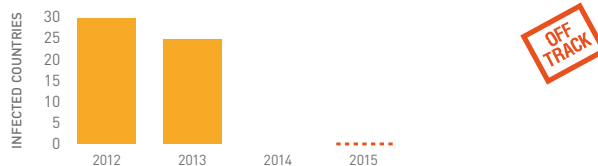
POLIO

TARGET: NO POLIO AFTER END-2014



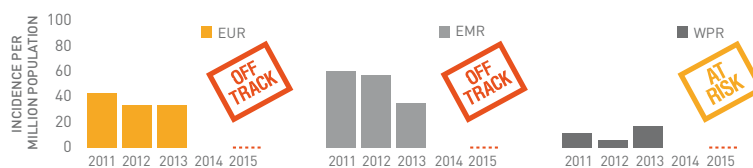
MATERNAL AND NEONATAL TETANUS

TARGET: GLOBAL ELIMINATION BY END-2015



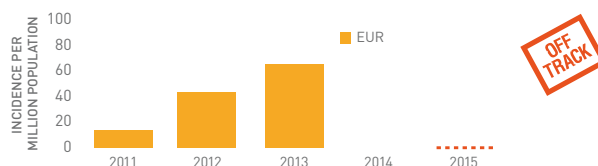
MEASLES

TARGET: ELIMINATION FROM THREE MORE REGIONS* BY END-2015



RUBELLA

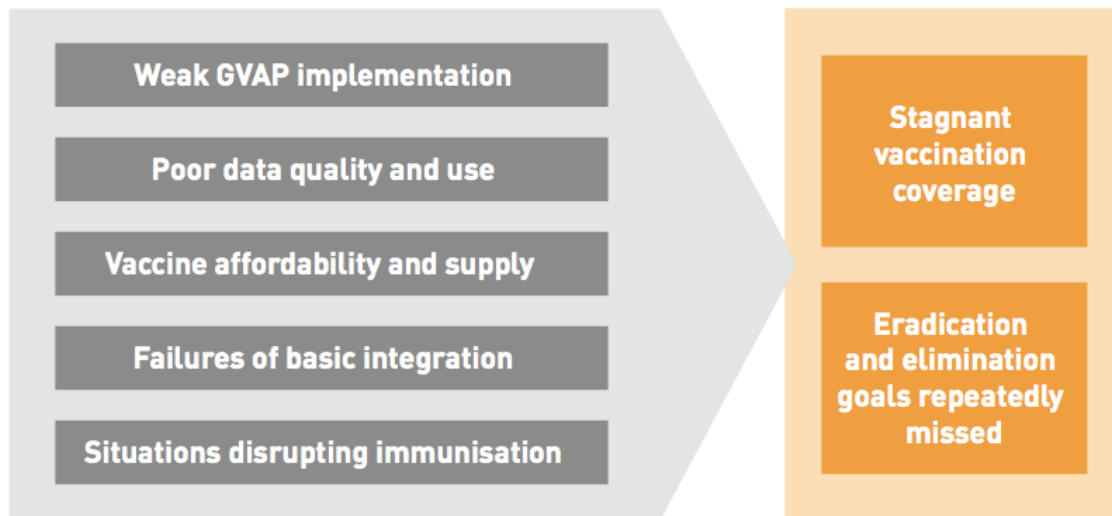
TARGET: ELIMINATION FROM ONE MORE REGION** BY END-2015



*Four regions in total, including AMR. Data for other regions are in the GVAP Secretariat Report

**Two regions in total, including AMR. Data for other regions are in the GVAP Secretariat Report

Addressing five priority problems will help bring the Global Vaccine Action Plan back on track



To get the Global Vaccine Action Plan back on track, the SAGE recommends that action focus particularly on addressing five priority problems. Each problem is major, but each can be tackled, with a reasonable expectation that doing so will improve progress considerably.

Each problem is detailed in the full 2014 Assessment Report, and is summarized below.

1. WEAK GVAP IMPLEMENTATION

Three years after its start date, implementation of the Global Vaccine Action Plan is patchy and slow. All countries and organizations that have committed to this endeavour should re-examine the level and nature of their contributions, and urgently make the improvements necessary to achieve results.

The SAGE recommends that:

- Regions and countries rapidly finalize their own vaccine action plans based on the Global Vaccine Action Plan, using this assessment report as a further guide, and establishing bodies to guide and monitor implementation
- The heads of the technical agencies that co-signed the Global Vaccine Action Plan report to the 2015 World Economic Forum in Davos on the plan's establishment, its lack of progress so far, and what forum participants – who supported its concept in 2010 – can do to help its implementation
- The Global Vaccine Action Plan and SAGE's assessment reports remain as

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- standing items at the World Health Assembly until 2020
- The Director-General of WHO convene a special session at the 2015 World Health Assembly for countries with vaccination coverage of less than 80%, to which each Minister of Health is asked to bring details of the country's vaccination coverage and corrective action plan
 - Countries give civil society organizations substantially more formal involvement in the delivery and improvement of vaccination services, establishing clear responsibilities for which they are accountable
 - Every region establish a regional verification commission, and every country a national verification committee, to scrutinize progress towards the measles elimination targets

2. POOR DATA QUALITY AND USE

Poor quality and use of data is substantially impeding program management and improvement

The SAGE recommends that:

- Countries invest in improving data quality at the local level, and using data to strengthen accountability and to improve understanding of what the programmatic issues are
- Technical agencies further develop and deploy tools to help countries with the practical task of improving the quality and use of data, with limited personnel available to do so

3. VACCINE AFFORDABILITY AND SUPPLY

The affordability and supply of vaccines need to be urgently examined. Each may be causing a significant problem for a large number of countries, and the current lack of proper information hinders understanding and corrective action.

The SAGE recommends that:

- Technical agencies conduct urgent assessments of (i) the extent to which the reported national-level stock-outs are affecting local vaccine supply and delivery, and (ii) the root causes of these stock-outs
- Countries lead an effort to change the rules of the game on vaccine affordability, to create the transparency that is in their interest. They can do this by making pricing information publicly available, and by collaborating to develop solutions.
- Technical partners support countries to improve the transparency of vaccine pricing. Agencies themselves should do everything possible to share pricing data.

4. FAILURES OF BASIC INTEGRATION

Basic failures to integrate mean that healthcare workers are repeatedly missing easy opportunities to offer vaccinations when people attend clinic with other problems.

The SAGE recommends that:

- Countries conduct studies to understand how opportunities to vaccinate people are being missed by healthcare workers, and act to reduce their incidence
- WHO develop guidelines on how to fully integrate vaccination into the operation of all aspects of the healthcare system
- Countries ensure that healthcare workers understand and follow WHO or national guidelines on what does, and does not, contraindicate vaccination, particularly in relation to childhood febrile illness, so that vaccines are not avoided unnecessarily

5. SITUATIONS DISRUPTING IMMUNISATION

Vaccine delivery is impeded by disruptive situations, including war and major disease outbreaks (such as Ebola, currently). Such situations will always exist. Vaccines must be delivered despite them.

The SAGE recommends that:

- WHO, through SAGE, expand its existing guidance on immunisation in humanitarian emergencies to detail how routine and other immunisation services are best maintained despite disruptive situations such as war and disease outbreaks