

Decade of Vaccines

Global Vaccine Action Plan

GVAP Secretariat report 2015

**Update actions on taken by the secretariat in
response to previous reports**

Dr Thomas Cherian on behalf of
the DoV GVAP Secretariat

SAGE, Geneva, 22nd October 2015

BILL & MELINDA
GATES foundation



unicef 



Outline

- Feedback from discussions on GVAP at the WHA 2015
 - Main assembly GVAP session
 - Side meeting on countries with low routine immunization (RI) coverage rates
- Progress with GVAP implementation
 - Regional and country implementation
 - Addressing data quality issues
 - Improving immunization coverage
 - Vaccine supply and pricing
- Update on «New» GVAP indicators

GVAP at WHA68, May 2015

- **Strong interest**

- 52 speakers: 46 representatives from Member States (MS), one observer, 4 civil society organizations and GAVI, the Vaccine Alliance

- **Appreciation and endorsement of the report**

- Delegates welcomed the GVAP assessment report & recommendations and commended the SAGE and WHO on the report.
- Support for convening poor-performing countries during WHA

- **As in previous years, focus on vaccine supply and pricing**

- Led to a resolution being tabled and a further 50+ interventions on the resolution during a 2nd GVAP session (with strong debate++)

Convening countries off-track for meeting coverage targets

Side-technical meeting during the WHA, convening countries with low DTP3 national coverage, May 2015

- Focus on countries with low DTP3 national coverage but also inviting other countries to share success stories
- High level participation from secretariat agencies
- Aim: finding solutions and calling for accountability
- Distribution of country score cards for RI

http://www.who.int/immunization/global_vaccine_action_plan/en/

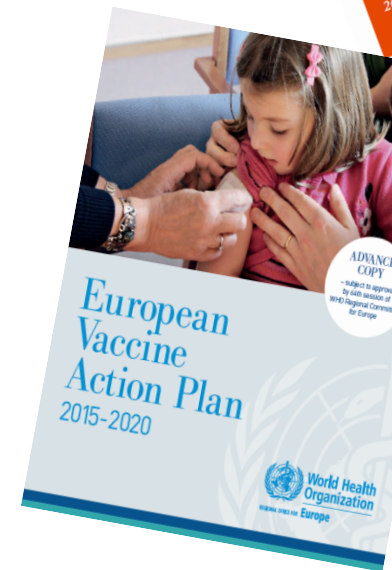


Did the meeting achieve its objectives?

- **Difficult governing body processes** and inevitable delays in issuing invitations
- **Low turn out of invited countries** despite several incentives to get them to come, including presence of DG and ADG
 - MS Delegates are not often the ones knowledgeable about immunization
 - Reluctance to be part of a “poor performers club”
- Agenda, which was meant to be a dialogue between countries and partners and a mix of achievements and challenges did not turn out that way
 - Missing presenters...

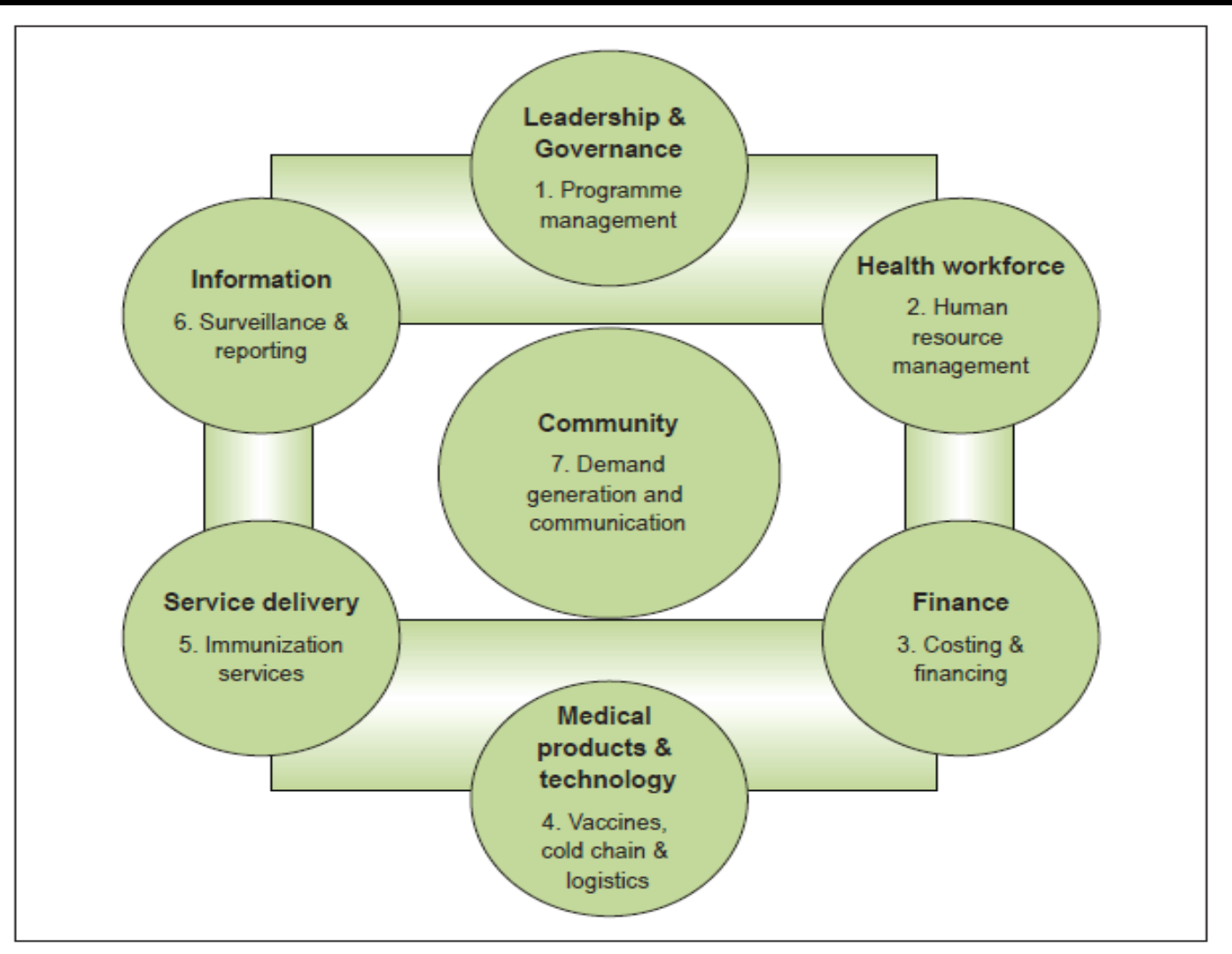
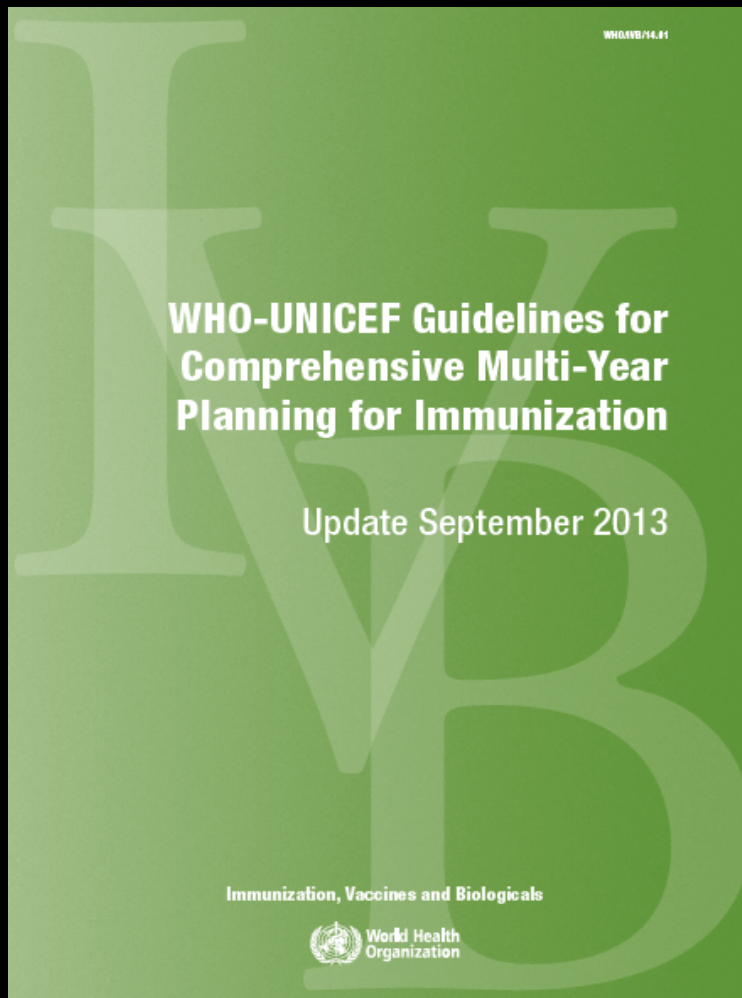
Development of Regional Action Plans

- **AFR: Regional Strategic Plan for Immunization** (2014–2020) adopted at RC, November 2014
- **AMR: *Plan de Acción sobre Inmunización para la Región de las Américas (RIAP)*** adopted at RC in September 2015
- **EMR: Eastern Mediterranean Vaccine Action Plan** adopted by RC in October 2015
- **EUR: European Vaccine Action Plan** adopted by the RC, October 2014
- **SEAR: “Strategic plan 2014-2017 “** available up to 2017 and under revision to make RVAP
- **WPR: Regional Framework for Implementation of GVAP** adopted at the RC, October 2014
- **African Ministerial Meeting (AFR + EMR)** planned for Feb 2016



The cMYP: basis of implementation of the GVAP

Data driven and systems-oriented approach to planning



Improving data quality: developing a common vision

- **A common vision** for immunization data: updated companion document (to replace the Global Framework for Immunization Monitoring and surveillance - GFIMS) under development
 - Focus on data on **service delivery** (immunization and logistics); **disease surveillance**; **safety surveillance**

Data** are considered to be of “**good quality**” if they contribute to a **complete, unambiguous, meaningful and correct inference of the status of an immunization system and allow managers to take timely actions to optimize the performance and impact of the programme.

Improving quality of data on coverage and equity

Administrative data

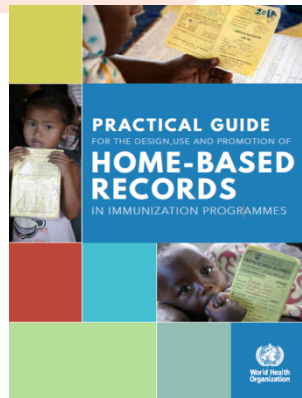
- Redesign and scale up of home-based records
- Reference guide for collecting, assessing and using immunization data, includes use of Information & Communication Technologies
- Assessment of information systems and data verification
- Assessment and improvement of target population data

Coverage surveys

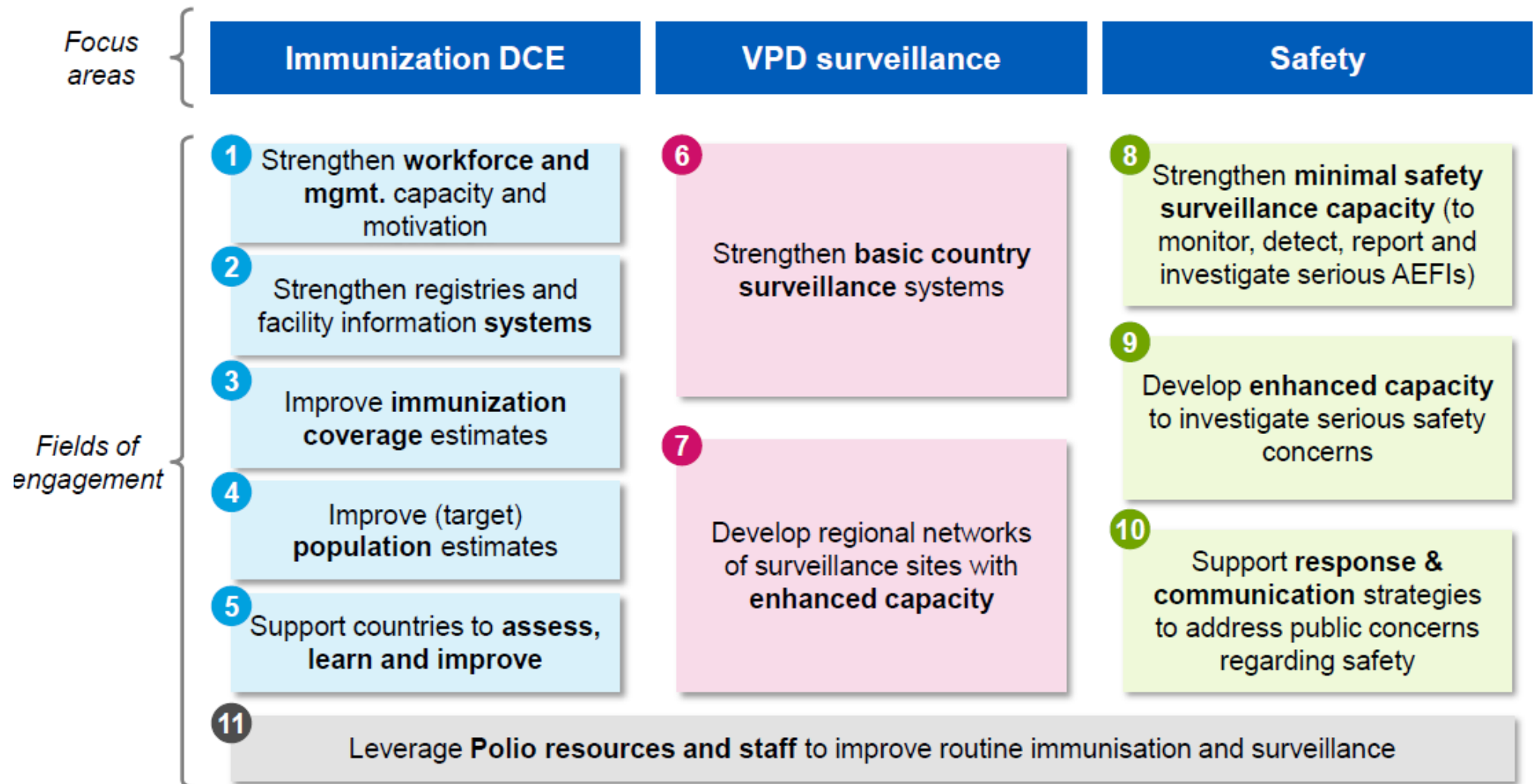
- Updated and standardized survey methods
- More strategic use of cluster surveys, Lot Quality Assurance Surveys at national and subnational levels

Analysis and use

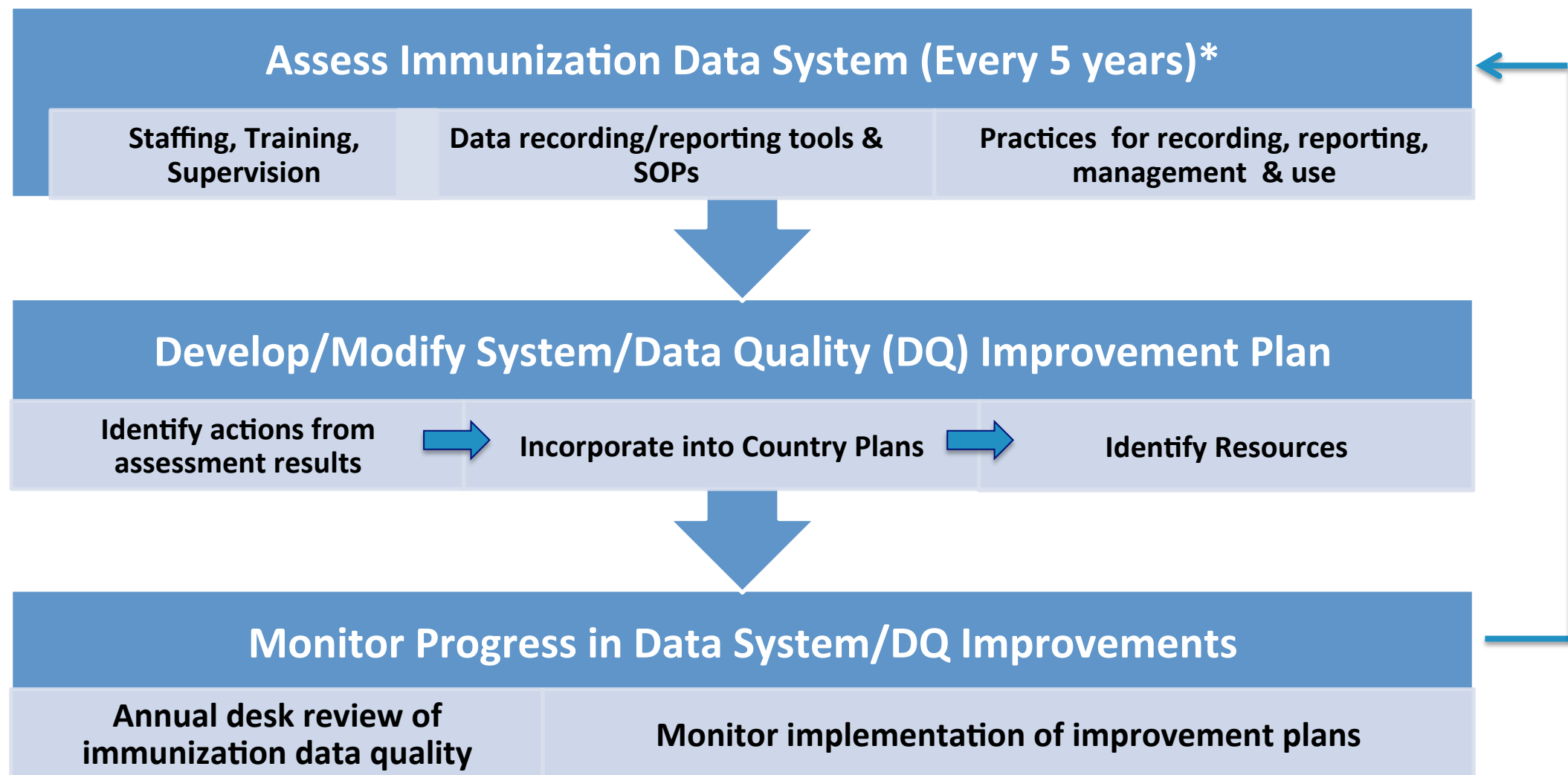
- Tools for district level data analysis and visualization tools
- Promotion of regular reviews and use of data at all levels for monitoring and accountability



Gavi: Strategic Focus Area on Data



Monitoring and improving administrative immunization data





Global Routine Immunization Strategies & Practices (GRISP)

**Nine
Investments for
strengthening
routine
immunization
delivery**

Addressing Missed Opportunities: Project goal

- The primary goal of this project is to promote a simple but effective approach for assessing and reducing missed opportunities for vaccination
 - in a low/middle-income setting
 - and thereby institutionalize the reduction of missed opportunities as a standard practice in health care settings
- Reducing MOVs may contribute towards achieving the GVAP indicators, e.g.
 - *Number of member states that reach 90% national coverage and 80% in every district or equivalent administrative unit, with three doses of DTP-containing vaccines*



Proposed programmatic steps

Assessment of MOV

- Health facility exit interviews
- Health worker interviews
- Focus Group Discussions
- Key informant interviews

Brainstorming on potential interventions

- At district level
- At national level
- What interventions are feasible in the local context?

Debrief with HF/ MOH/Partners

- Presentation of results
- Questions/ comments on validity of findings
- Shaping of draft report

Implementation of interventions

- 6-12 months
- Seek collaboration across local partners and funding streams

Re-evaluation

- 1-2 years



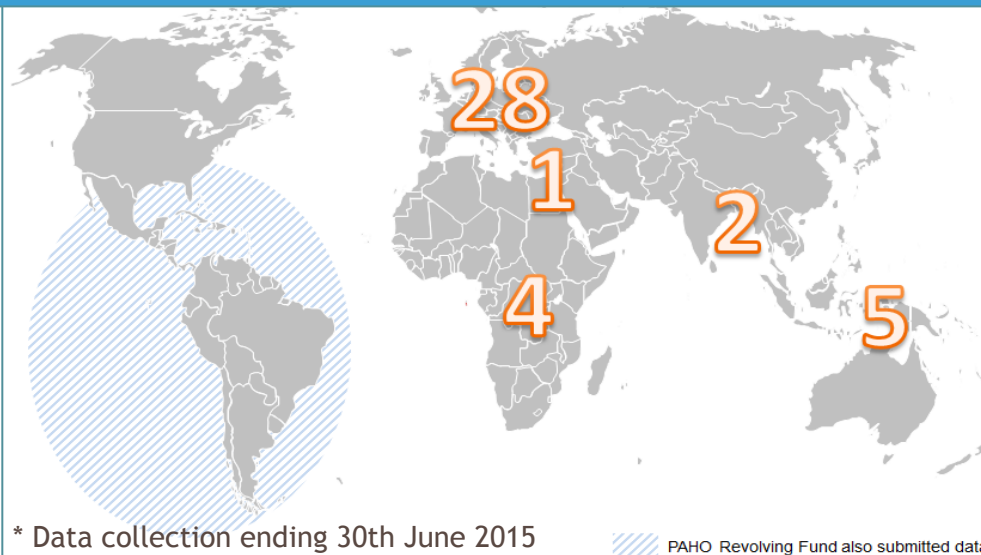
40 countries have shared their vaccine price information with V3P



Great progress done in 2015*...

40 countries 

5 regions
+ PAHO & UNICEF



Linked with **JRF**

>3200 users 

172 vaccines 

... that needs to be built upon

- ✦ 53 MICs missed - including 37 countries in transition from Gavi and non-Gavi supported MICs
- ✦ Imbalance between regions
- ✦ Reasons for not sharing prices could be further analysed
- ✦ WHA resolution 68.6 (GVAP): all countries encouraged to share vaccine price data with WHO



Great momentum and an opportunity to move forward

Update on “new” GVAP indicators

New indicators reviewed by SAGE GVAP Working Group (WG)

- Composite indicator to assess data quality
- Vaccine safety
- Integrated service delivery
- Community demand

ACCEPTED

ACCEPTED

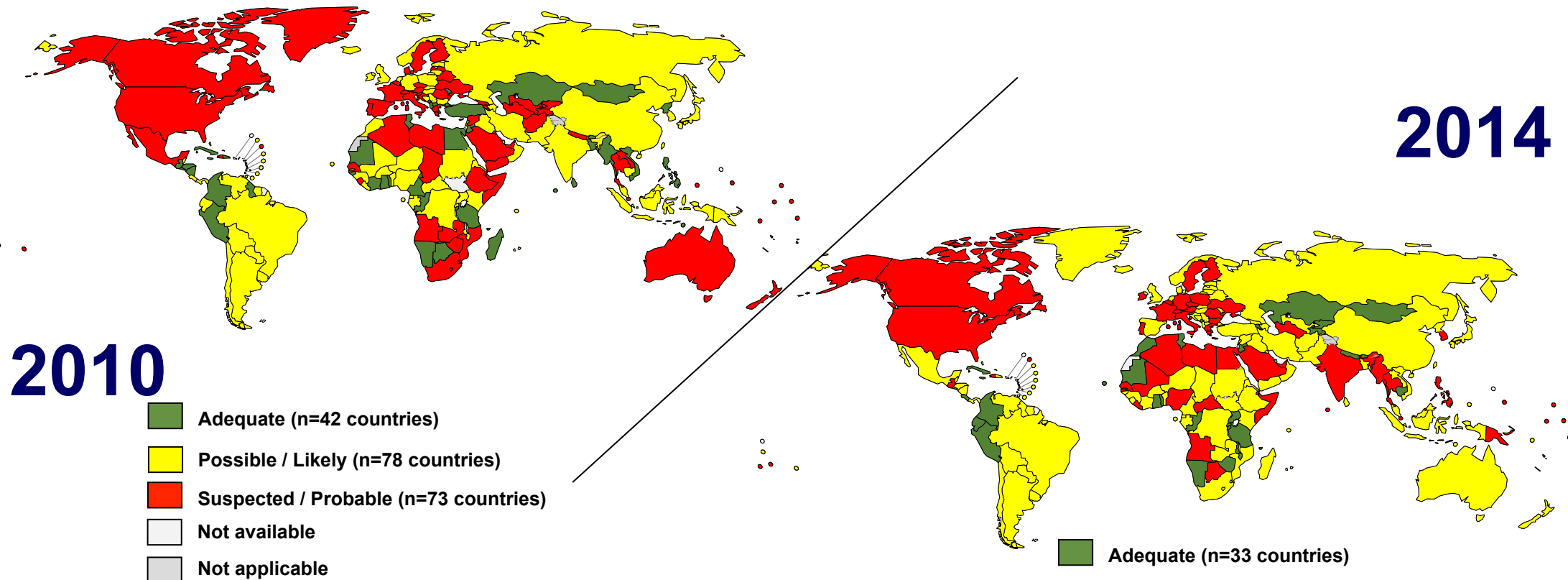
REJECTED

UNDER
DEVELOPMENT

Data quality Indicator

- Discussed in March and September 2015
- Based on previous discussion at SAGE WG, a multi-dimensional indicator developed, including:
 - Completeness of reporting
 - Internal consistency: admin coverage numerator
 - Internal consistency: admin coverage denominator
 - External consistency: administrative coverage
- Results of assessment of data quality, based on this indicator using available data presented to WG

Results of 4 dimension DQ assessment: 2010 v 2014



Data Source:
Map production: Immunization Vaccines and
Biologicals, (IVB), World Health Organization
Date of slide: 28 August 2015

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 may not yet be full agreement.
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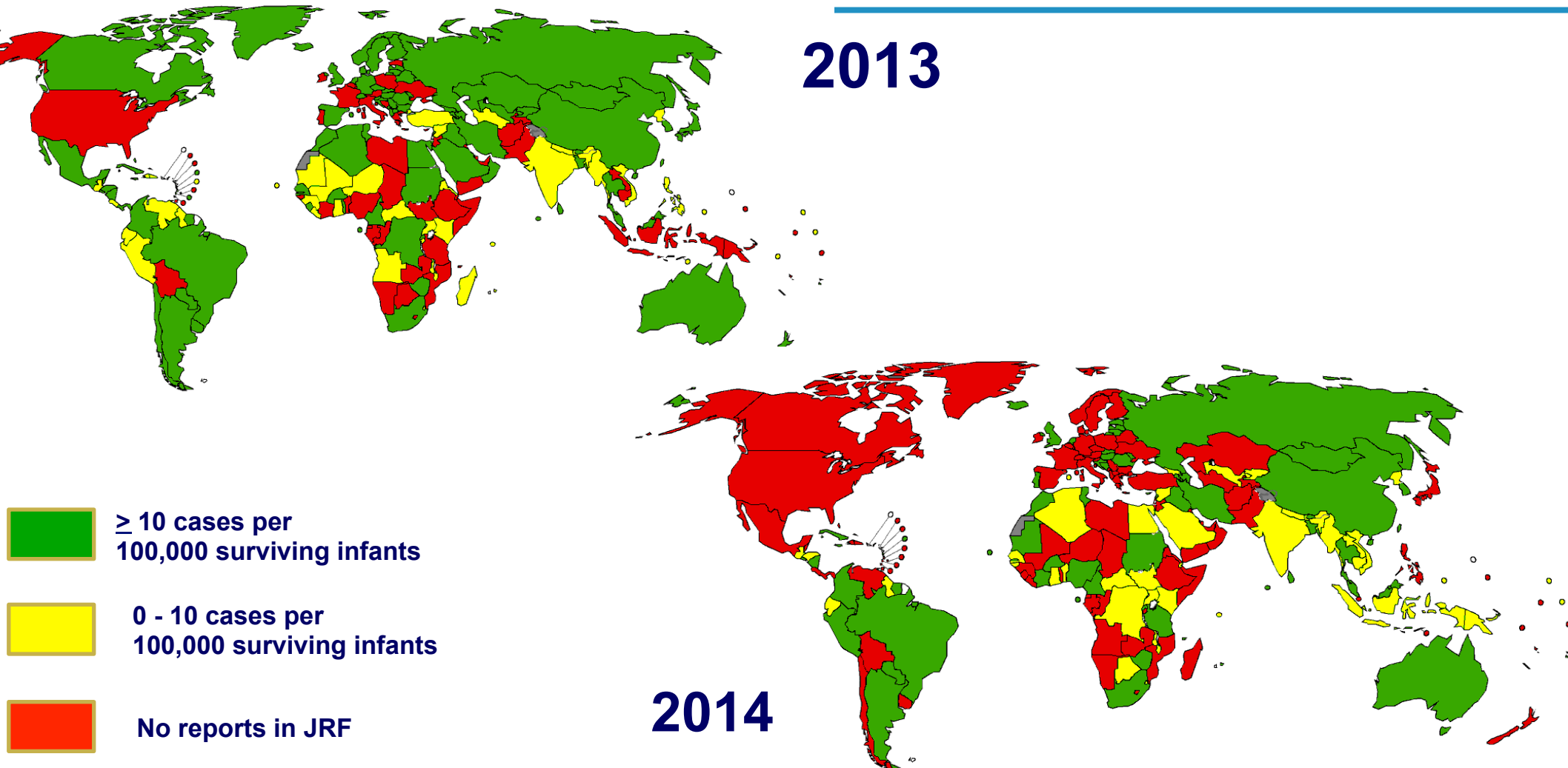
Among the 125 countries...

- 20 Member States observed with at least one instance of data quality in each of the three categories
- No real discernible trend across the years
- Indicator reflects data quality, not the quality of the indicator
 - moves from Red to Green: reasonable?
 - moves from Green to Red: reasonable?
- Cross country comparisons reasonable?

SAGE GVAP WG did not accept this indicator and advised using the data quality requirements to monitor

country	2010	2011	2012	2013	2014
Armenia	Red	Yellow	Green	Green	Green
Bangladesh	Green	Green	Red	Yellow	Yellow
Bosnia and Herzegovina	Yellow	Green	Red	Red	Yellow
Botswana	Green	Yellow	Yellow	Red	Red
Côte d'Ivoire	Red	Red	Red	Red	Yellow
Congo	Green	Red	Green	Green	Green
Dominican Republic	Yellow	Yellow	Red	Red	Green
Egypt	Yellow	Red	Red	Red	Red
El Salvador	Yellow	Red	Yellow	Yellow	Yellow
Ghana	Green	Green	Red	Yellow	Red
Guatemala	Yellow	Yellow	Red	Red	Red
India	Yellow	Yellow	Red	Red	Red
Indonesia	Yellow	Yellow	Red	Red	Red
Kenya	Yellow	Yellow	Red	Red	Red
Madagascar	Yellow	Yellow	Red	Red	Red
Mali	Yellow	Yellow	Red	Red	Red
Morocco	Yellow	Yellow	Red	Red	Red
Myanmar	Green	Yellow	Green	Green	Green
Nepal	Red	Yellow	Green	Green	Green
Sierra Leone	Red	Green	Red	Yellow	Yellow
Swaziland	Red	Red	Green	Red	Yellow
Uganda	Yellow	Yellow	Red	Red	Green
Viet Nam	Green	Green	Red	Red	Yellow
Zambia	Red	Green	Green	Green	Yellow
Zimbabwe	Red	Red	Yellow	Yellow	Green

AEFI (all) reporting* by Countries in 2013 & 2014



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Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization
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GVAP Indicator for minimal capacity on vaccine safety

AEFI reporting ratio in surviving infants* from a country per year. This is calculated as;

$$\text{AEFI reporting ratio per 100,000 surviving infants per year} = \frac{\text{Number of AEFI cases reported from a country per year}}{\text{Total number of surviving infants in the country per year}} \times 100,000$$

The target proposed is at least 10 reports cases per 100,000 surviving infants per year.

*An estimate of Surviving Infants can be calculated by subtracting the number of children who die before they reach their first birthday from the number of children born during that year. Number of children dying during the first year of their life can be estimated by dividing the number of births by 1000 times the infant mortality rate (IMR), where the infant mortality rate is expressed as number of infant deaths per 1000 live births.

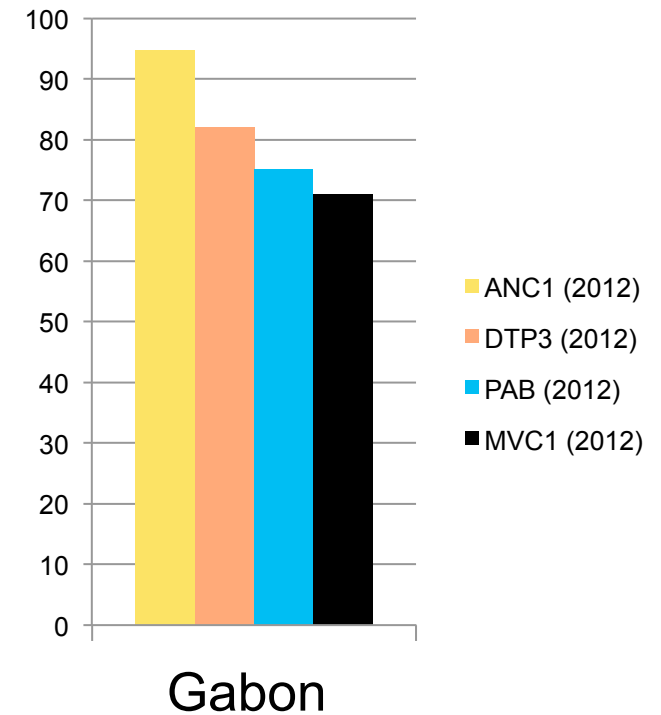
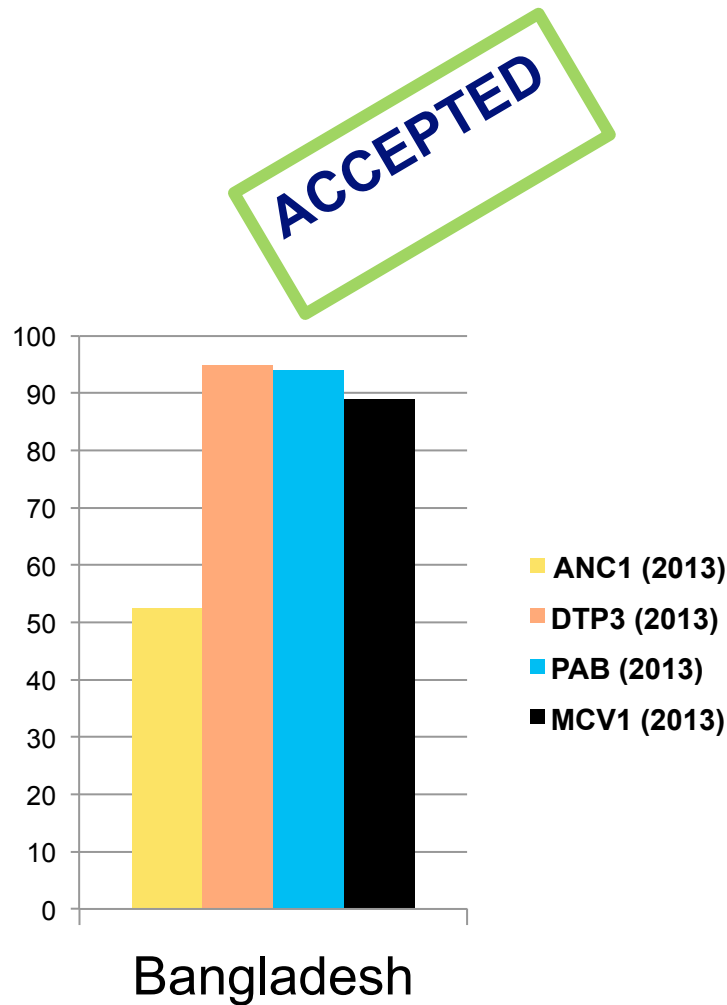
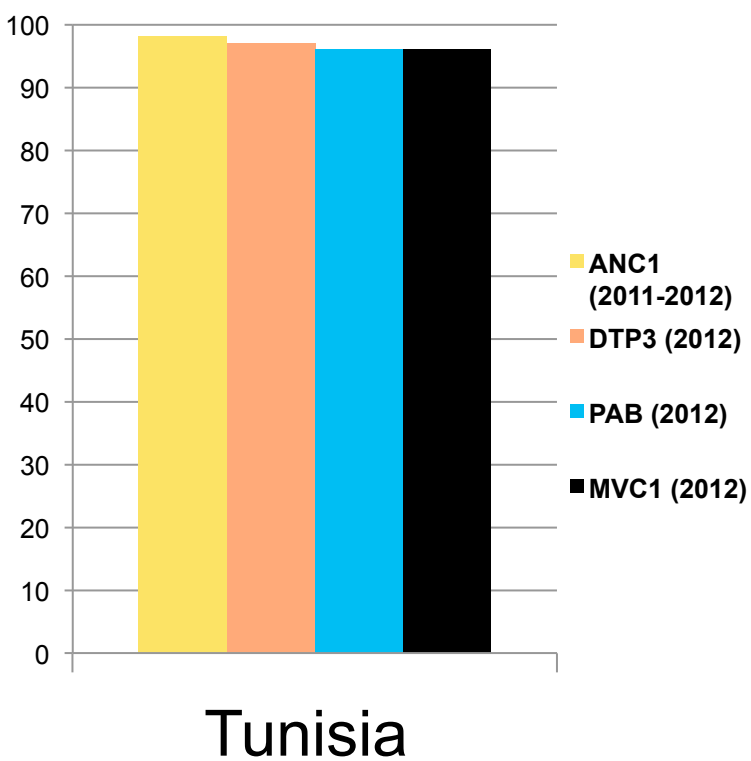
Integration

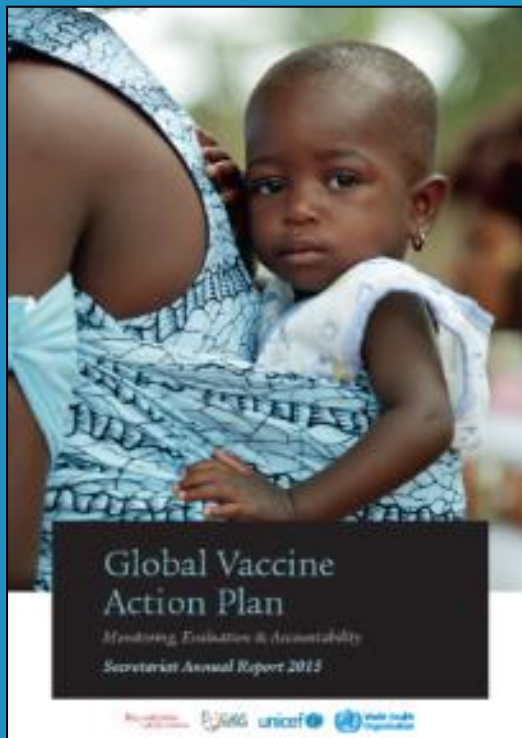
Comparative coverage of the first antenatal visit (ANC1), protection at birth against neonatal tetanus (PAB), third dose of DTP (DTP3), and first dose of measles containing vaccine (MCV1)

Rationale

- ANC visits should provide opportunities to vaccinate pregnant women with TT and to counsel on the importance of childhood immunizations
- Childhood immunization visits could provide opportunities to vaccinate mothers to ensure their protection for future pregnancies and improve attendance at ANC
- SAGE has linked the failure of integration with missed opportunities for immunization; missed opportunities studies are not consistently available for the same populations over time, so this indicator will be explored as a proxy for these studies

Illustrative examples





http://www.who.int/immunization/global_vaccine_action_plan/en/
<http://www.technet-21.org/resources/gvap-indicators>