2014 ASSESSMENT REPORT OF THE GLOBAL VACCINE ACTION PLAN

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On behalf of SAGE Decade of Vaccines / Global Vaccine Action Plan Working Group

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End-2020 targets

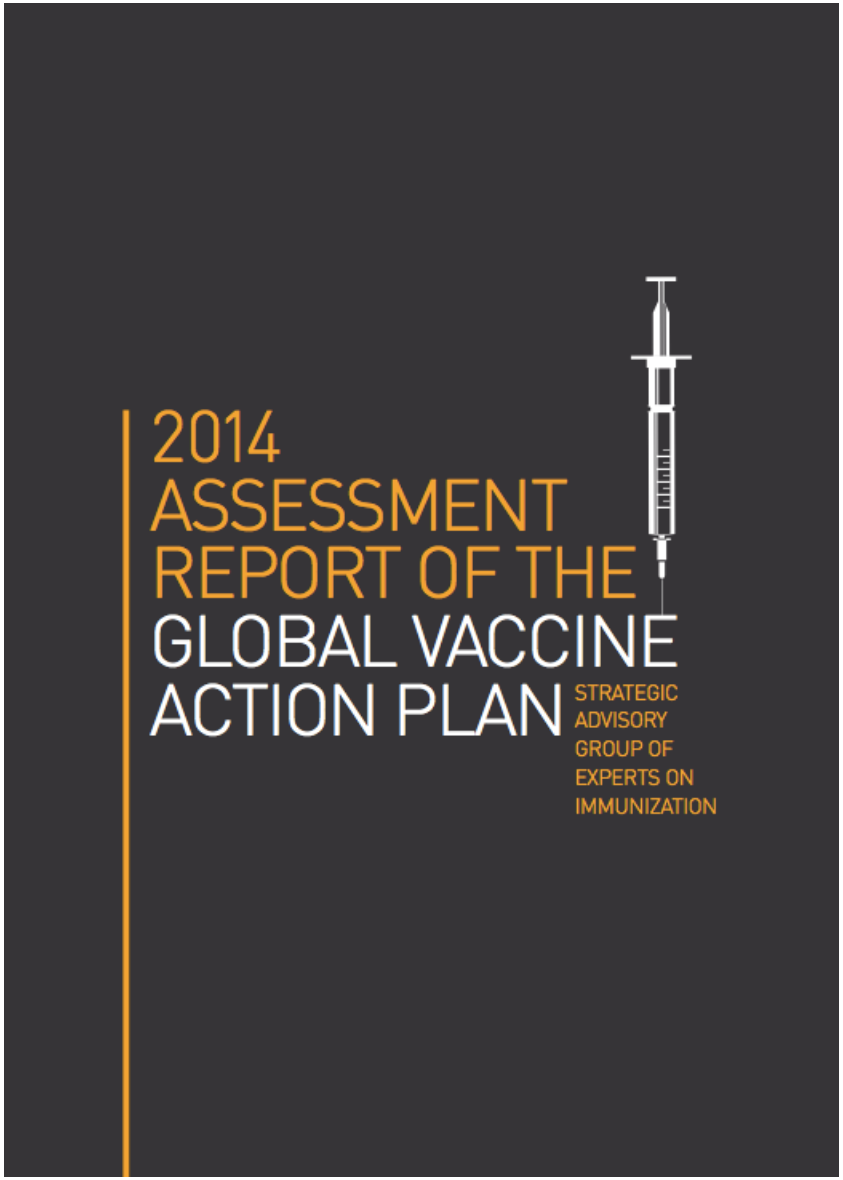
- All vaccines in national programs: >90% national coverage, and >80% in every district by end 2020
- Polio: eradicated by end 2018
- Measles: eliminated in 5 regions by end-2020
- Rubella: eliminated in 5 regions by end-2020

Mid-point targets

- **DTP3**: All countries >90% national coverage, and >80% in every district by end 2015
- **Polio**: transmission stopped by end 2014
- **Maternal and neonatal tetanus**: eliminated by 2015
- **Measles**: eliminated in 4 regions by end-2015
- **Rubella**: eliminated in 2 regions by end-2015
- **Introduction of under-utilized vaccines:** At least 90 low or middle income countries to have introduced one or more such vaccines by 2015

Progress assessment - headlines

- Five of the six mid-point targets are off track
- On most there has been little or no progress at all
- A number have been missed multiple times before



Draft 2014 SAGE GVAP assessment report

SAGE Yellow book

- SAGE GVAP 2014 Assessment Report (31 pages, p158-188)
- SAGE GVAP 2014 Assessment Report Executive Summary (5 pages, p189-193)

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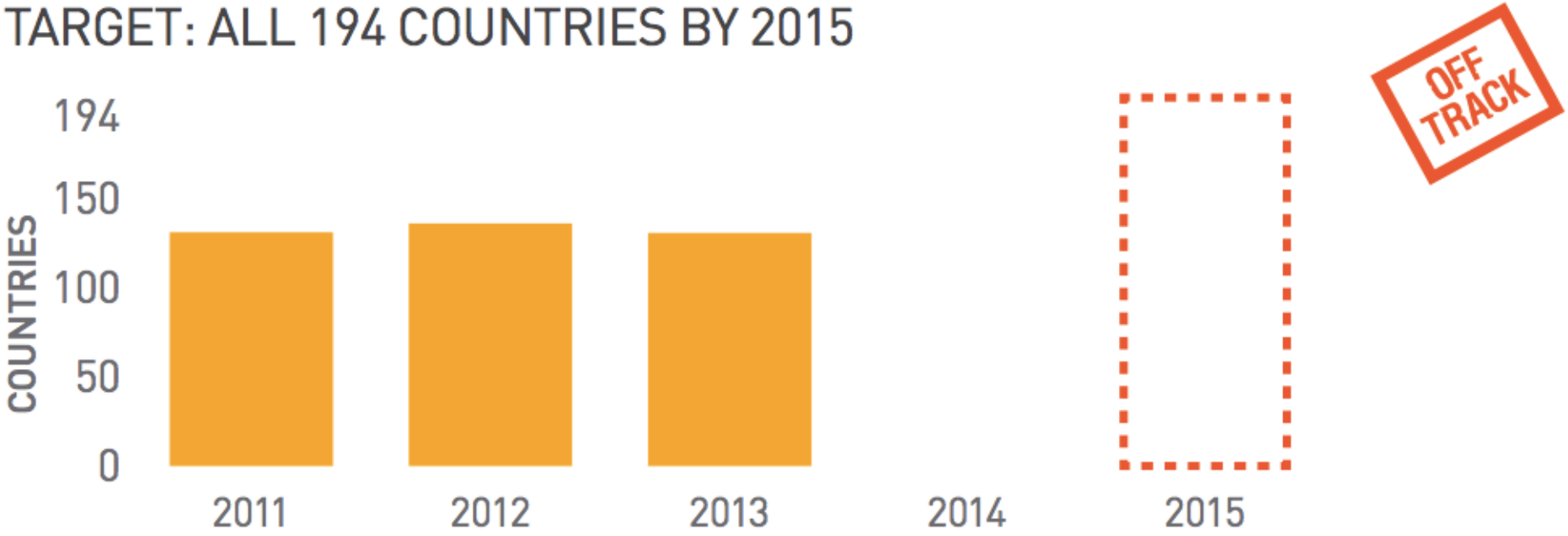
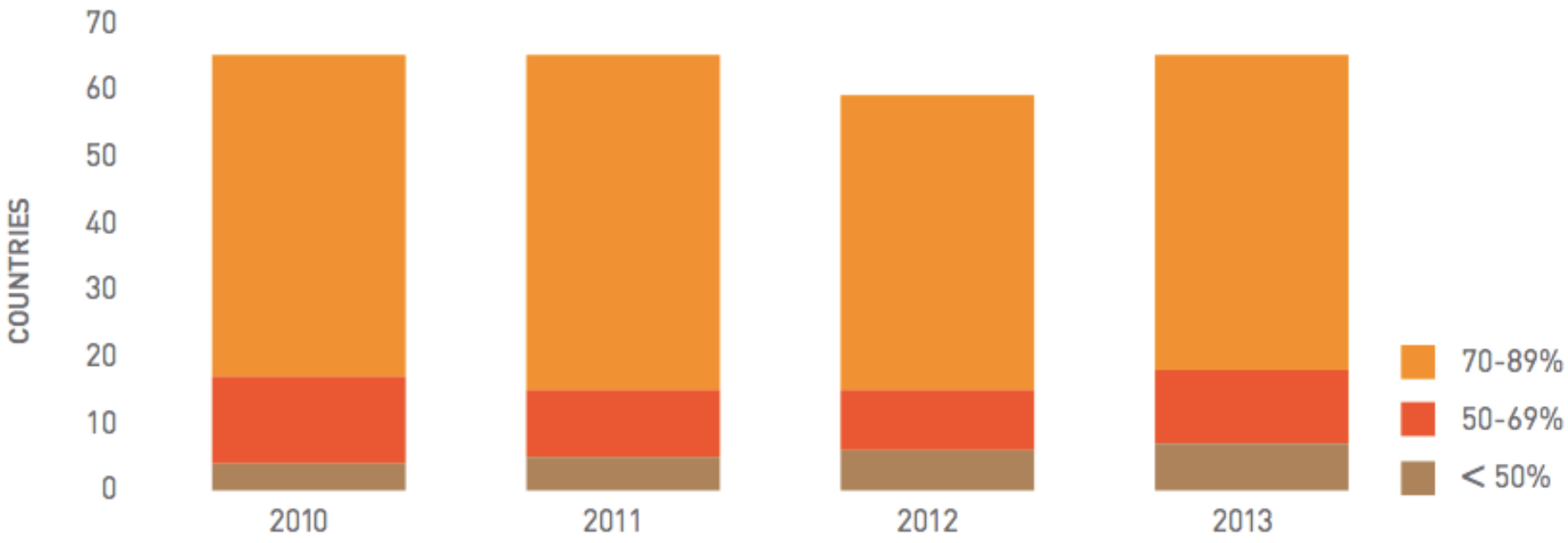
DTP3: NATIONAL VACCINATION COVERAGE OF 90%

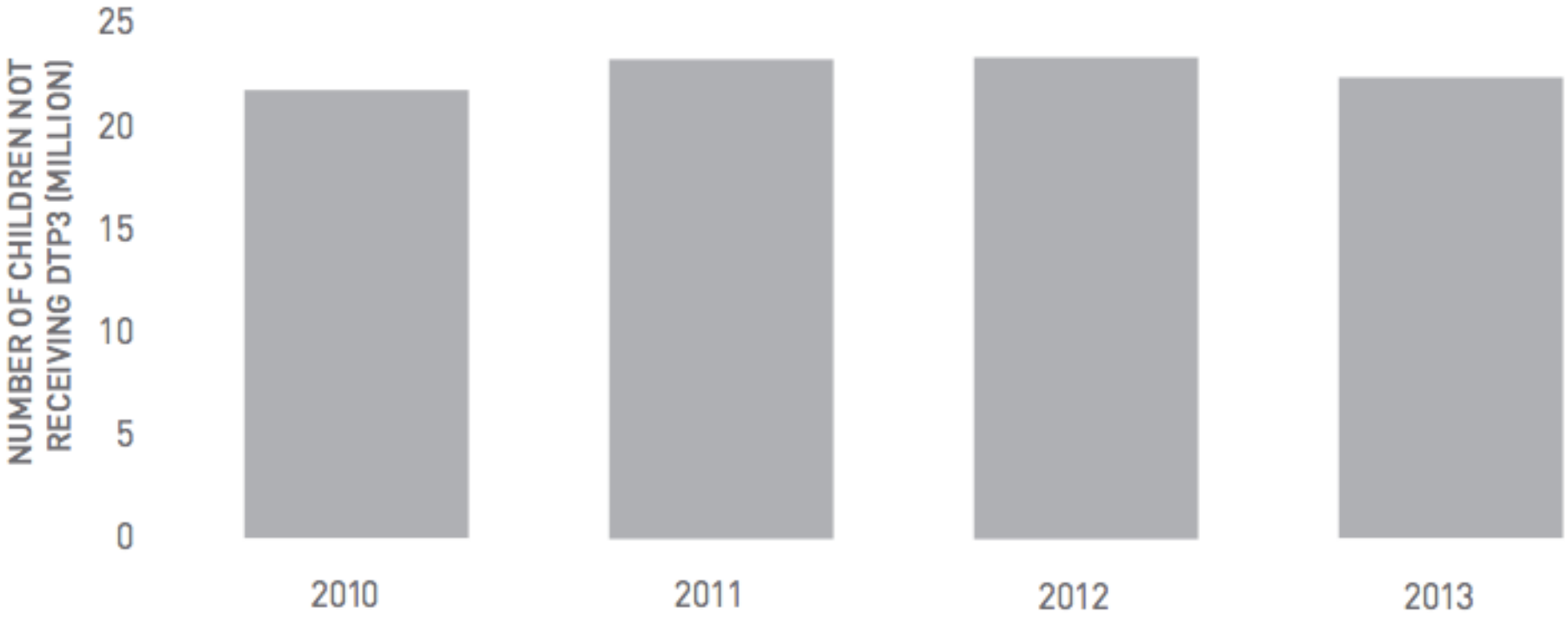
TARGET: ALL 194 COUNTRIES BY 2015



National DTP3 coverage: No improvement within lower bands either



DTP3 coverage: No improvement in number of unvaccinated children



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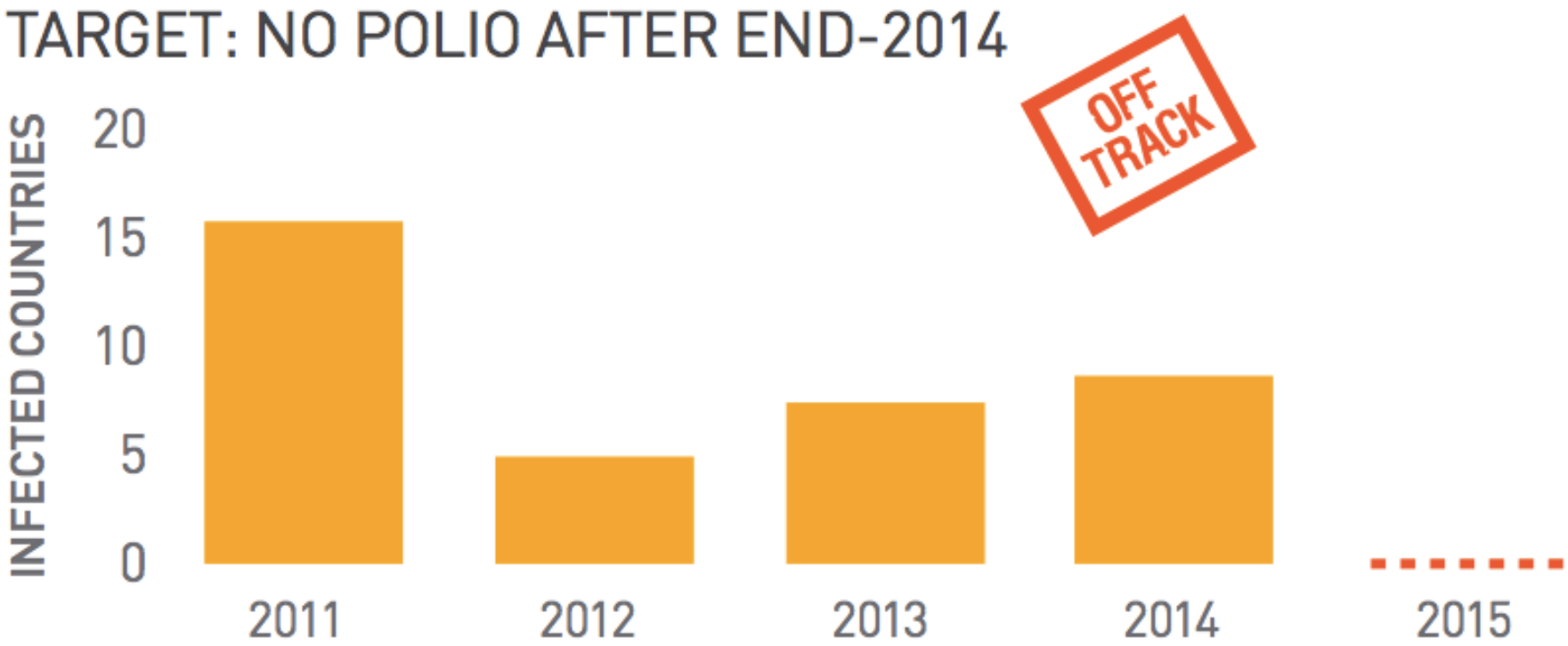
POLIO


TARGET: NO POLIO AFTER END-2014
OFF TRACK
INFECTED COUNTRIES
20
15
10
5
0
2011
2012
2013
2014
2015

Not for the first time…

Polio: IMB recommendations, May 2014

- "Eighteen months ago, as 2012 drew to a close, optimism was running high for the Global Polio Eradication Initiative (…) within a matter of months, this optimism quickly unwound."

- The IMB makes 11 recommendations

http://www.polioeradication.org/Portals/0/Document/Aboutus/Governance/IMB/10IMBMeeting/10IMB_Report_EN.pdf

  - Country specific recommendations (Pakistan, Nigeria, Central Africa…)
  - Global level recommendations (outbreak response team, training of vaccinators, IPV, budget and management…)

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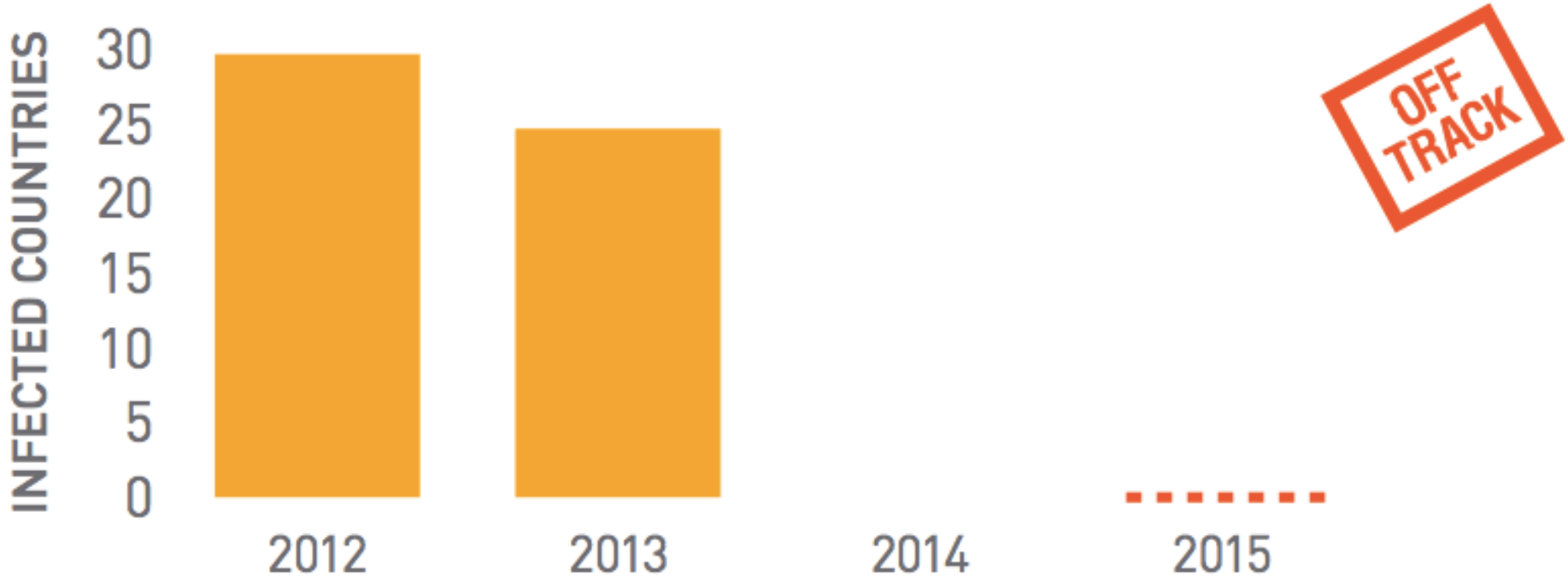
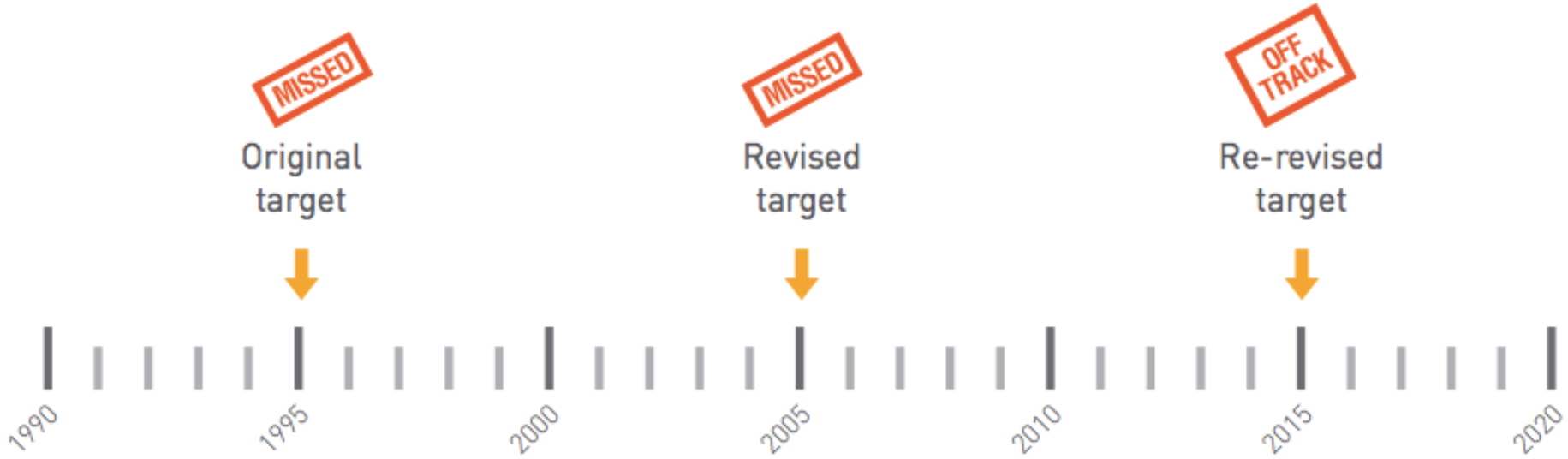
MATERNAL AND NEONATAL TETANUS

TARGET: GLOBAL ELIMINATION BY END-2015



NEONATAL (AND MATERNAL) TETANUS ELIINATION



MNT program: Grossly Underfunded (1)

- The current funding trickles in small amounts which is why lesser number of targeted women of reproductive age are reached each year in the last few years

- Estimated funding gaps of about US$ 91 million (excluding for TT Uniject) are for the following areas in the 24 remaining countries
  - 1. Vaccine and injection devices
  - 2. Operational cost
  - 3. Advocacy, communication and social mobilization
  - 4. Supervision, monitoring and evaluations

MNT program: Grossly Underfunded (2)

- Use of technology help to reach more women, especially in the very difficult to access areas and security compromised countries
- TT-vaccine is a stable vaccine and can be used outside the cold chain
- TT-Uniject pre-filled single dose device has been used successfully in Afghanistan, Burkina Faso, Ghana, Indonesia, Mali and Somalia
- About 39 million units of TT-Uniject pre-filled device will be required in eight countries over the next 3 years

  Sudan and Yemen
- At an estimated cost of US$ 0.75/dose, the cost of the TT-Uniject will amount to US$ 29 Million

Mid-point targets

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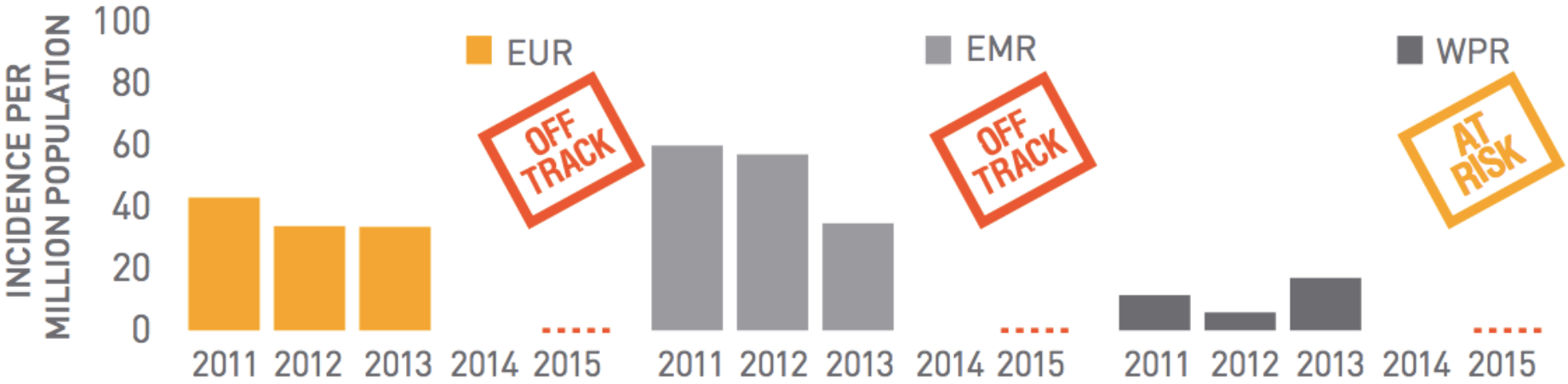
MEASLES

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



Mid-point targets

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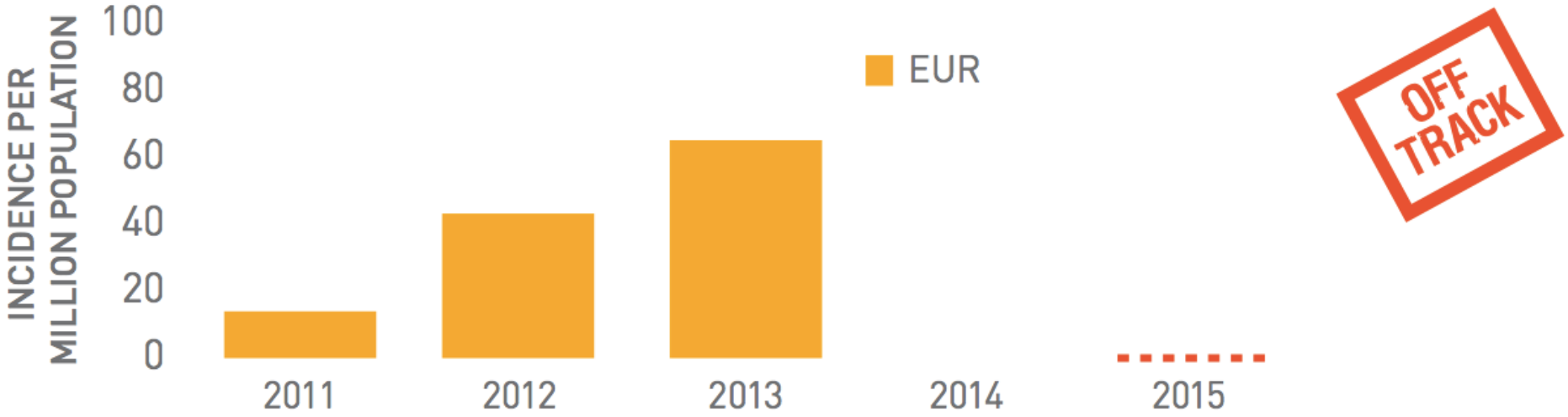
RUBELLA

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



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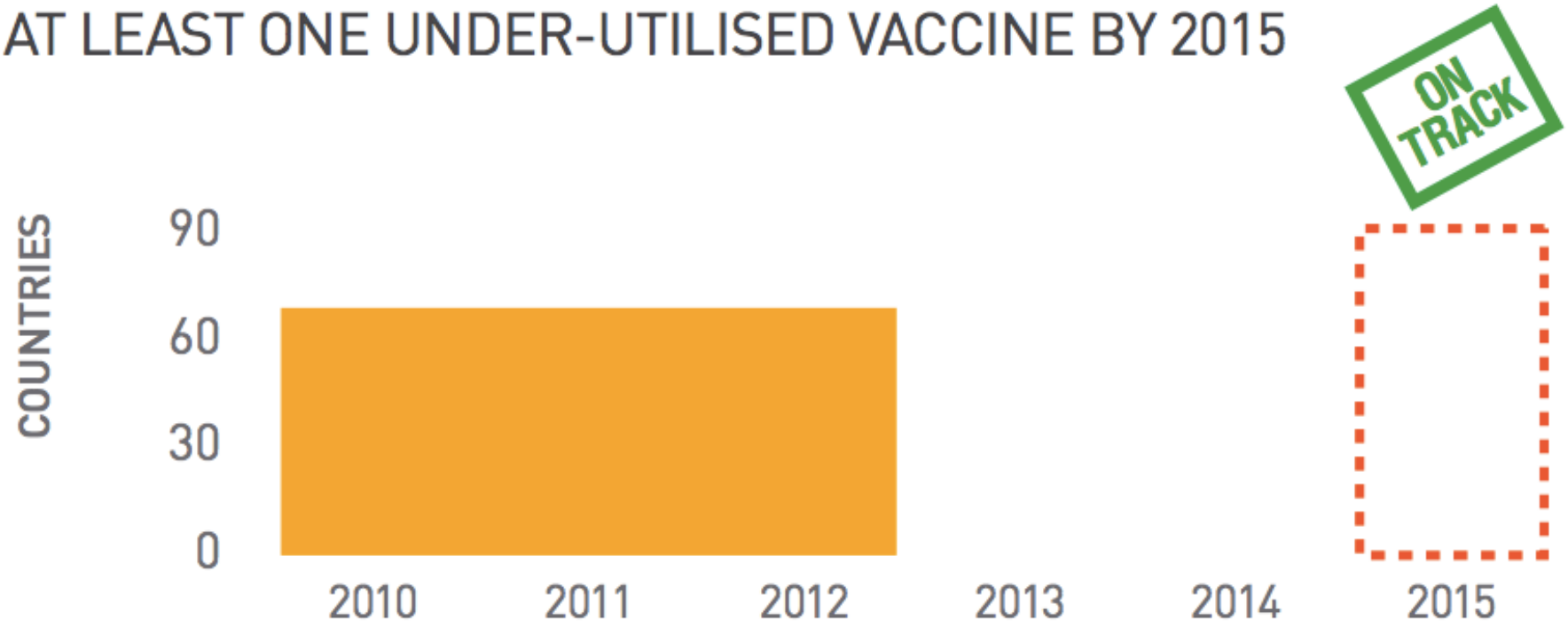
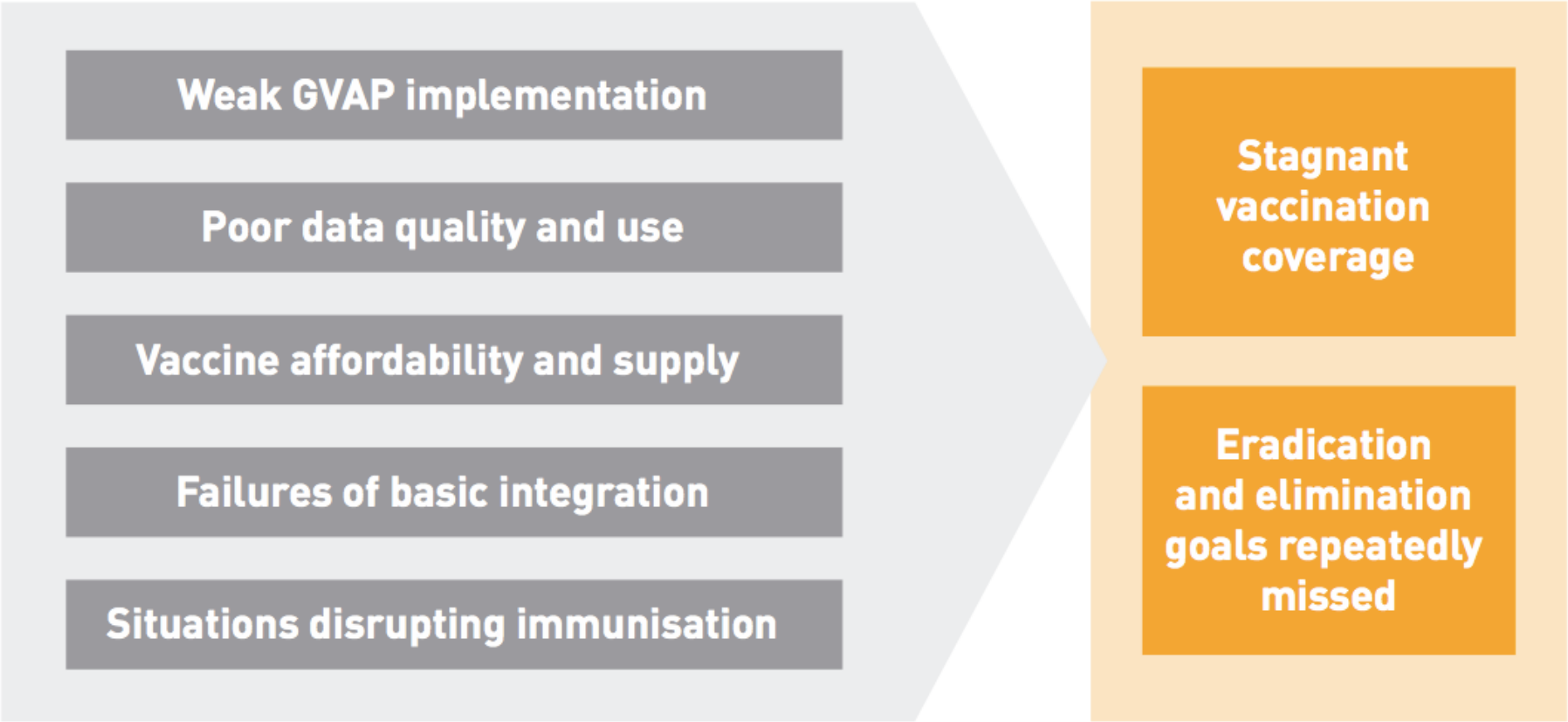
INTRODUCTION OF UNDER-UTILISED VACCINES

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



Five ‘priority problems’



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.

2. Poor data quality and use

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

3. Vaccine affordability & supply

The affordability and supply of vaccines need to be urgently examined.

In 2013, more than 40% of low & middle income countries suffered a national level stock out of at least one vaccine that lasted at least one month

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.

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.

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.

1. Weak GVAP implementation

Draft recommendations (1/2)

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

1. Weak GVAP implementation

Draft recommendations (2/2)

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 GVAP 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 standing items at the World Health Assembly until 2020

2. Poor data quality and use

Draft recommendations

- 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 & supply

Draft recommendations

- 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. Countries 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

Draft recommendations

- 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

Draft recommendation

- 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.