

2015 ASSESSMENT REPORT OF THE GLOBAL VACCINE ACTION PLAN

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On behalf of

SAGE Decade of Vaccines Working Group

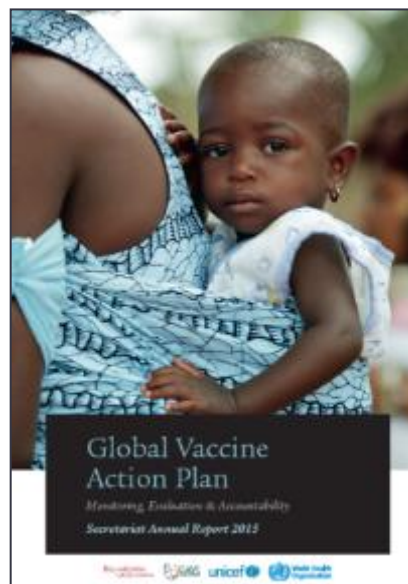
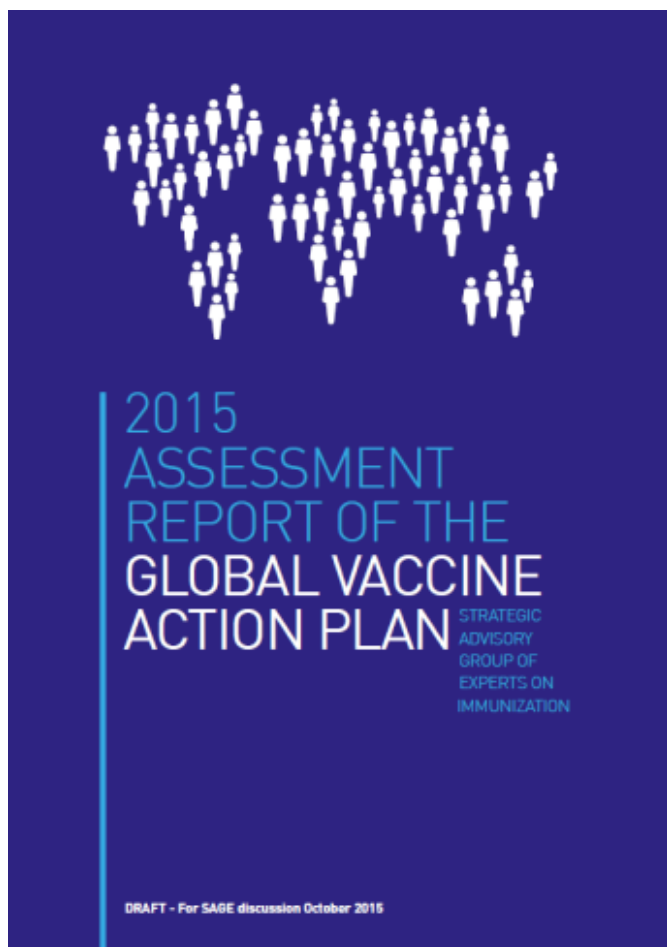
22 October 2015

Draft SAGE GVAP assessment report 2015

In SAGE Yellow book (20p, p 433-456)

Assessment is based on:

- **GVAP Secretariat report 2015** (246p)
http://www.who.int/immunization/global_vaccine_action_plan/en/



- **GVAP Data Visualization on Technet21**
<http://www.technet-21.org/resources/gvap-indicators>
- **2 face-to-face SAGE DoV WG meetings** (April and September 2015)

GVAP targets

2020

- 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**

2015

- **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 LMIC have introduced one or more such vaccines by **2015**

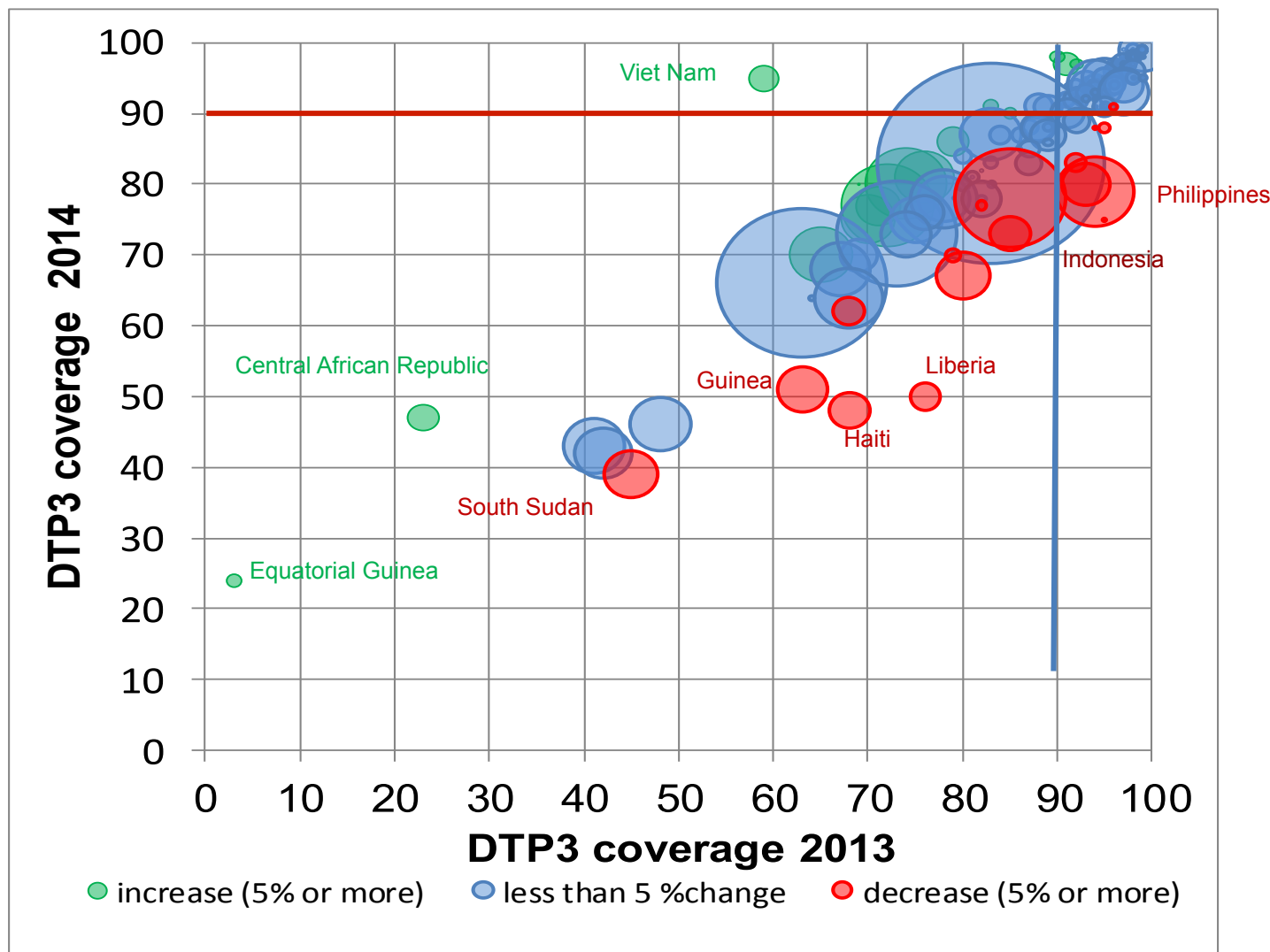
Progress assessment - headlines

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

DTP3 < 50% IN 7 COUNTRIES IN 2014 : SEVERAL AFFECTED BY CONFLICT*

Equatorial Guinea	24
South Sudan *	39
Somalia *	42
Syrian Arab Republic *	43
Chad	46
Central African Republic *	47
Haiti	48

DTP3 coverage change 2013 - 2014 and size of under and unvaccinated infants in 2014



**Reasons for un- and under-vaccination:
remain the same...**

MATERNAL AND NEONATAL TETANUS: 24 COUNTRIES YET TO ACHIEVE ELIMINATION IN 2014

ANGOLA	CAMBODIA	DEMOCRATIC REPUBLIC OF THE CONGO	EQUATORIAL GUINEA	ETHIOPIA	GUINEA	INDIA	INDONESIA	MAURITANIA	PHILIPPINES	CHAD	HAITI	KENYA	NIGER	NIGERIA	PAKISTAN	PAPUA NEW GUINEA	SUDAN	AFGHANISTAN	CENTRAL AFRICAN REPUBLIC	MALI	SOMALIA	SOUTH SUDAN	YEMEN
10 COUNTRIES CLOSE TO ELIMINATION										8 COUNTRIES ARE DRASTICALLY BEHIND DESPITE RELATIVELY STABLE POLITICAL SITUATION								6 COUNTRIES ARE BEING SET BACK BY POLITICAL INSTABILITY					

*Cambodia, India, Madagascar and Mauritania were validated in 2015

Reported Measles Incidence Rate* and Countries with largest number of reported measles cases

Apr 2014 to Mar 2015 (12M period)

Georgia: 2,387

Egypt: 2,712

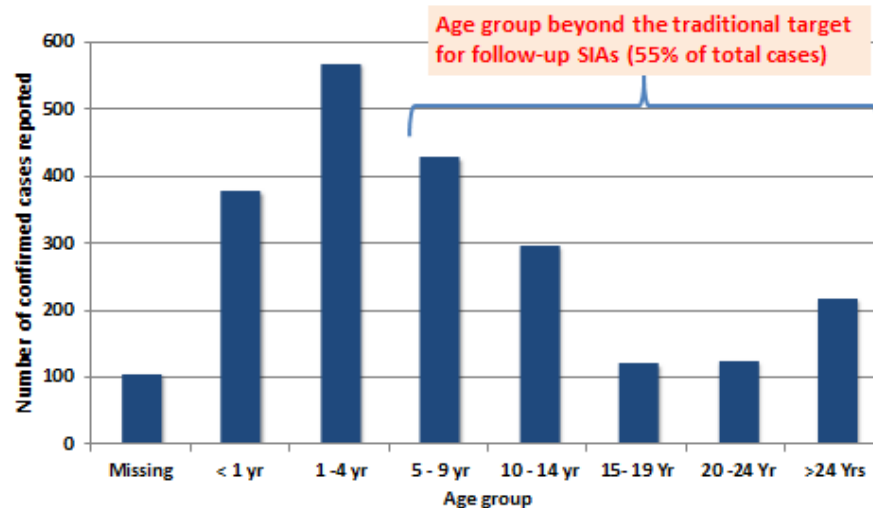
Nigeria: 3,736

Ethiopia: 14,923

Somalia

DR Congo

Age distribution of confirmed measles cases. Kenya (N=2230) . 2012



*Rate per 1'000

Data source: Monthly reporting national bulletins or other sources

^a DR Congo Bulletin hebdomadaire

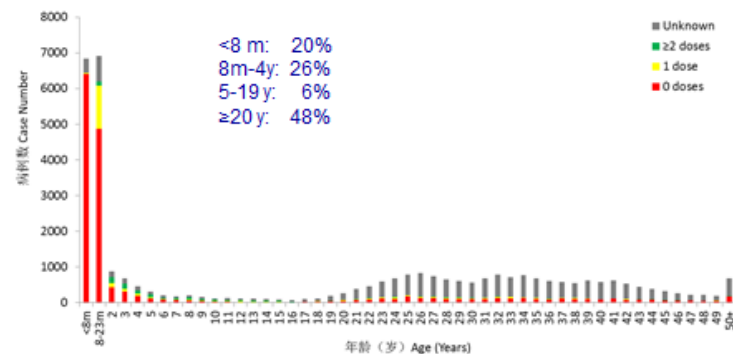
^b Somalia Weekly Police Report

^c India WHO UNICEF Joint Reporting Form for 2014 data

to WHO HQ

Not applicable

Age distribution of measles cases China, Jan-May 2014



Relatively narrow age-based risk groups to target for vaccination. It is much difficult to identify when a high proportion of adults are unvaccinated, primary vaccine failed or second vaccine failed, and many may still be susceptible to measles in China.

Indonesia: 6,959

Philippines: 19,773

Papua New Guinea: 2,380

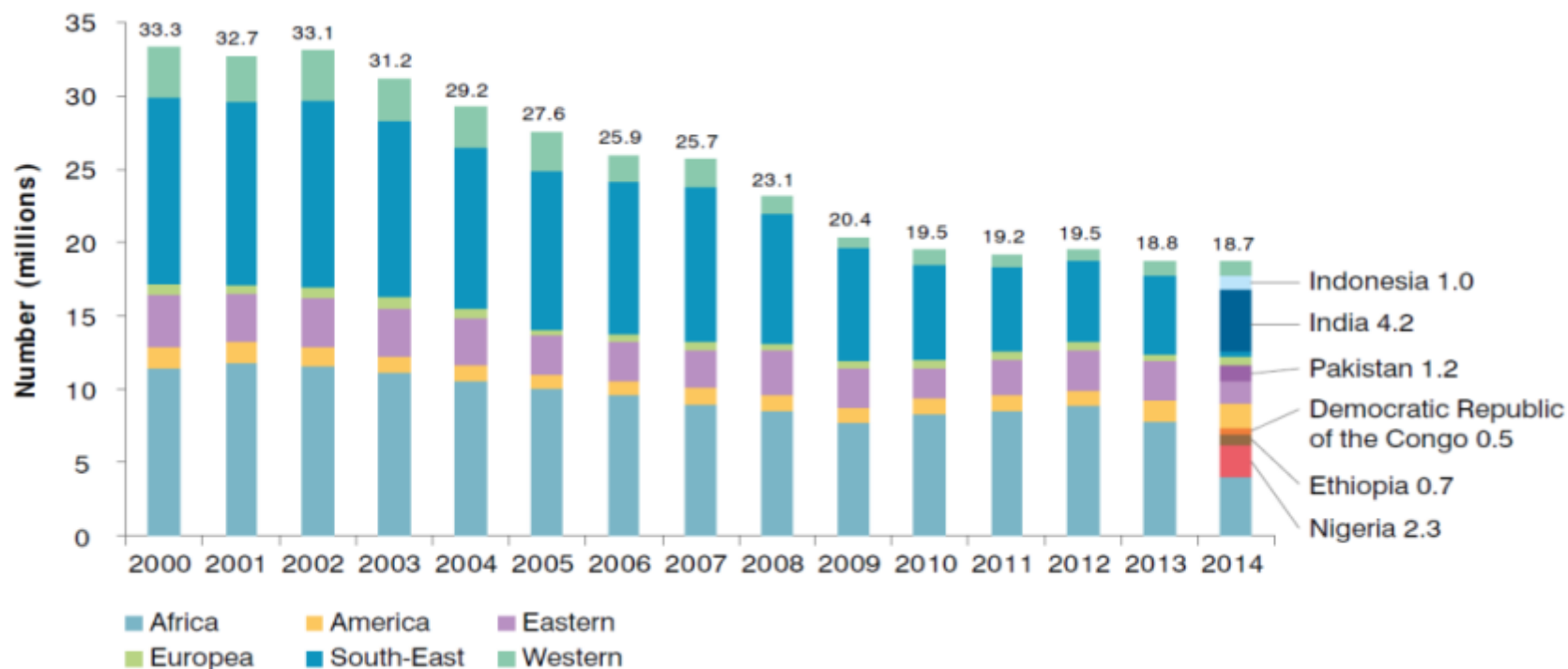
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2015. All rights reserved.



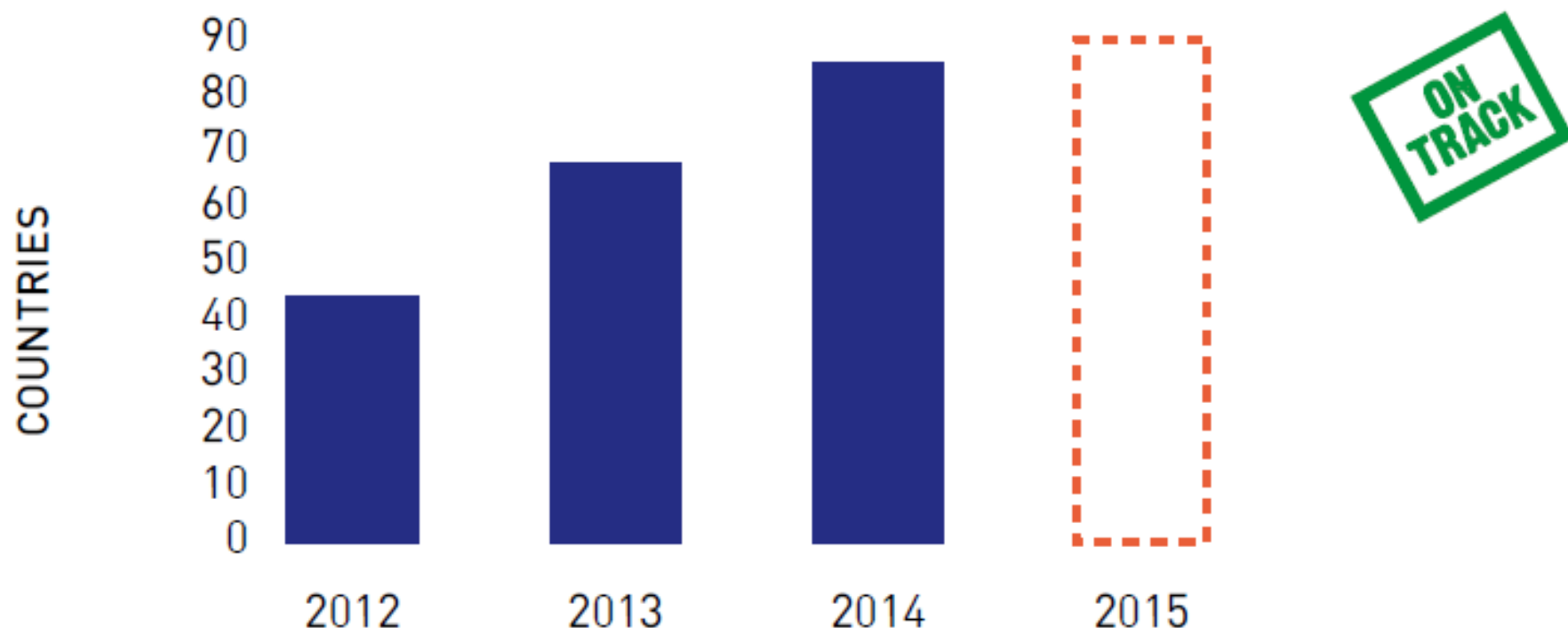
**HOWEVER
SOME SUCCESSES THAT
CAN BE THE NORM**

DTP3 COVERAGE: SOME IMPROVEMENT IN NUMBER OF UNVACCINATED CHILDREN

- Number of unimmunized children is **now ~18m as compared to ~22m reported in 2013**. This is due to:
 - Revision of coverage estimates for India** that reflects increase in coverage since 2009, based on latest coverage estimates
 - Increasing coverage in other large countries** like Nigeria and Ethiopia



86 LOW- AND MIDDLE-INCOME COUNTRIES HAVE ADDED (AND SUSTAINED) AT LEAST ONE NEW AND UNDER-UTILIZED VACCINE SINCE 2010 (in fact, 128 vaccines)



SUCSESSES WITH DISEASE CONTROL

- FOUR ADDITIONAL COUNTRIES, **INCLUDING INDIA** VALIDATED AS HAVING ELIMINATED MATERNAL AND NEONATAL TETANUS (CAMBODIA, INDIA, MAURITANIA AND MADAGASCAR)
- AFRICA HAS NOT HAD A CASE OF WILD POLIO VIRUS SINCE AUGUST 2014
- AMERICAS FIRST WHO REGION TO BE CERTIFIED AS HAVING ELIMINATED RUBELLA

**WHAT ARE THE COMMON
FACTORS THAT HAVE
ALLOWED SUCCESSES IN
THOSE COUNTRIES ?**

WHAT ARE THE COMMON FACTORS THAT HAVE ALLOWED SUCCESSES IN THOSE COUNTRIES

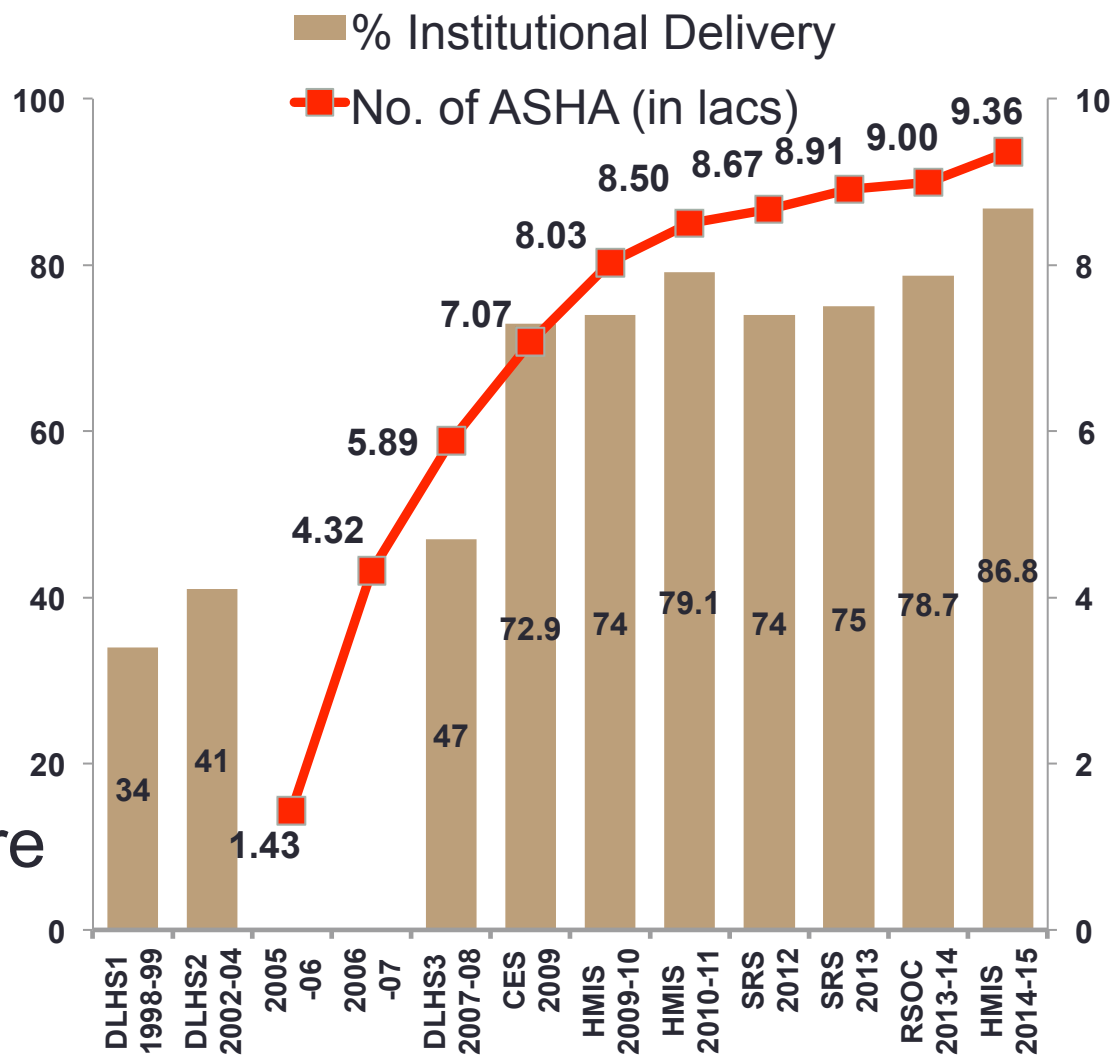
- IMPROVED DATA QUALITY
- COMMUNITY INVOLVEMENT
- AVAILABILITY OF IMMUNIZATION SERVICES
- EFFORTS FOR STRENGTHENING HEALTH SYSTEMS
- VACCINE AVAILABILITY
- **LEADERSHIP AND ACCOUNTABILITY**

‘POOR’ PERFORMANCE LEADING TO REAL IMPROVEMENTS, STRENGTHENING HEALTH SYSTEM INFORMATION: A CASE STUDY FROM MEXICO

- 2013: Mexico starts a process to improve immunization data
- Population estimates are replaced as is the antiquated information system.
- Process resulted in 2013 immunization coverage figures lower than previously recorded.
- As the data quality improvements were implemented in each state and more accurate counts are available; 2014 coverage rates improved and will likely continue to do so.
- Mexico has persisted **courageously** with its data quality improvement plan and is now, with better data, moving forward towards filling gaps in immunization coverage in a more targeted manner.

USING INTEGRATED APPROACHES TO MNTE: A CASE STUDY FROM INDIA

- Increasing institutional deliveries
 - Cash incentives for pregnant women and community mobilizers
 - Ambulance services for pregnant women
- Increasing TT provision through ANC
- Intensive campaign to reduce harmful cord care practices

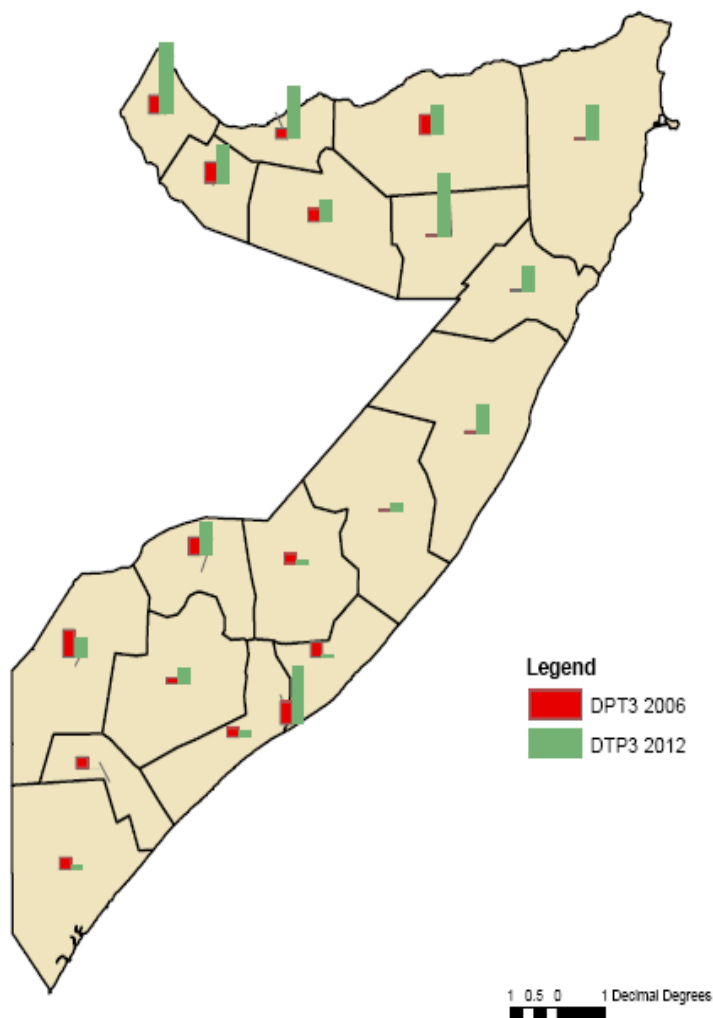


ASHA: Accredited Social Health Activist

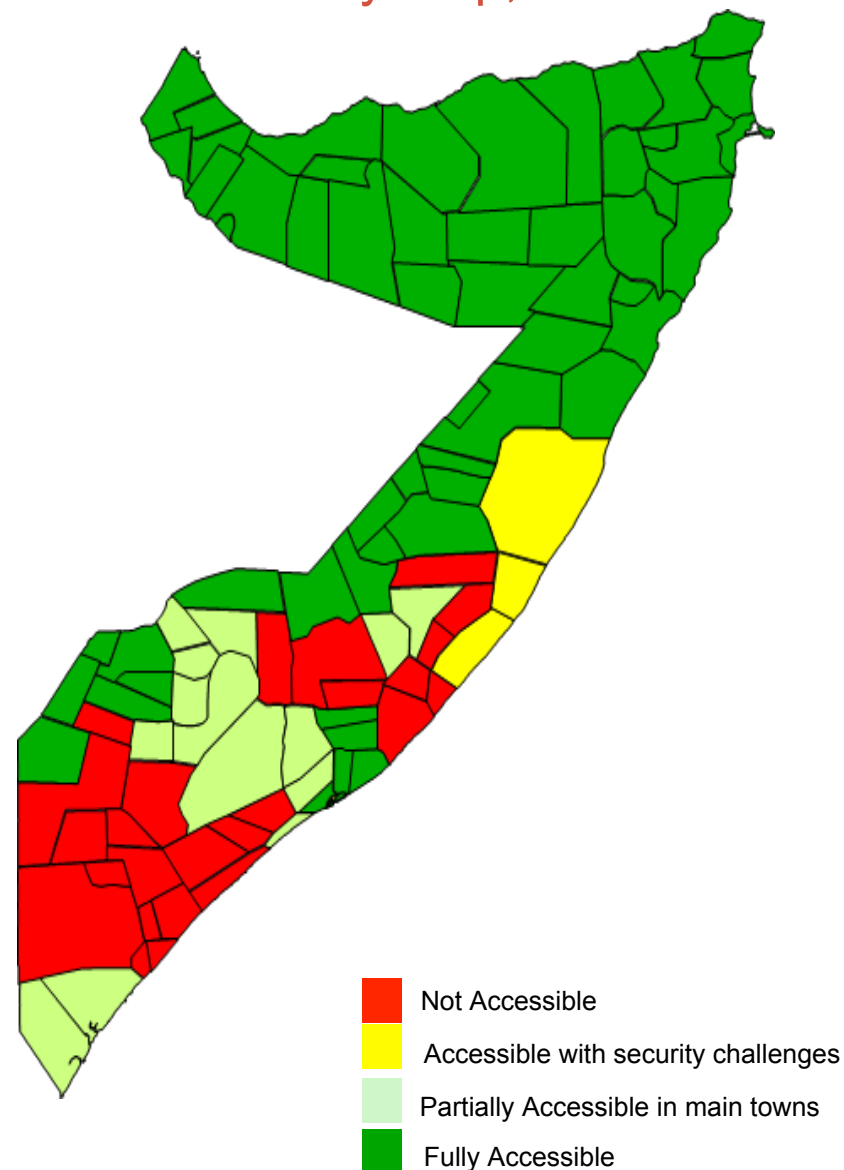
ANC: Antenatal Clinic/Care

Improving immunization coverage: successes and failures, Somalia

DTP3, 2006 & 2012



Accessibility Map, Polio

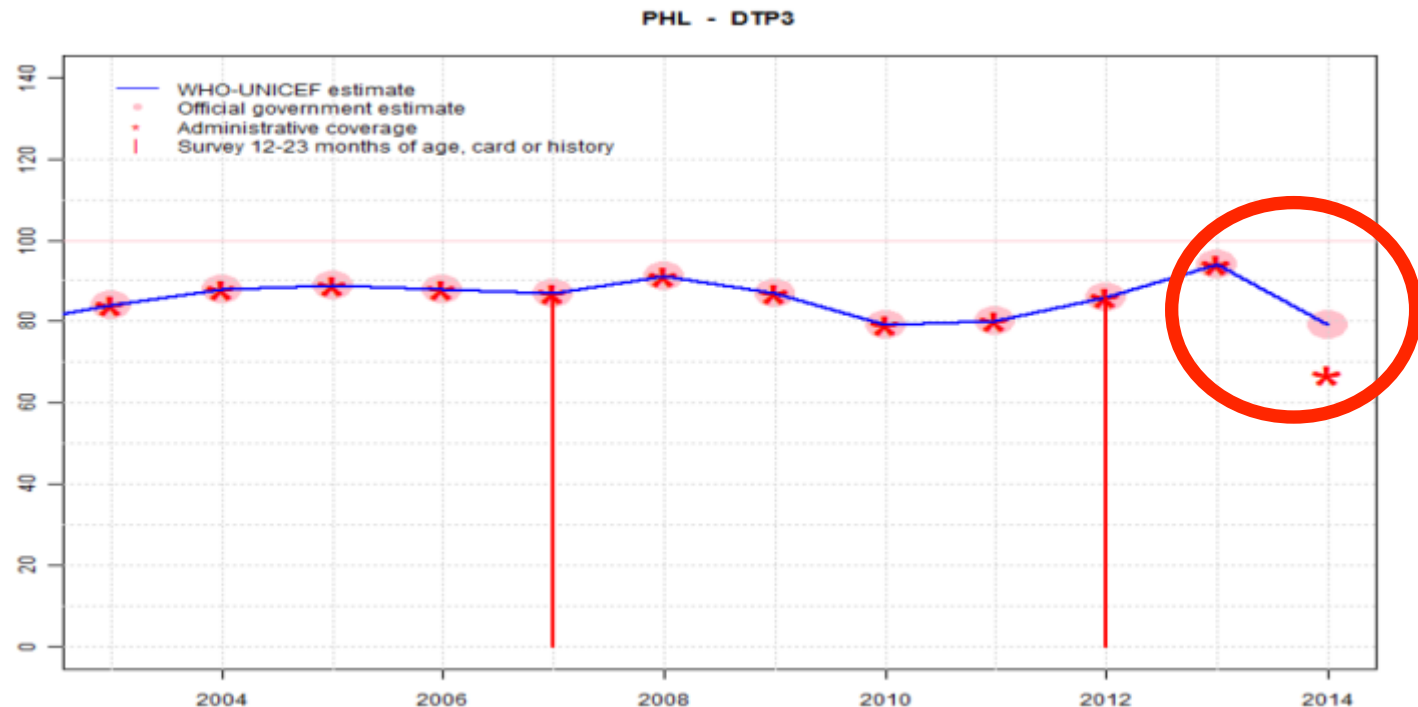


WHAT ARE THE KEY LESSONS FROM THE SOMALIA EXPERIENCE?

- In a country with no central government or healthcare system, it is still possible to deliver primary health care interventions
- Systems strengthening will remain a challenge but need to be complemented with other strategies to deliver services
 - Child health days were used effectively in Somalia
- Progress in most likely in areas or relative calm and will remain a challenge in less accessible areas
- Service delivery is heavily partner driven and externally funded. Interruption of funding can have a drastic impact
 - Somalia is faced with lack of donor support and real risk that coverage will drop if funds are not available soon

VACCINE AVAILABILITY AND COMPLEX PROCUREMENT PROCESSES : A CASE STUDY FROM PHILIPPINES

- In recent years the complicated procurement process applying to all government-procured goods and services has led to long delays and restarts in procurement.
- Vaccine stock-outs continue to plague delivery of immunization. Coverage has now been affected and in 2014 the immunization rate dropped below 80%.



CONCLUSION AND RECOMMENDATIONS

CONCLUSION

- **The Decade of Vaccines is at its critical mid-point.**
- **The GVAP remains off-track, though this report details reasons to be optimistic.**
- **If the successes won by some countries, through leadership and accountability at all levels, can be replicated, the GVAP will see global progress in the second half of the Decade of Vaccines.**

RECOMMENDATIONS

To improve accountability to achieve the Global Vaccine Action Plan goals:

1. Countries finalize by mid-2016 national vaccine action plans to 2020, consistent with the GVAP and relevant regional vaccine action plans, and establish an annual process for monitoring and accountability through an independent body, for example the National Immunization Technical Advisory Group (NITAG).

RECOMMENDATIONS

To improve accountability to achieve the Global Vaccine Action Plan goals:

2. Once regional vaccine action plans are finalised (by December 2015), **WHO regional offices** establish a process of annual progress review through their Regional Technical Advisory Groups (RTAGs) and report annually to the respective Regional Committees.

- This process should involve receiving reports from each country against achievement of outcomes, and working with countries to address shortcomings.
- The first such annual review should take place in the first half of 2016.
- WHO Regional Committees reports should be made available annually to SAGE as part of the global review process.

RECOMMENDATIONS

To improve accountability to achieve the Global Vaccine Action Plan goals:

3. Global, regional and national development partners align their efforts to support countries in strengthening their leadership and accountability frameworks and in implementing their national plans.

- Decade of Vaccines secretariat agencies to report in 2016 to SAGE on their supporting activities conducted in the 10 countries where most of the unvaccinated and under-vaccinated children live.
- This reporting mechanism should include regional technical advisory groups.

RECOMMENDATIONS

To address the shortfalls in disease-specific areas of the Global Vaccine Action Plan's implementation:

4. Given poor progress and the relatively small funding gap, WHO and UNICEF convene a meeting of **global partners and the remaining 24 countries** to agree an action plan, resources and respective responsibilities so that the goal to eliminate maternal and neonatal tetanus is achieved by not later than 2017 and strategies are in place to sustain elimination in all countries.

RECOMMENDATIONS

To address the shortfalls in disease-specific areas of the Global Vaccine Action Plan's implementation:

5. Global, regional and national development partners support countries in securing the required resources and in implementing their measles and rubella elimination or control goals taking into account the results and recommendations of the midterm strategy review to be conducted in 2016.

RECOMMENDATIONS

To improve immunization coverage especially where many unvaccinated and under-vaccinated children live:

6. Global, regional and country development partners to align their efforts to support countries to immunize more children by strengthening their healthcare delivery systems, combined with targeted approaches to reach children consistently missed by the routine delivery system, particularly in the countries where vaccination rates are below 80%.

RECOMMENDATIONS

To improve immunization coverage especially where many unvaccinated and under-vaccinated children live:

7. WHO to provide guidance for countries and partners on **implementation** of immunization programmes and immunization strategies during situations of **conflict** and **chronic disruption**.

Questions to SAGE

- Feedback on the current report
 - Assessment of progress
 - Recommendations for corrective action
- Next assessment report will be a mid-term review (i.e. will review progress up to 2015). Feedback requested from SAGE on:
 - Scope and process for the mid-term review
 - Expectations from the mid-term review