



CLOSE THE IMMUNIZATION GAP

VACCINATION FOR ALL

Global update & the way forward

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World Health
Organization

Outline

**Vaccine Research
and Development**

Vaccine Delivery

SAGE Processes



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A core message for the immunization community



VIDEO



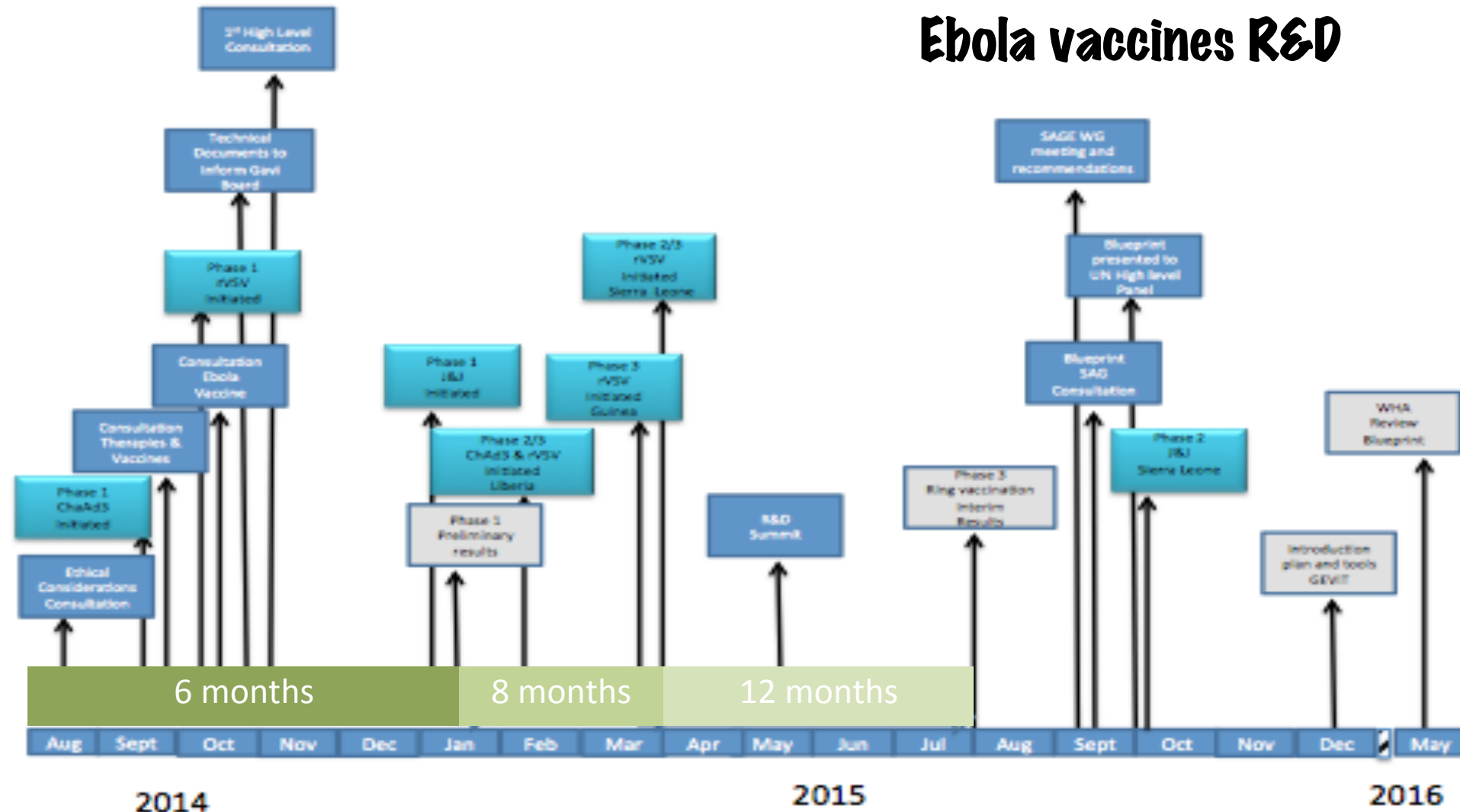
Vaccine Research and Development

Ebola Vaccines Reasons for applause



Collaborative efforts, adaptation of the traditional R&D model, compressed timeframes and, unlikely partnerships

Ebola vaccines R&D



WHO vaccine research in support of GVAP goals

Assess and/or develop strategies/ approaches to **expand coverage and impact** and improve delivery of vaccines

Generate and/or synthesize and appraise evidence for robust policy making

Contribute to development/availability of new or better vaccines/delivery systems to address remaining BoD

Global Vaccine & Immunization Research Forum

15-17 March 2016, Johannesburg, South Africa

Track progress and discuss obstacles

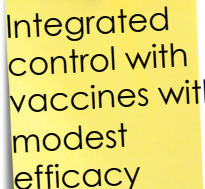
Identify gaps, opportunities and actions

Create opportunities for networking and collaboration

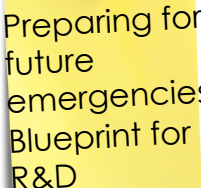
Review progress towards GVAP R&D objectives and goals



Research
against
priority
diseases



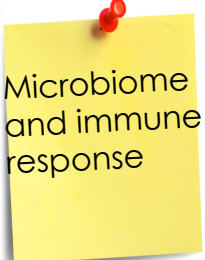
Integrated
control with
vaccines with
modest
efficacy



Preparing for
future
emergencies
Blueprint for
R&D



Total
system
effectiveness

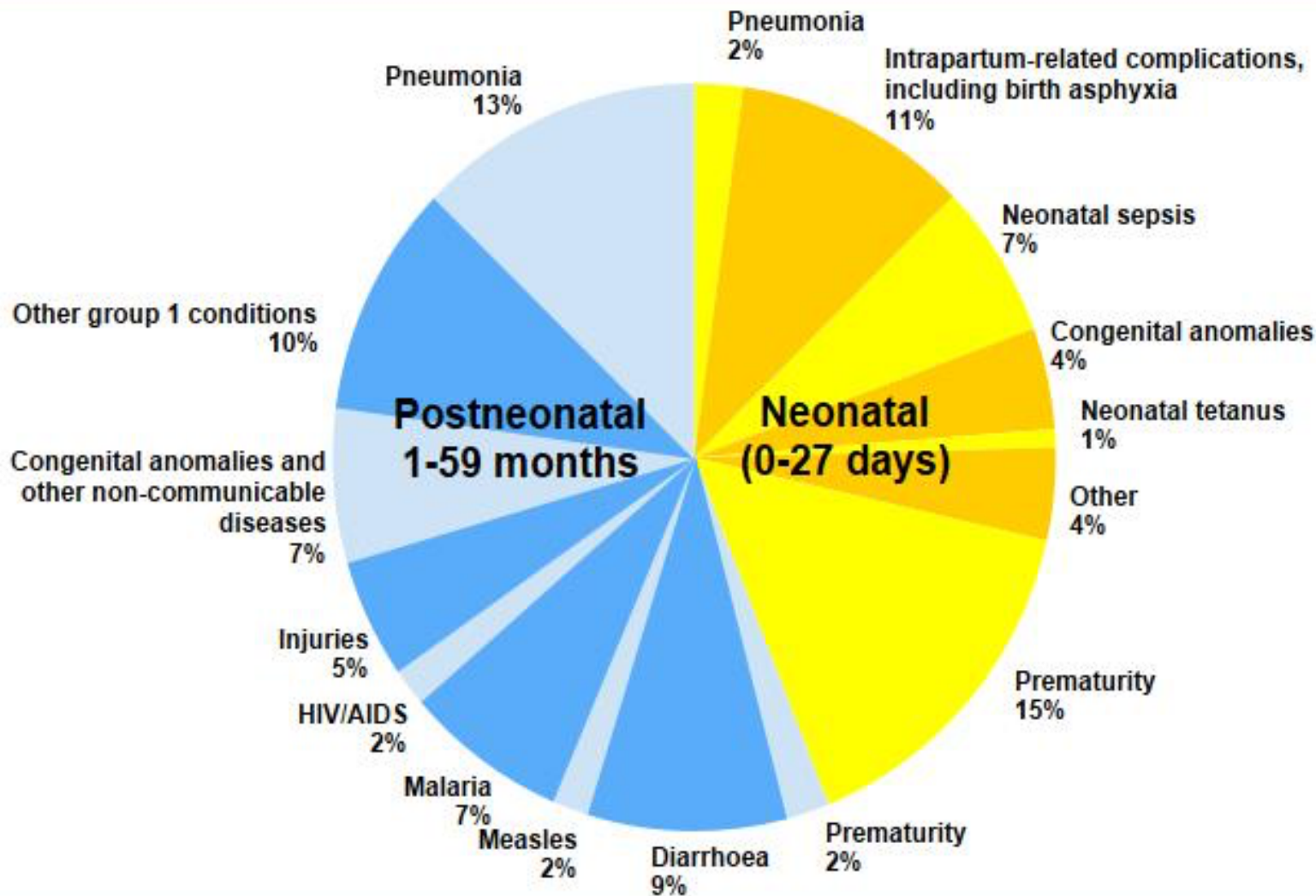


Microbiome
and immune
response

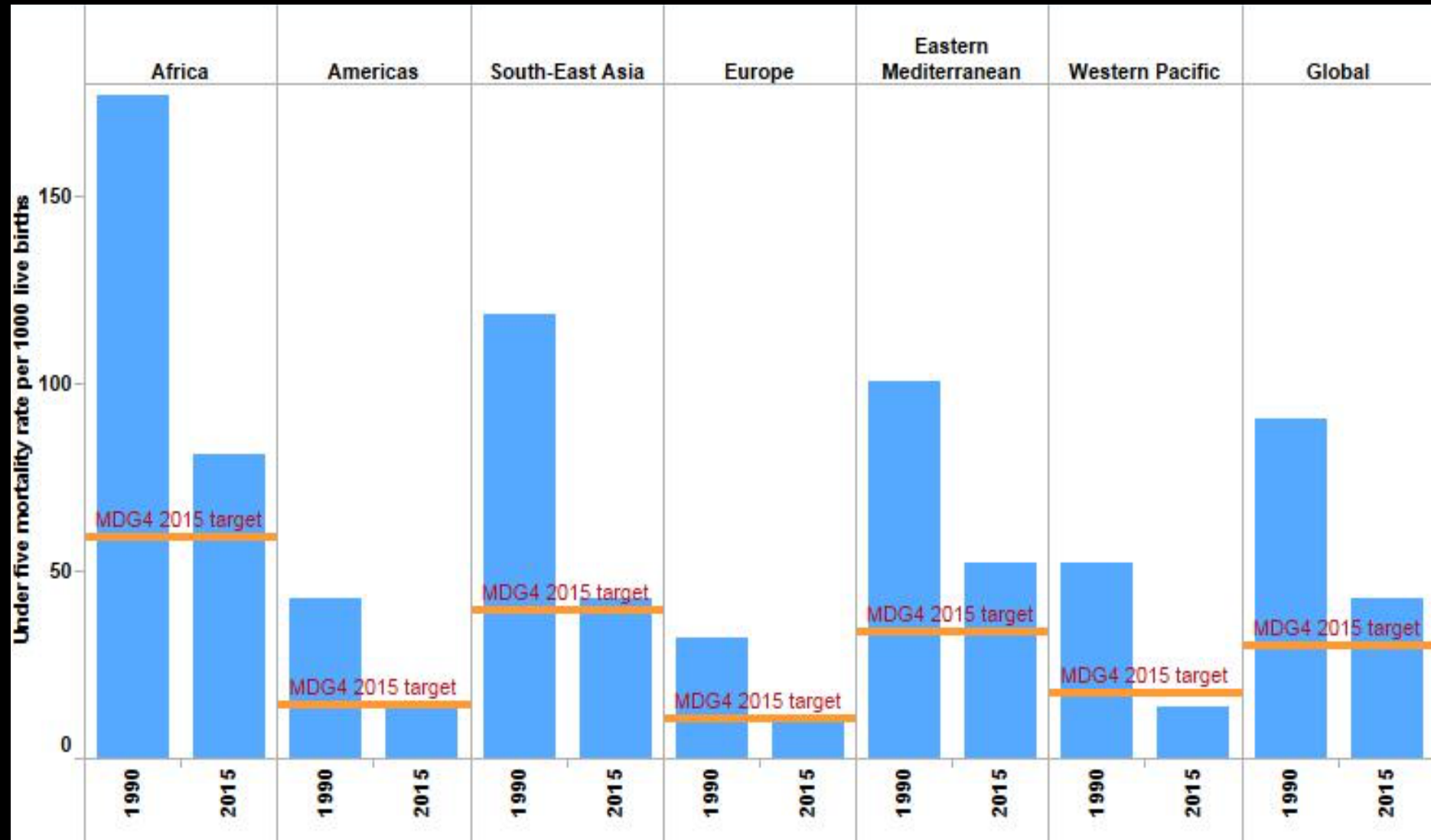
What progress has been made?



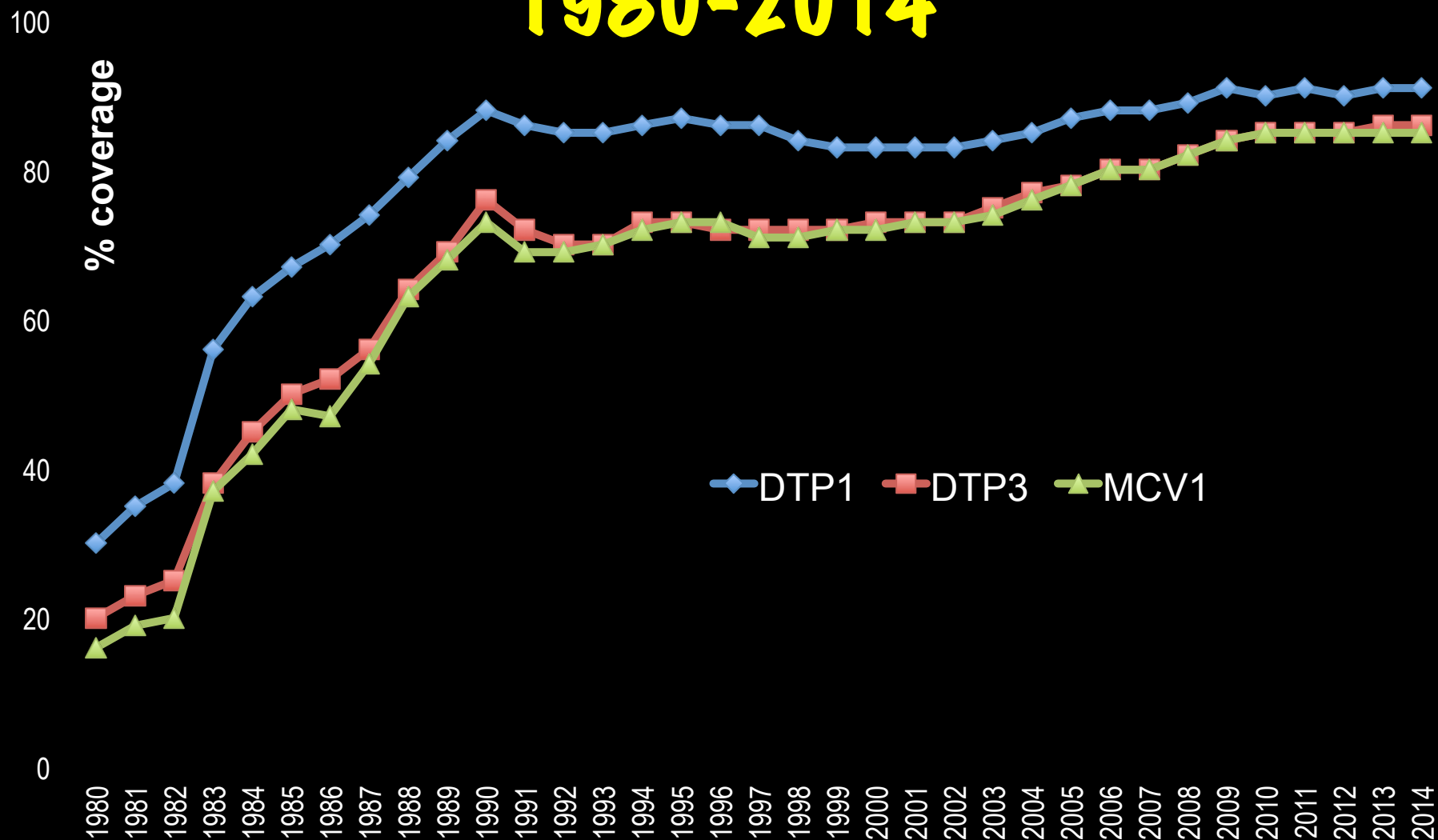
Causes of deaths among children under 5 years, 2013



Global and Regional under-five mortality trends, 1990-2015



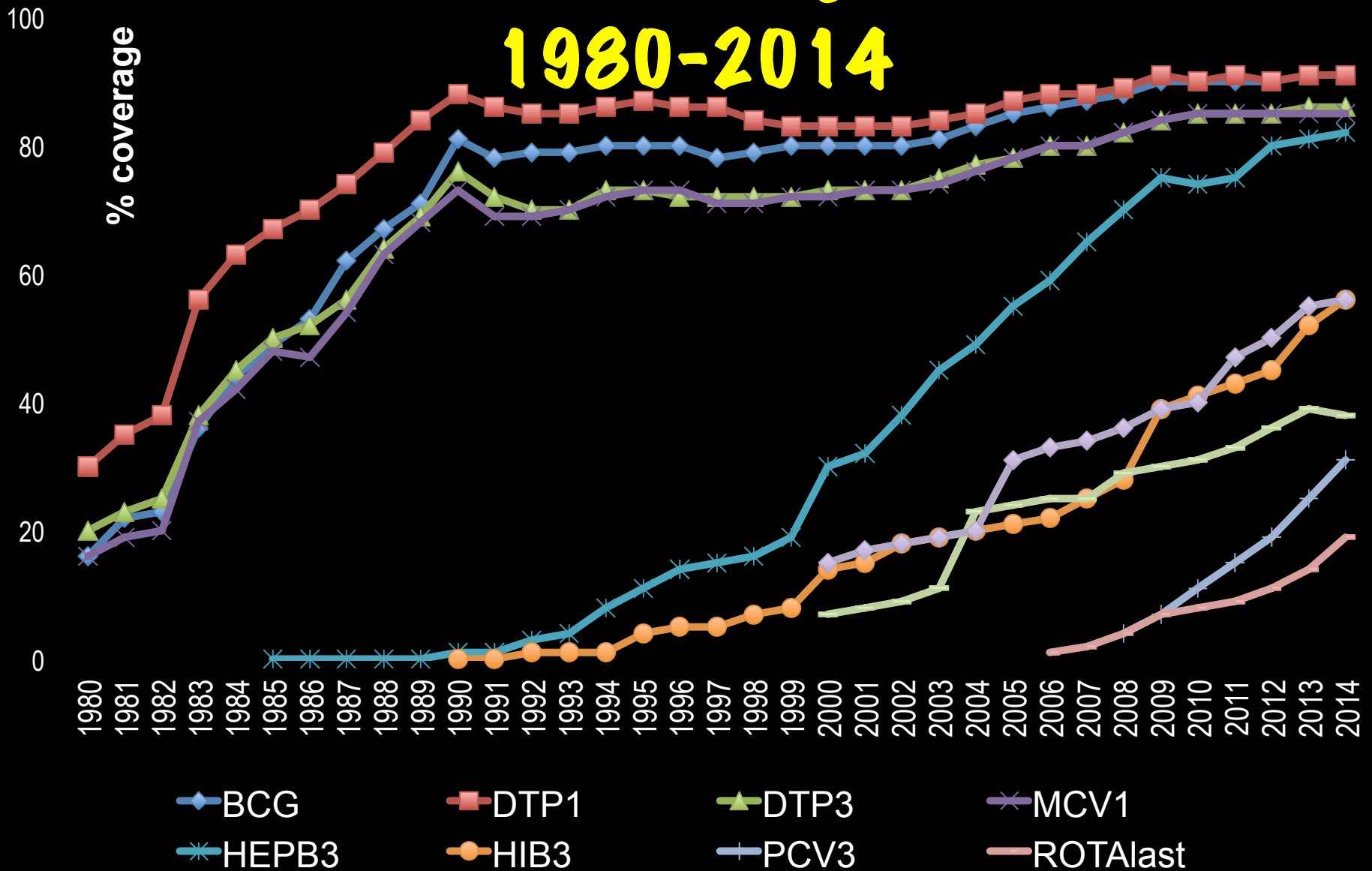
Global vaccine coverage estimates 1980-2014



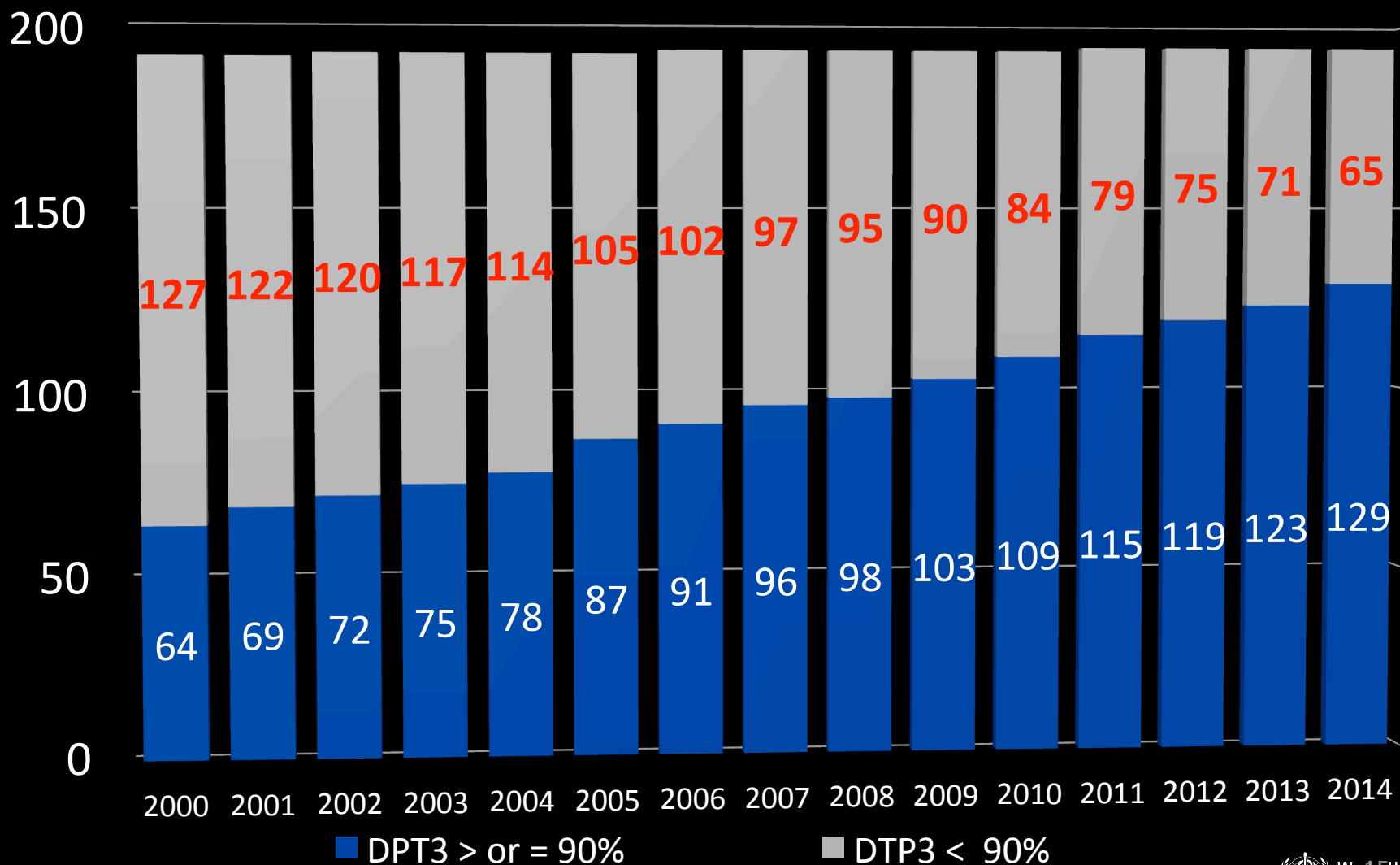
Source: WHO/UNICEF coverage estimates 2014 revision. July 2015 Immunization Vaccines and Biologicals, (IVB), World Health Organization. 194 WHO Member States.

Global vaccine coverage estimates

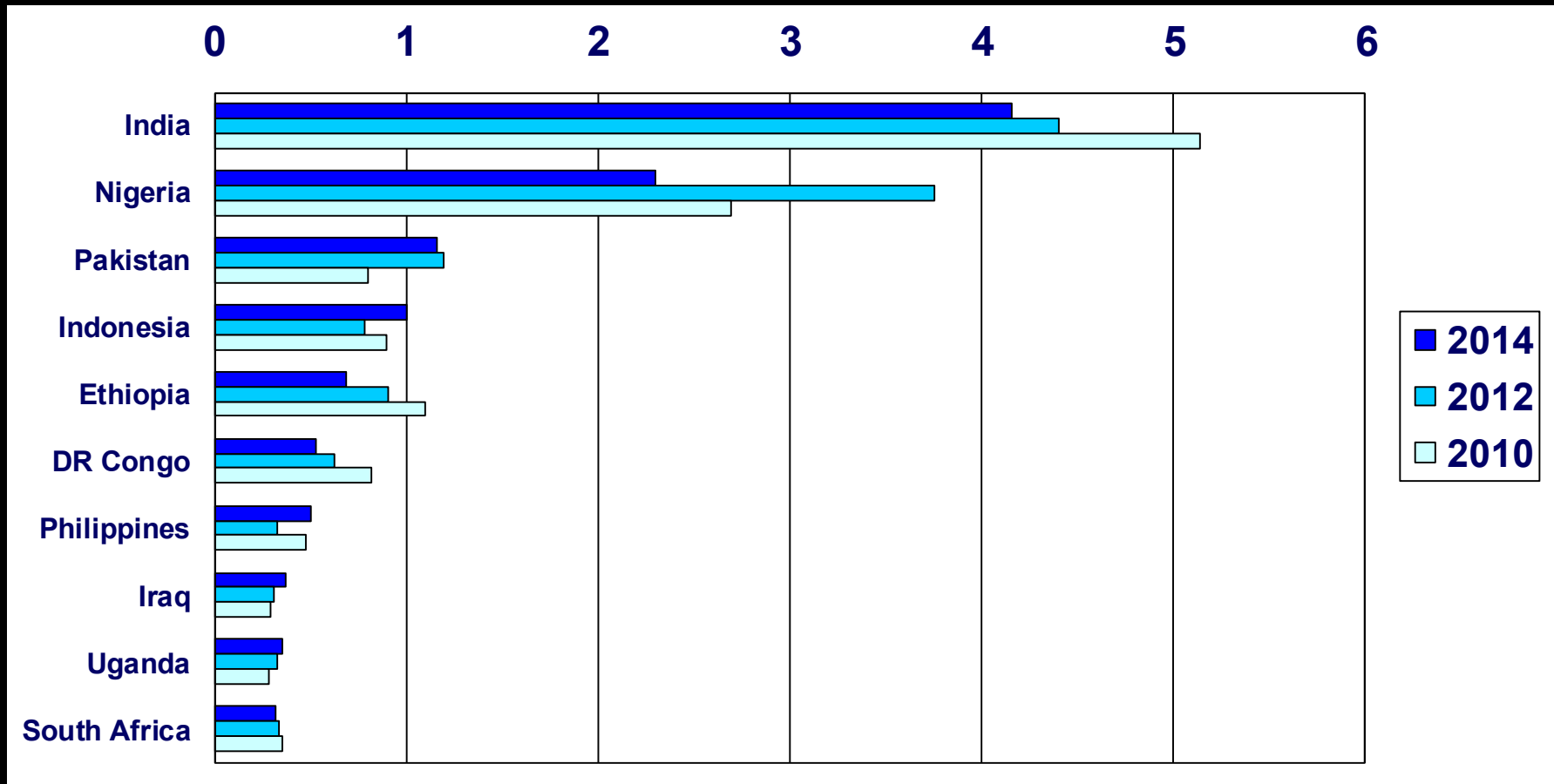
1980-2014



Countries that reached and sustained 90% coverage with 3 doses of DTP containing vaccines



10 countries where most infants NOT vaccinated live



3 steps to close the immunisation gaps

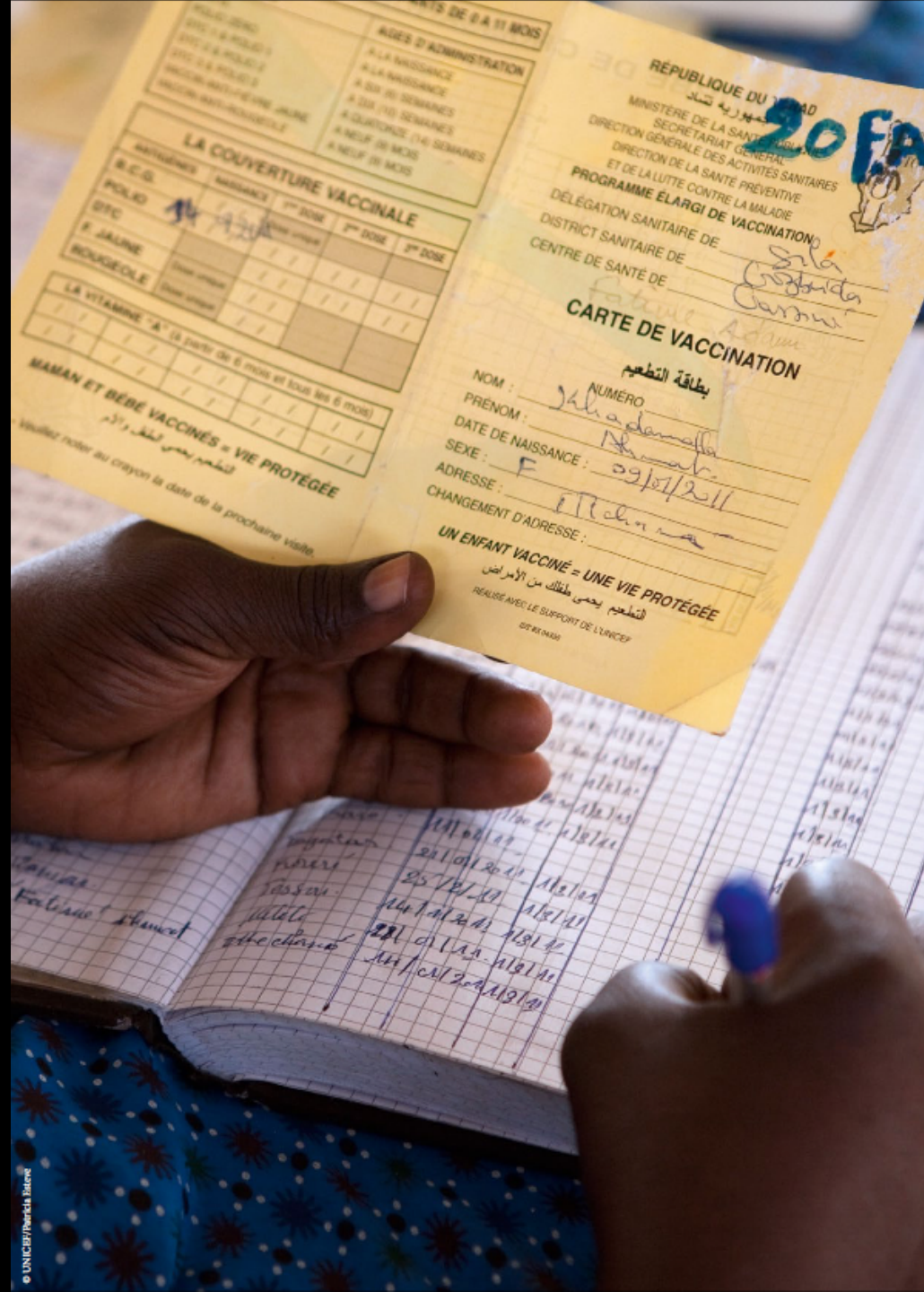


**Integrate immunization
with other health services**

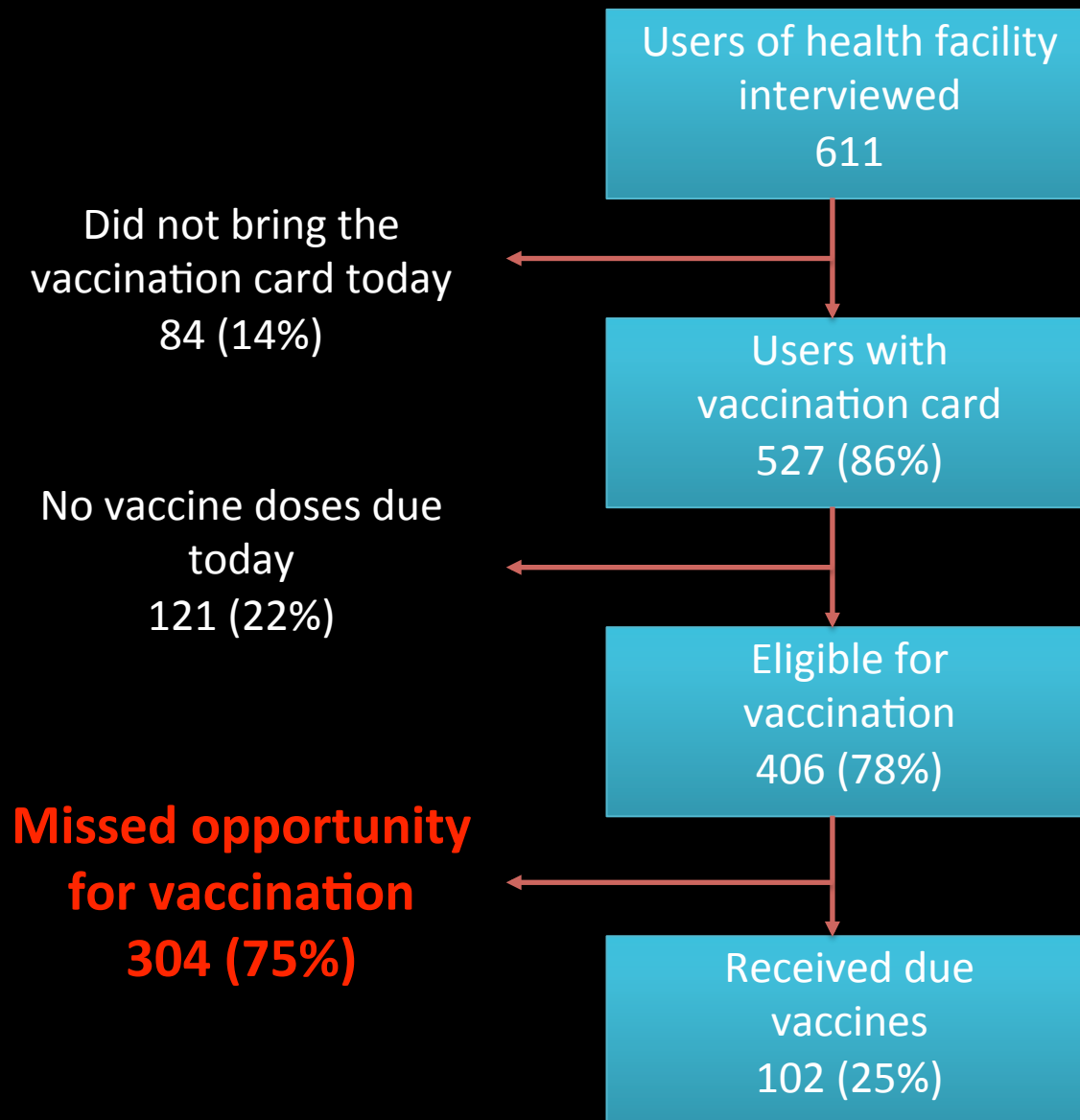
**Strengthen health systems
so they can continue
vaccination programmes
through crises**

**Ensure vaccines are both
accessible and affordable
to all**

A simple gesture to
maximize all
contacts with the
health services



Assessing missed opportunities for vaccination



**Exit interviews
at health facilities
in Chad and
Malawi
2015**

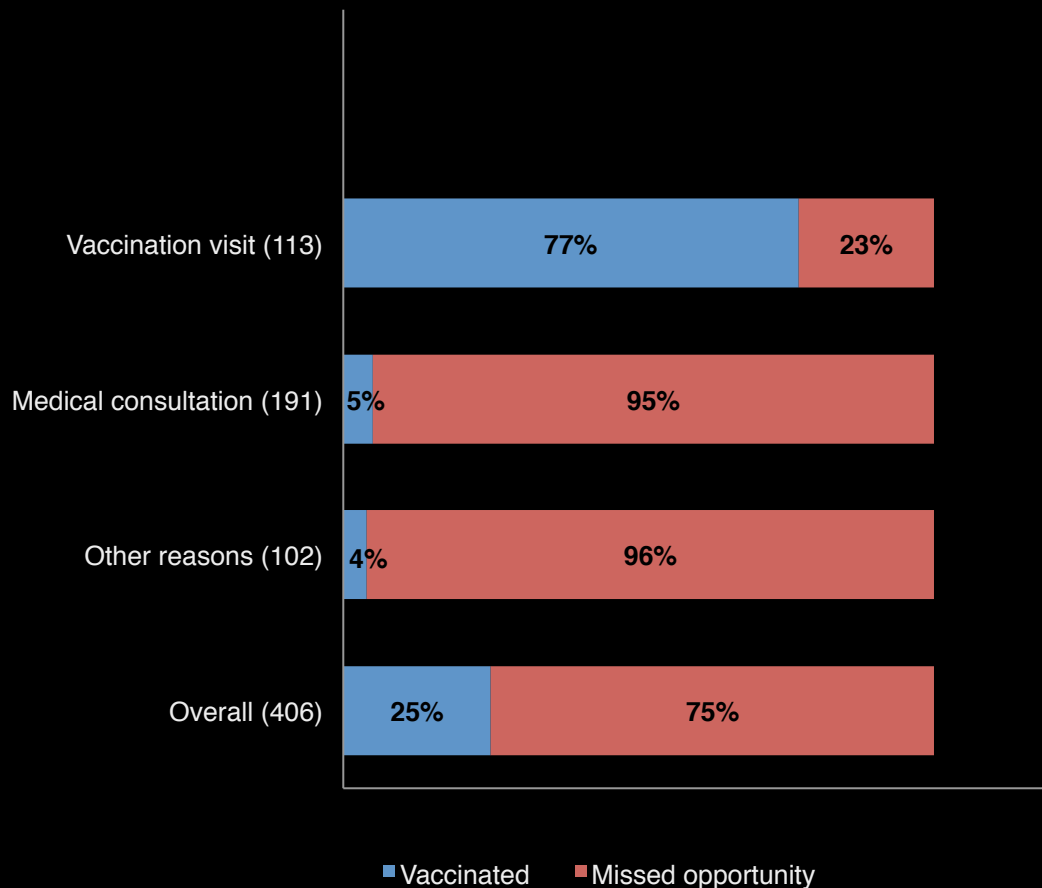


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How many missed opportunities for vaccination?

Why were the 75% of opportunities missed?

Reason for the visit to the health facility today



Vaccine(s) were out of stock
Other supplies were out-of-stock
Health worker did not ask

Vaccination not the purpose of this visit
Health worker did not ask
Vaccination area was closed

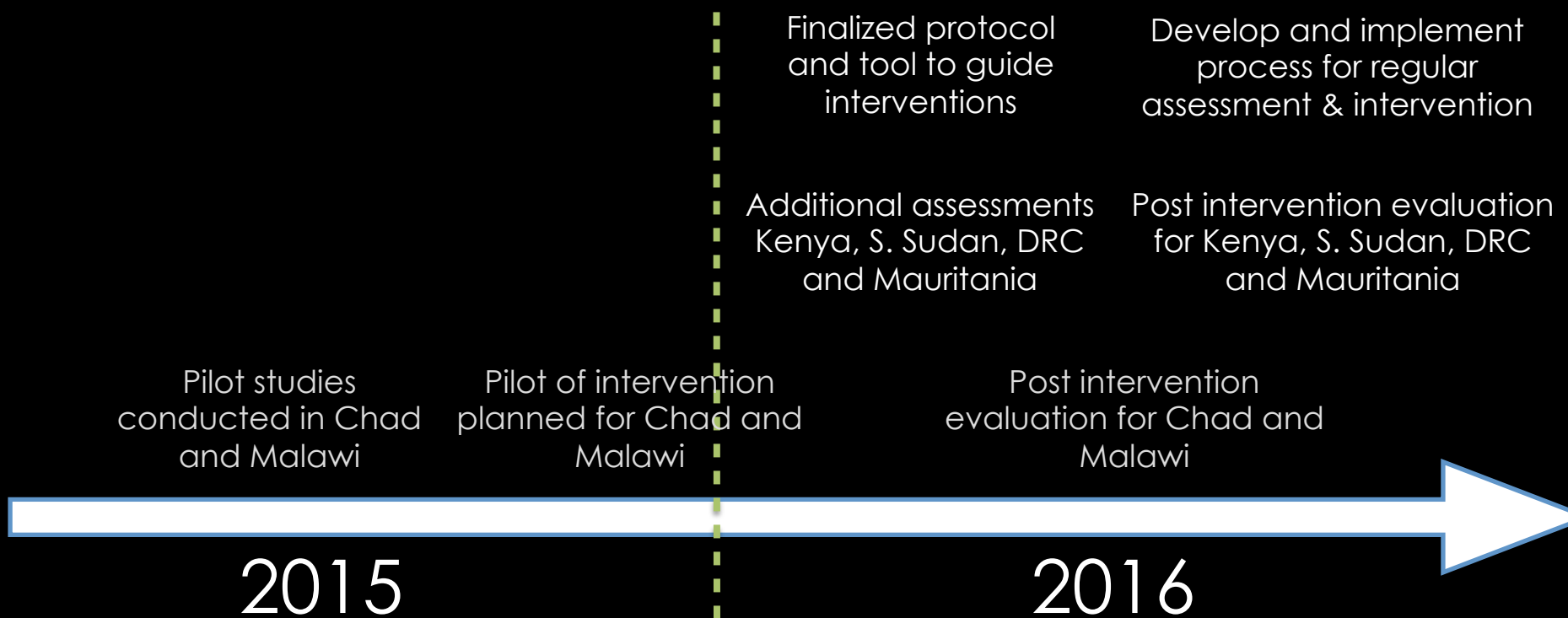
Today not a vaccination day
False contraindications



World Health Organization

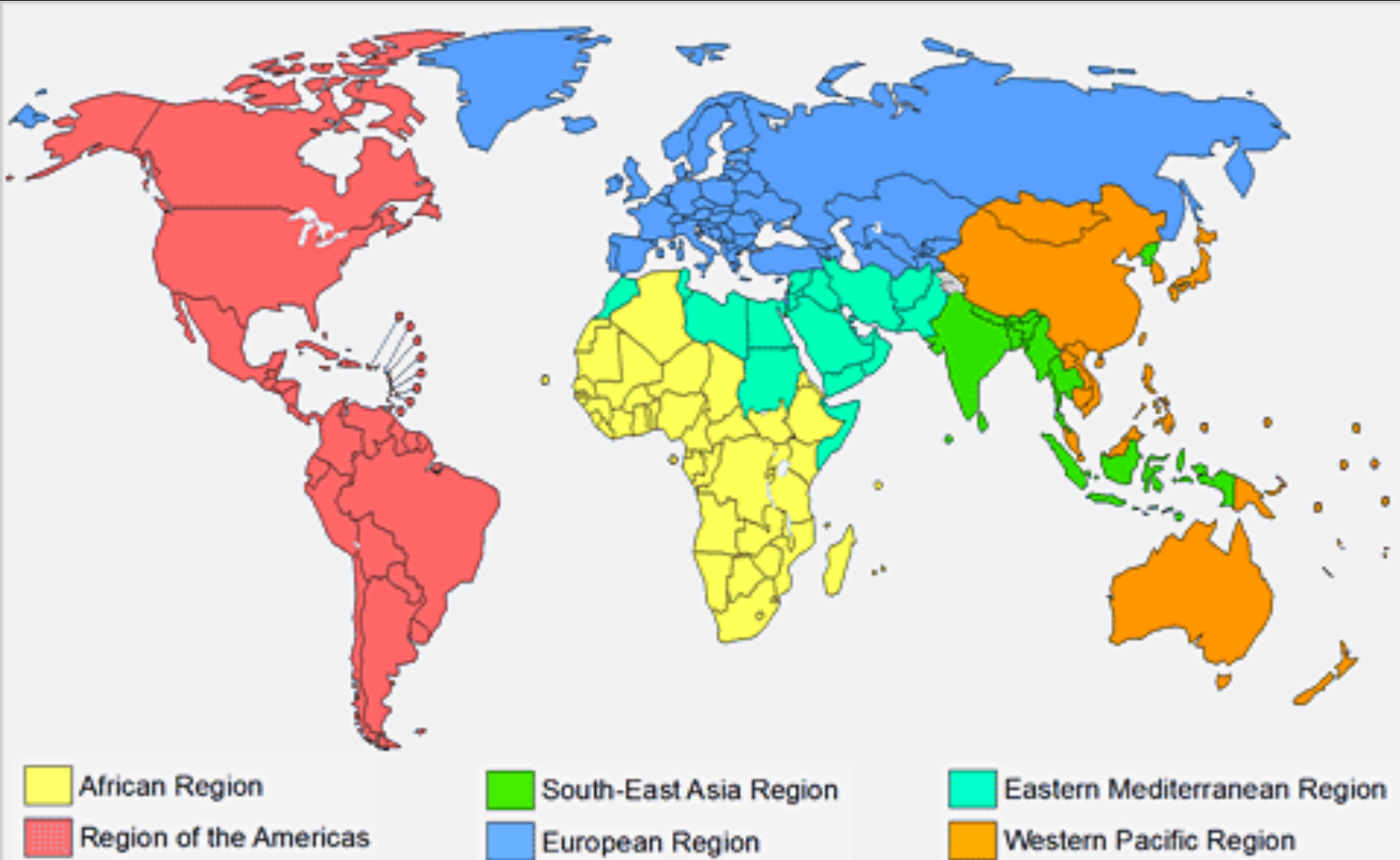
What are the current plans to seize all opportunities for vaccination ?

Low cost, country-driven; allows rapid assessment of MOV;
linked to intervention to address issues.



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A tour of the progress in the Regions

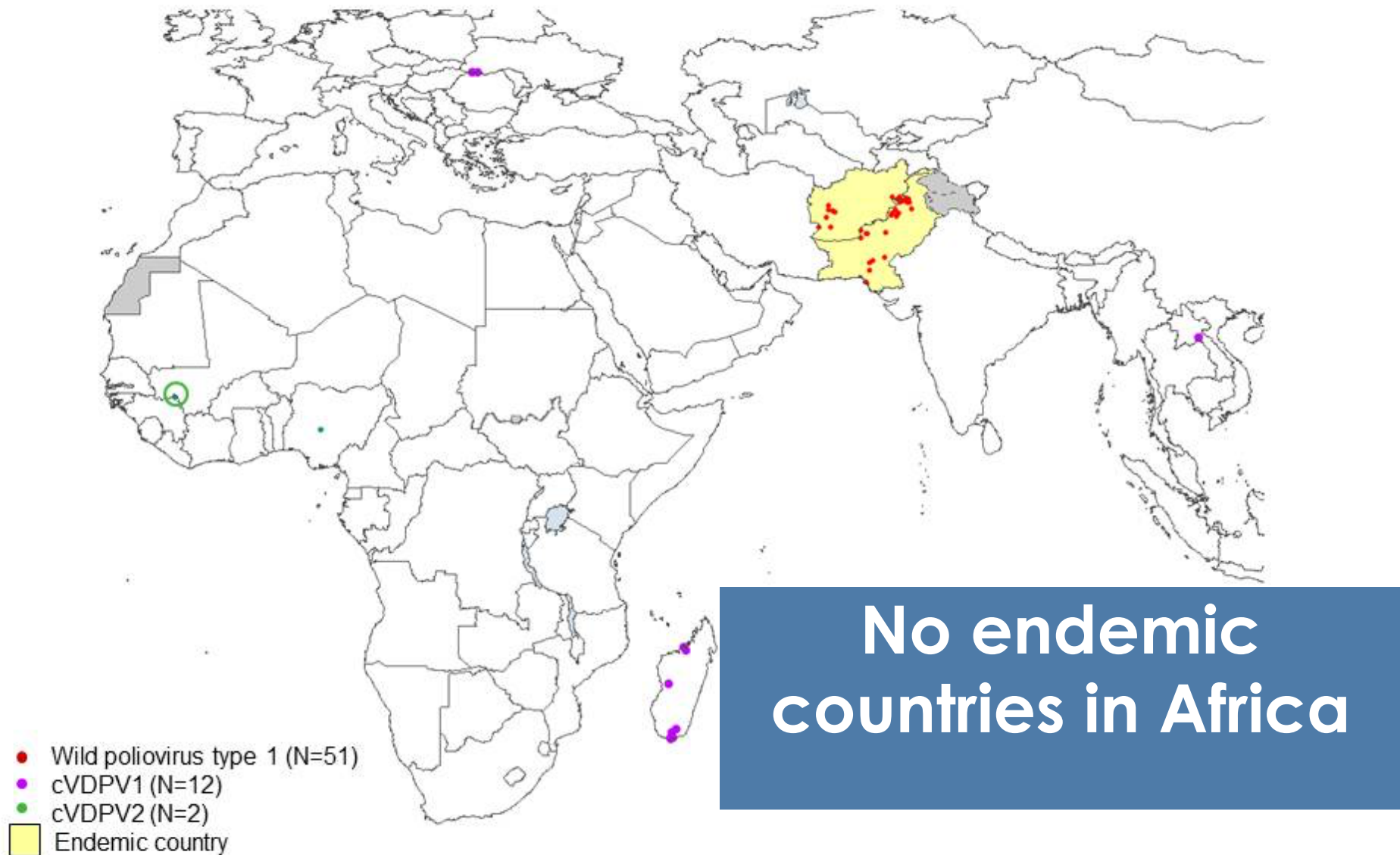


Amidst an international public health emergency due to Ebola, the immunisation programmes in Africa achieved historic milestones towards certification of polio free status



Wild Poliovirus & cVDPV Cases¹, 2015

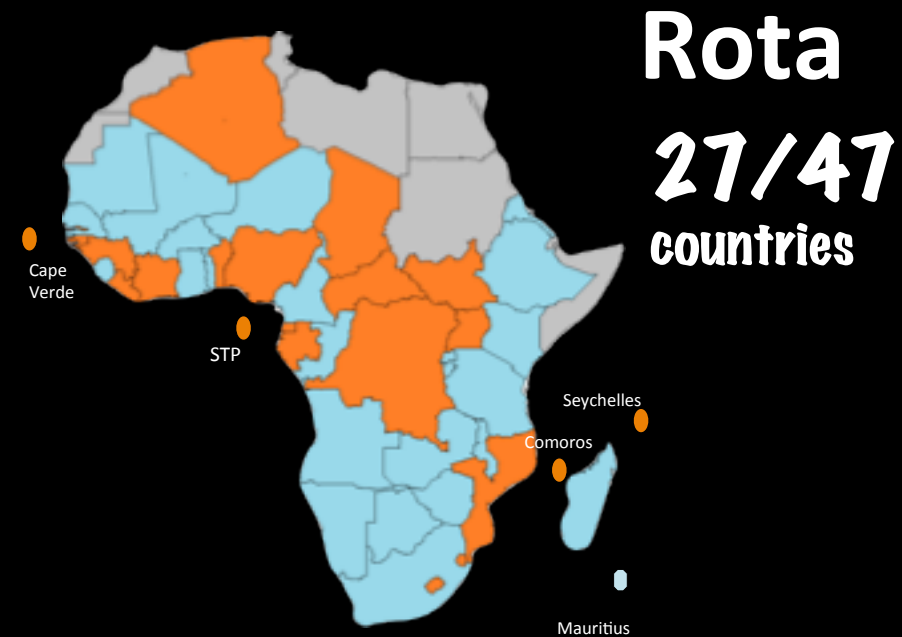
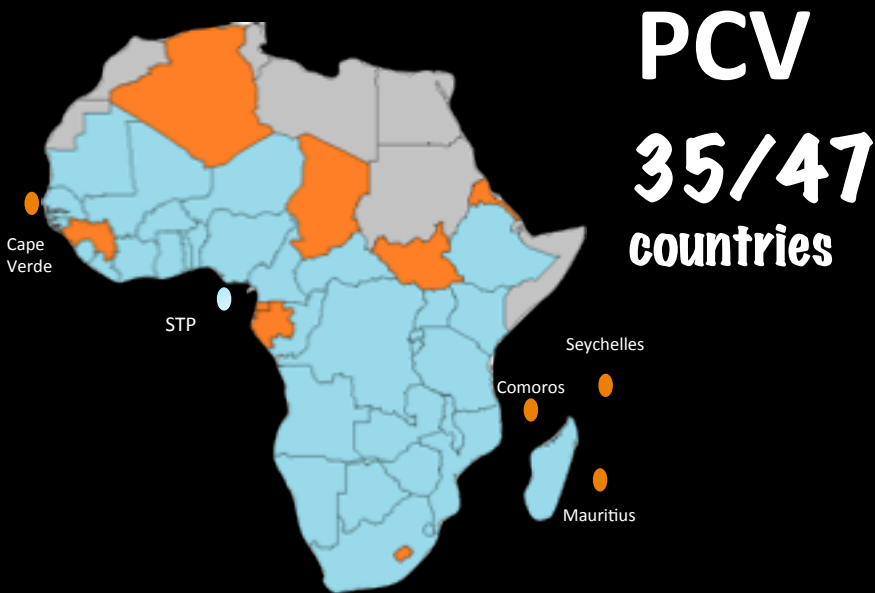
01 January – 13 October



¹Excludes viruses detected from environmental surveillance.

Data in WHO HQ as of 13 October 2015

Progress with new vaccines introduction in AFR



- Introduced in EPI
- Not yet introduced in EPI
- Not an AFR country

- Introduced in EPI
- Not yet introduced in EPI
- Not an AFR country

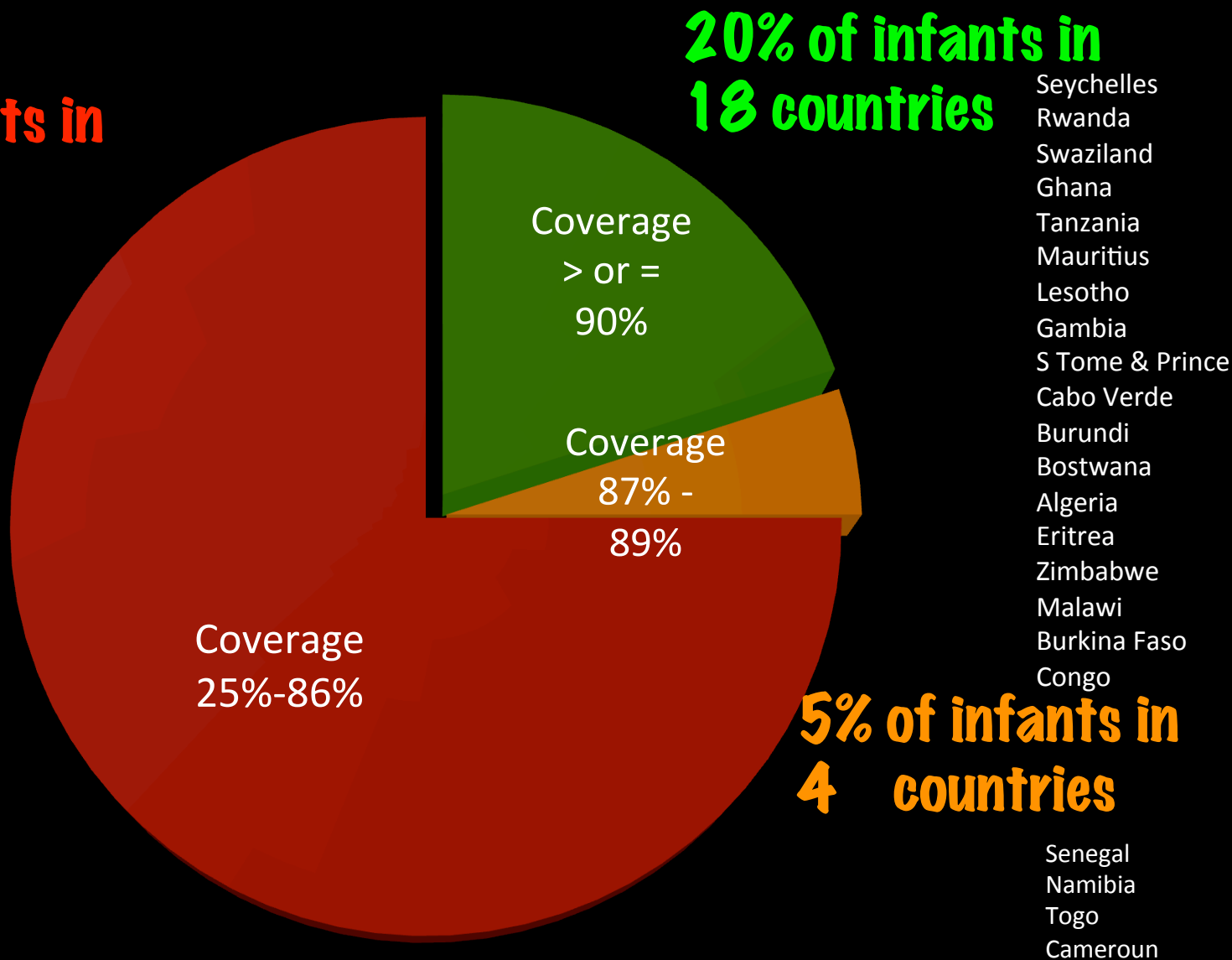
Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Congo, Cote d'Ivoire, Central Afr Rep, DRC, Ethiopia, Gambia, Guinea Bissau, Mauritania, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, STP, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe

Angola, Botswana, Burkina Faso, Burundi, Cameroon, Congo, Eritrea, Ethiopia, The Gambia, Ghana, Kenya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Namibia, Niger, Rwanda, Senegal, Sierra Leone, South Africa, Tanzania, Togo, Zambia, Zimbabwe

AFR countries according to DTP-HepB-Hib3 coverage in 2014

**75% of infants in
25 countries**

Zambia
Mauritania
Sierra Leone
Kenya
Guinea-Bissau
DR Congo
Comoros
Angola
Uganda
Mozambique
Mali
Ethiopia
Madagascar
South Africa
Gabon
Benin
Niger
Guinea
Liberia
Central African Republic
Chad
South Sudan
Equatorial Guinea





**AMR countries
celebrate the
achievements and
commit to
implement an
ambitious plan
for the future**



Pan American
Health
Organization



REGIONAL OFFICE FOR THE

World Health
Organization
Americas

54th DIRECTING COUNCIL

67th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 28 September-2 October 2015

PAHO's Regional Immunization Action Plan (RIAP)



Approved





**XXIII Reunión del Grupo Técnico Asesor sobre
enfermedades prevenibles por vacunación (GTA)
Varadero, Cuba 1-3 de julio del 2015**
“¡Adiós rubéola! ¡Vamos por más!”



In EMR ongoing Middle East geo-political situation inspires bold actions to maintain and increase access to vaccines



Yemen

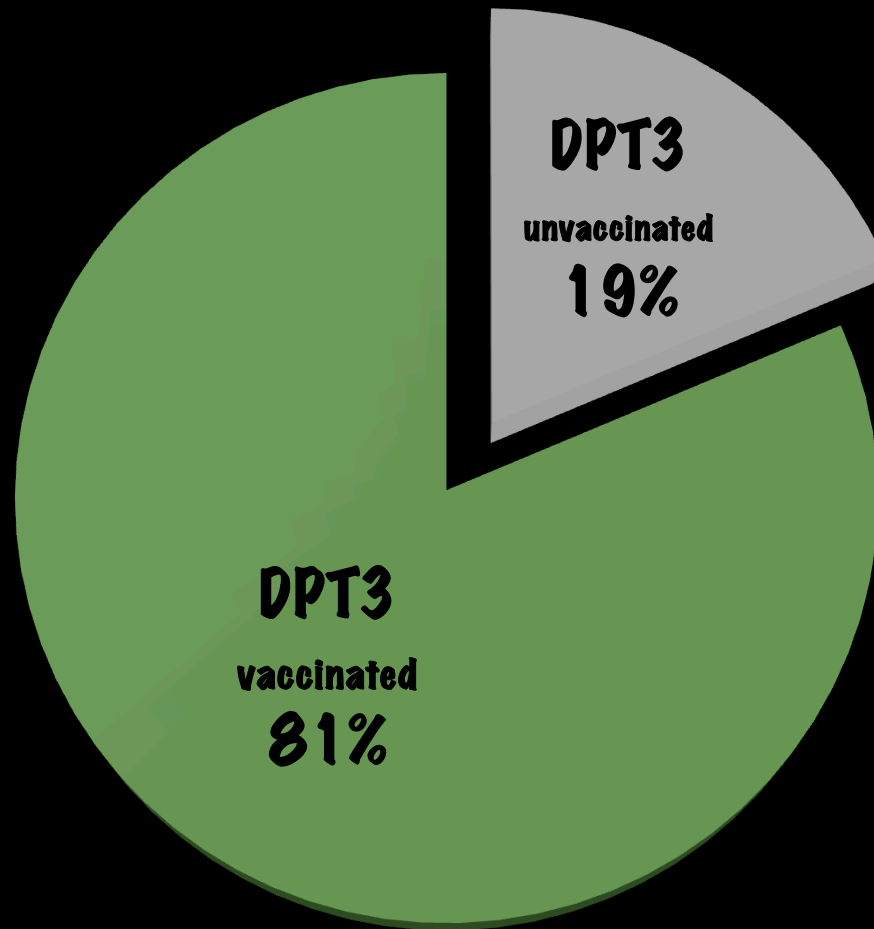
Measles Rubella
campaigns and
Rubella introduction

91%

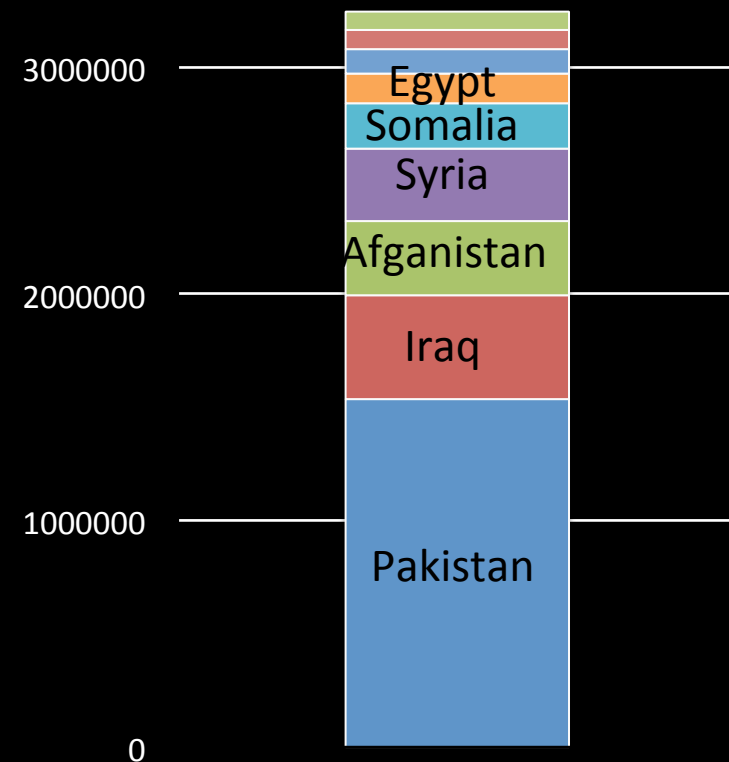
national
coverage*



3.2 million infants did not receive DTP3 in the Eastern Mediterranean Region in 2014



Where do the unvaccinated infants live?





The challenges are to stop polio transmission and to ensure access to ALL vaccines for ALL children in EMR



**In SEAR steady
progress towards
2020 goals
with heightened
Regional
coordination and
accountability
systems**



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Progress with DTP3 coverage in SEAR countries !



Bringing all immunization stakeholders to **ONE** regional meeting

SEAR I-TAG MEETING

Fewer meetings

Main issues are discussed with stakeholders

practicable recommendations

time lines for implementation

Annual review of implementation progress

Opportunities for partners and national EPI teams to discuss and plan required assistance

While sustaining the coverage gains, critical challenges with measles and rubella remain in WPR



8 Non-PICs conducted Nation-wide SIAs
(93.2% of the whole population in the Region)



Progress towards Measles Elimination in WPR

	Categories	Countries, Areas, Epidemiological Blocks
1	Verified as having achieved elimination	Australia, Brunei Darussalam, Cambodia, Japan, Macao (China), Mongolia, Republic of Korea
2	<36 months since achieving interruption of endemic measles transmission	New Zealand
3	May be ready for verification but additional information needed	Hong Kong SAR (China), Singapore
4	Periods with low/no documented transmission followed by outbreaks	Lao People's Democratic Republic, Pacific islands
5	Ongoing measles virus transmission	China, Malaysia, Papua New Guinea, the Philippines, Viet Nam

Critical challenges to be overcome in WPR

Repeated resurgence of measles in endemic countries

China, the Philippines and Viet Nam

Increased infection and transmission of measles virus among people out of the target of current immunization strategies for measles elimination

infants aged <8 months, adolescents and adults.

several provinces in China, several regions in the Philippines, recent measles outbreaks in Solomon Islands and Mongolia.

Importation-induced large-scale measles outbreaks in countries with residual or accumulated immunity gaps

Lao People's Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands, Viet Nam.

In EUR strategic intra- and intercountry partnerships are being strengthened to raise the profile of immunization and to gain wide-ranging commitment.



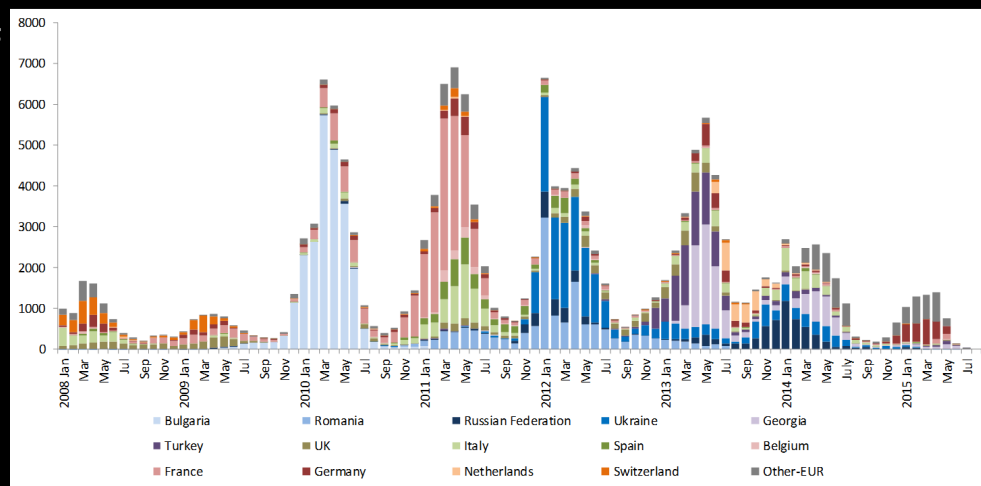
Progress and challenges with accelerated disease control in EURO

Measles and rubella

Region is at a low number of cases since 2010 though outbreaks continue to occur (6015 cases, 43% over 20 yrs of age)

More countries achieving interruption of transmission

RVC reporting to EURO RC in September 2016, elimination status by country



Polio

Outbreak in Ukraine (cVDPV type 1) a response is about to be launched -

Supply issues for IPV and bOPV expedited licensure barriers (20 MS to switch)

Refugees and migrants in the European Region

The European Vaccine Action Plan 2015-2020 recommends that countries include migrants into their routine vaccination programmes.

No association between migration and the importation of infectious diseases.



**European
Vaccine
Action Plan**
2015-2020



Noteworthy recent activities in EUR

Behavioural insight projects currently underway in UK, Kazakhstan and Germany & adaptation of TIP Guide by Wits Uni (SA) for LICs

Resource Mobilization Tool & training programme developed

Vaccine Safety Communication Guidelines and simulation exercise- based training programme developed and delivered in over 15 MS

Continuous medical education online accredited modules developed with the European Society for Paediatric Infectious Diseases (ESPID)

European TAG (ETAGE) New Chair, Professor Adam Finn ; Revised ToRs

43rd NITAG established in Tajikistan



1 in 5 children still do not receive routine life-saving immunizations

**1.5 million children die each year of diseases
that could be prevented by vaccines that already exist.**





World Health Organization

WHO is working with partners to support **all countries** to deliver **quality immunization services** as part of an **integrated, people-centred** platform of disease prevention that spans the human **life-course**.

The core elements of the IVB vision and strategy

**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

SAGE

Position papers published

Enhanced operating processes

Wikipedia project

Methodology discussions



Focus on some topics requiring review and guidance

A SAGE WG on:

Main questions

**Tetanus-
Beyond
maternal and
neonatal tetanus**

Why the previously set elimination target dates have been missed?

How to “reset” the MNT elimination agenda in a sustainable manner, and including looking into the risk of tetanus in other groups?

**Oral cholera
vaccines**

Can updated recommendations for endemic settings (“hotspots”), humanitarian emergencies and outbreaks be developed?

Can revised vaccination strategies for all groups be recommended in view of the evidence on Controlled Temperature Chain, single dose, self-administration co-administration, ring vaccination?

SAGE 2016 - 2017 meetings

Selected topics on the horizons

Cross-cutting

Implementation
Missed opportunities and immunization platform in 2nd year
Vaccine shortages
GVAP monitoring of implementation
Use of vaccines in immunocompromised populations
Strategies to reach older age groups
Involvement of the private sector
Strengthening NITAGs
Maternal vaccination
Emergency vaccine development
Implementation of immunization in emergency situations

Vaccine specific

Polio eradication
MNT elimination strategy
Dengue
Ebola
RSV
Measles and rubella elimination
Hepatitis B
Oral cholera vaccines
Impact monitoring
Typhoid
TB
HPV
Rotavirus



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