

# Decade of Vaccines Global Vaccine Action Plan

## GVAP mid-term review

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BILL & MELINDA  
GATES foundation



unicef 



# Outline

- **Where do we stand in terms of progress at mid-term?**
- **SAGE assessment**
- **Proposed SAGE recommendations**

**Where do we stand in terms of progress  
at mid-term of the Decade of vaccines?**

# GVAP Goals 2020 targets

- **Coverage:** all vaccines in national programs: >90% national coverage, and >80% in every district
- **Polio:** eradicated by end 2018
- **Maternal and neonatal tetanus:** eliminated by 2015
- **Measles:** eliminated in 5 regions
- **Rubella:** eliminated in 5 regions

# GVAP 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**

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ACHIEVED

NOT  
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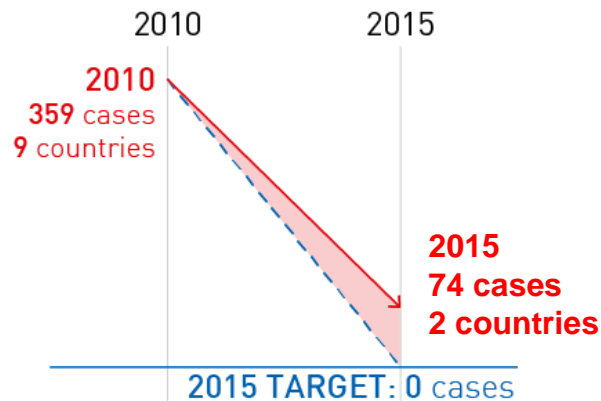
NOT  
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# 2015 Targets are missed but how far have missed them?

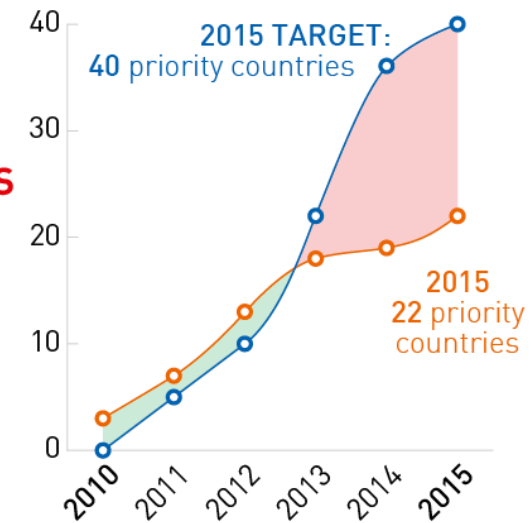
## **POLIO:**

Number of new cases of paralytic poliomyelitis due to wild poliovirus



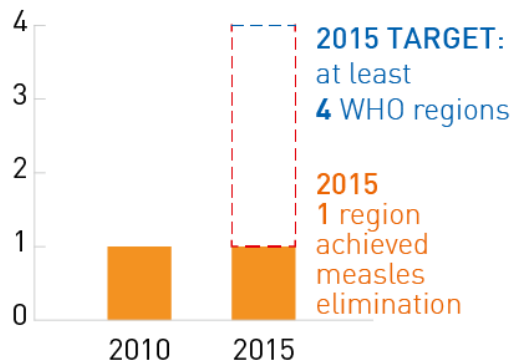
## **MATERNAL AND NEONATAL TETANUS ELIMINATION:**

Number of countries verified for elimination



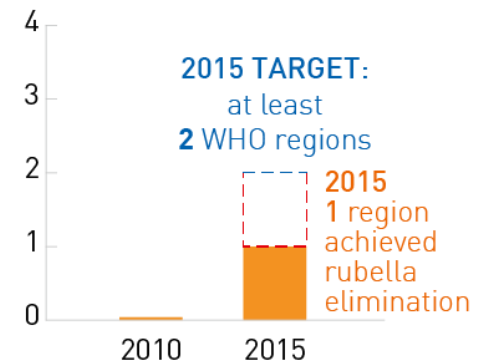
## **MEASLES:**

Number of WHO regions to achieve measles elimination

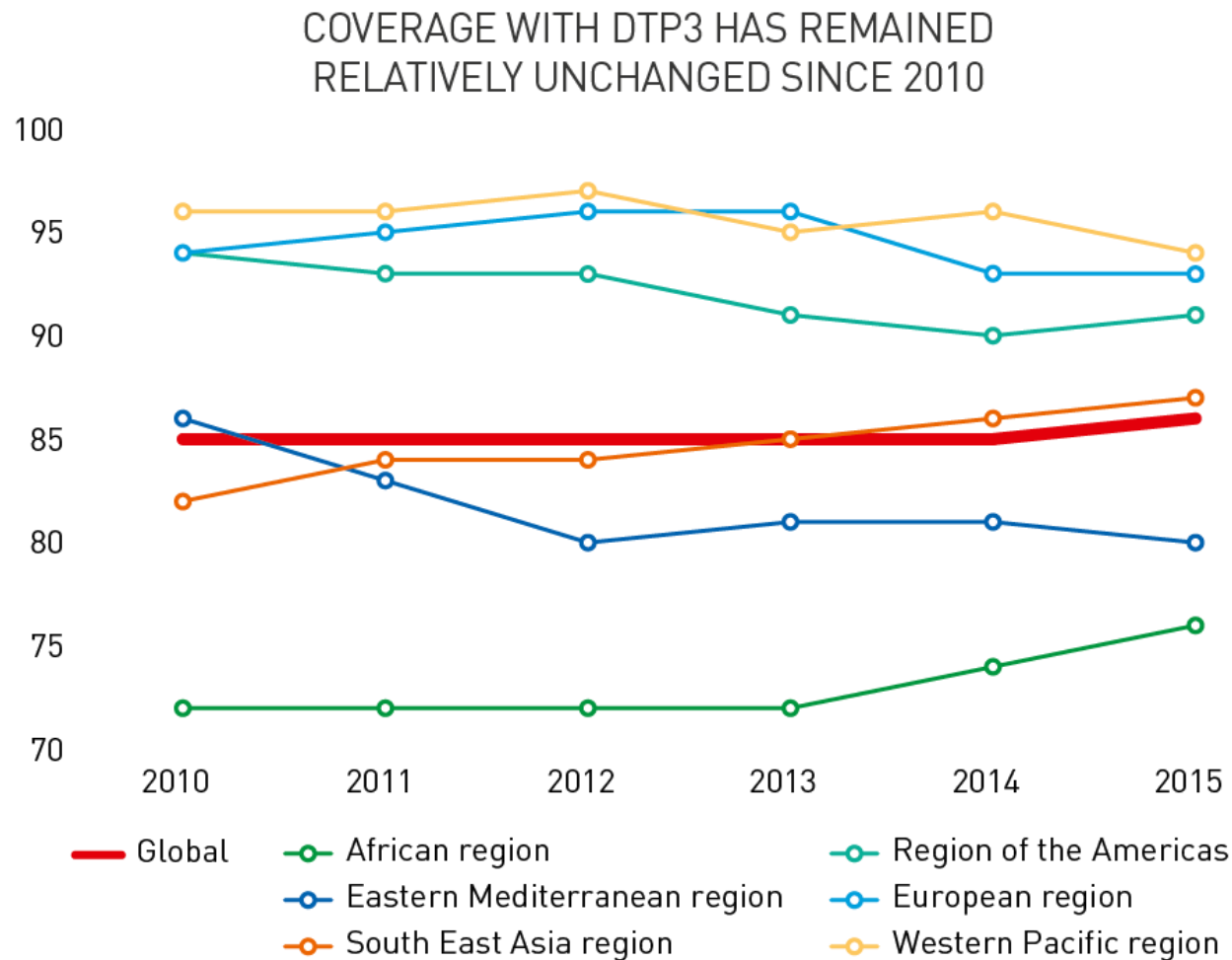


## **RUBELLA:**

Number of WHO regions verified for rubella and CRS elimination



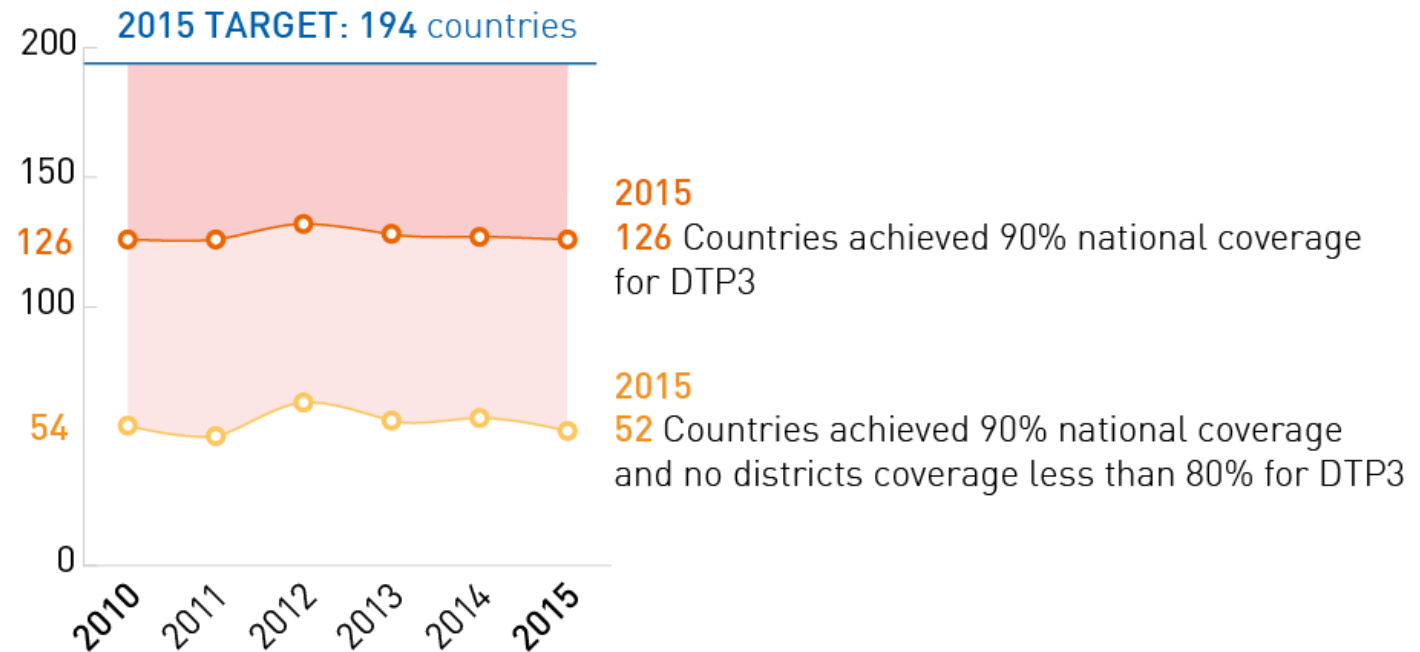
# 2015 Targets are missed but how far have missed them?



# 2015 Targets are missed but how far have missed them?

## COVERAGE AND EQUITY:

Number of countries with national vaccination coverage of 90%, with no district's coverage less than 80%

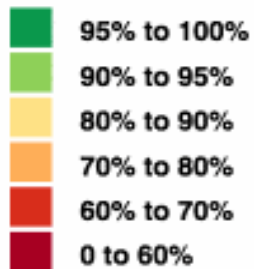




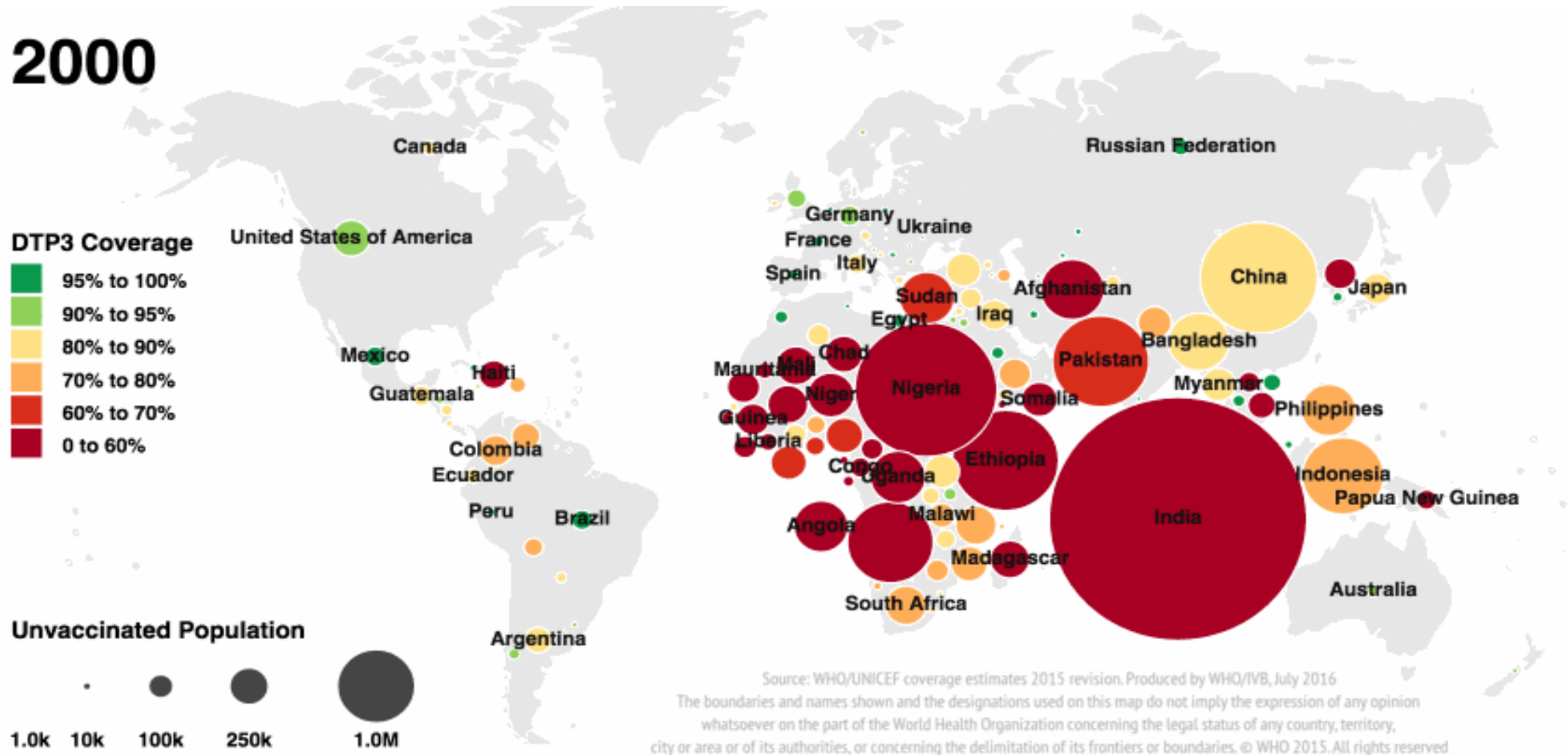
# Evolution in numbers of unvaccinated or under-vaccinated children

2000

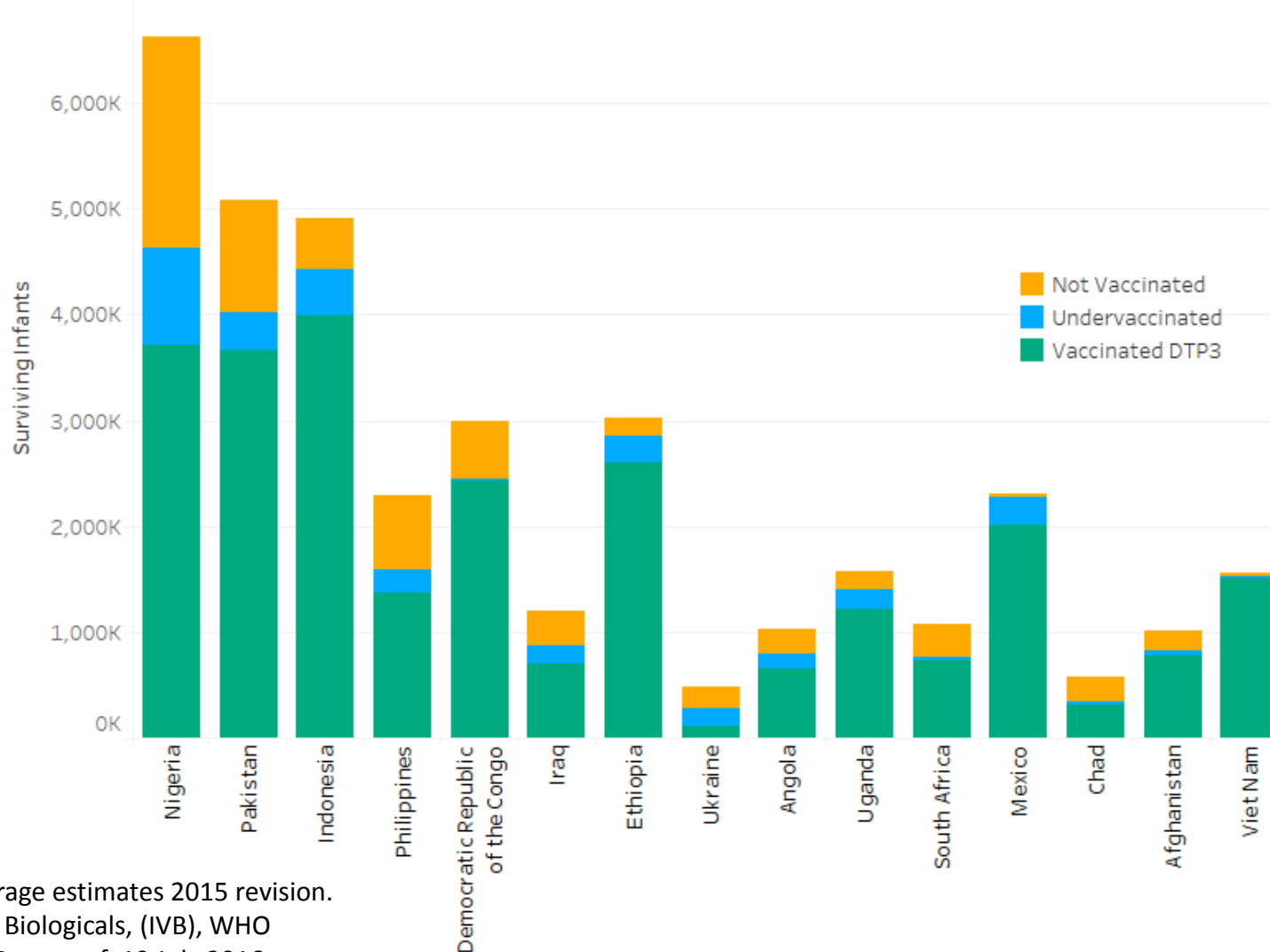
## DTP3 Coverage



## Unvaccinated Population



# Countries with most under- and un-vaccinated children (DTP3, India excluded), in 2015

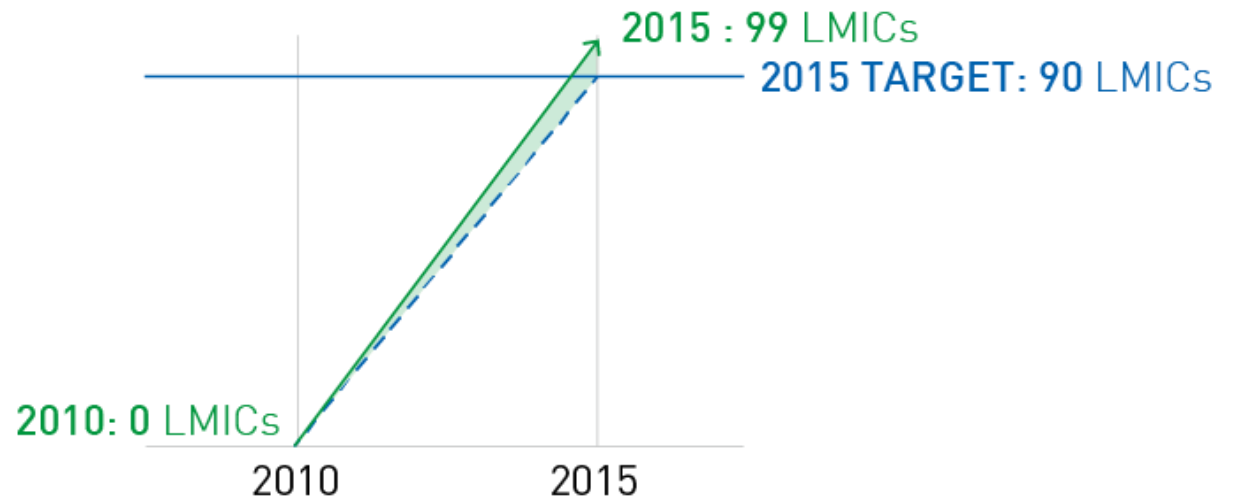


Source: WHO/UNICEF coverage estimates 2015 revision.  
Immunization Vaccines and Biologicals, (IVB), WHO  
194 WHO Member States. Data as of 19 July 2016

# One 2015 Target was achieved and even exceeded...

## VACCINE INTRODUCTION:

Number of low or middle income countries to have introduced one or more new or under-utilized vaccine since 2010

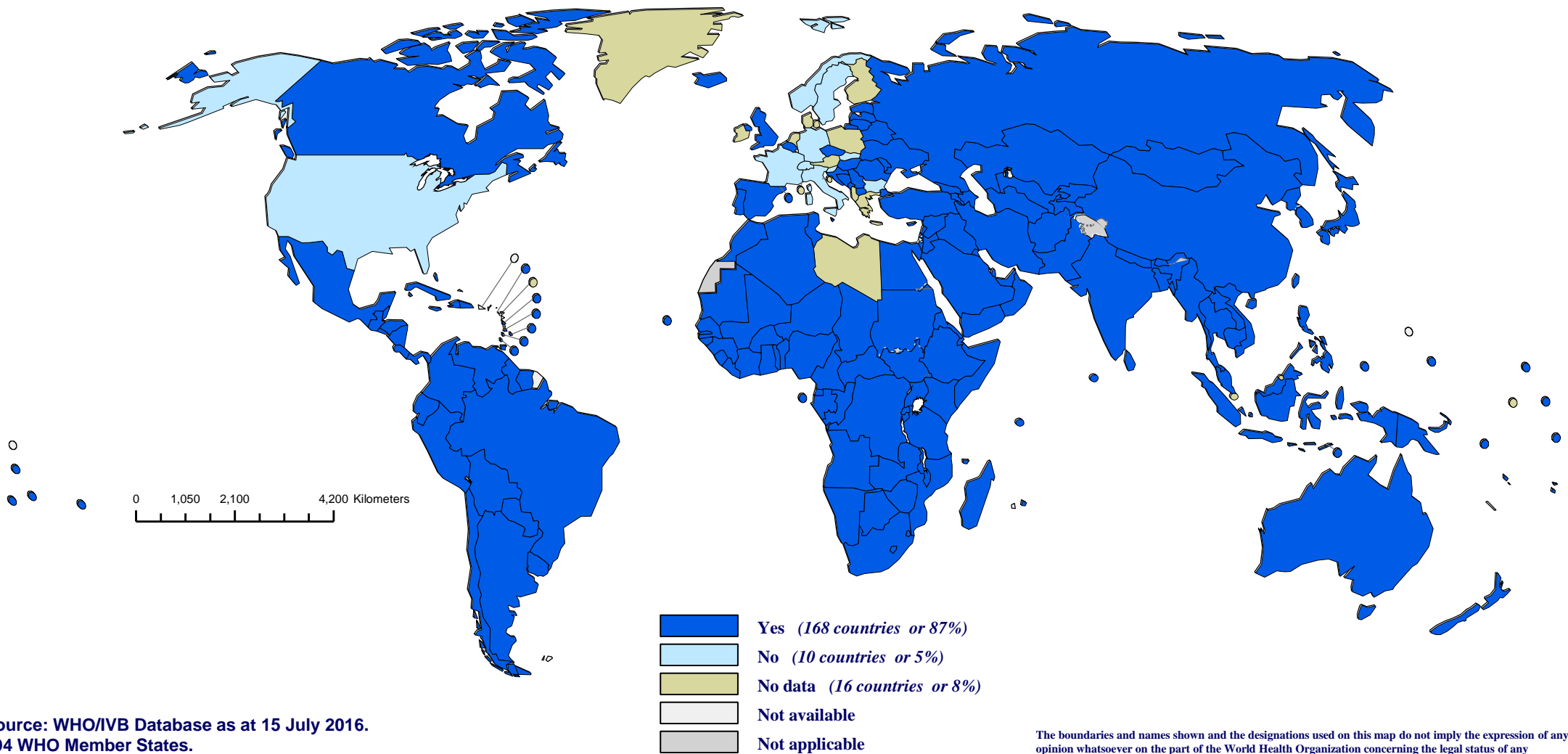


# Regional Vaccine Action Plans

- **Europe: European Vaccine Action Plan** adopted by the RC, October 2014
- **West pacific: Regional Framework for implementation of GVAP** adopted by the RC, October 2014
- **Africa: Regional Strategic Plan for Immunization** adopted by the RC, November 2014
- **Americas: Plan de Acción sobre Inmunización para la Región de las Américas** adopted by the RC, September 2015
- **Eastern Mediterranean: Eastern Mediterranean Vaccine Action Plan** adopted by the RC, October 2015
- **South East Asia: South East Asian Vaccine Action Plan 2017-2020:** Adopted by RTAG in 2016



# Countries with a national annual work plan for immunization services, 2015



Source: WHO/IVB Database as at 15 July 2016.

194 WHO Member States.

Map production: Immunization Vaccines and Biologicals, (IVB). WHO

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 2016. All rights reserved

# **SAGE ASSESSMENT**

# AREAS OF STRENGTH

# Several countries made important progress: why?

16 COUNTRIES HAVE MEASURABLY  
INCREASED DTP3 COVERAGE SINCE 2010

2010

2015



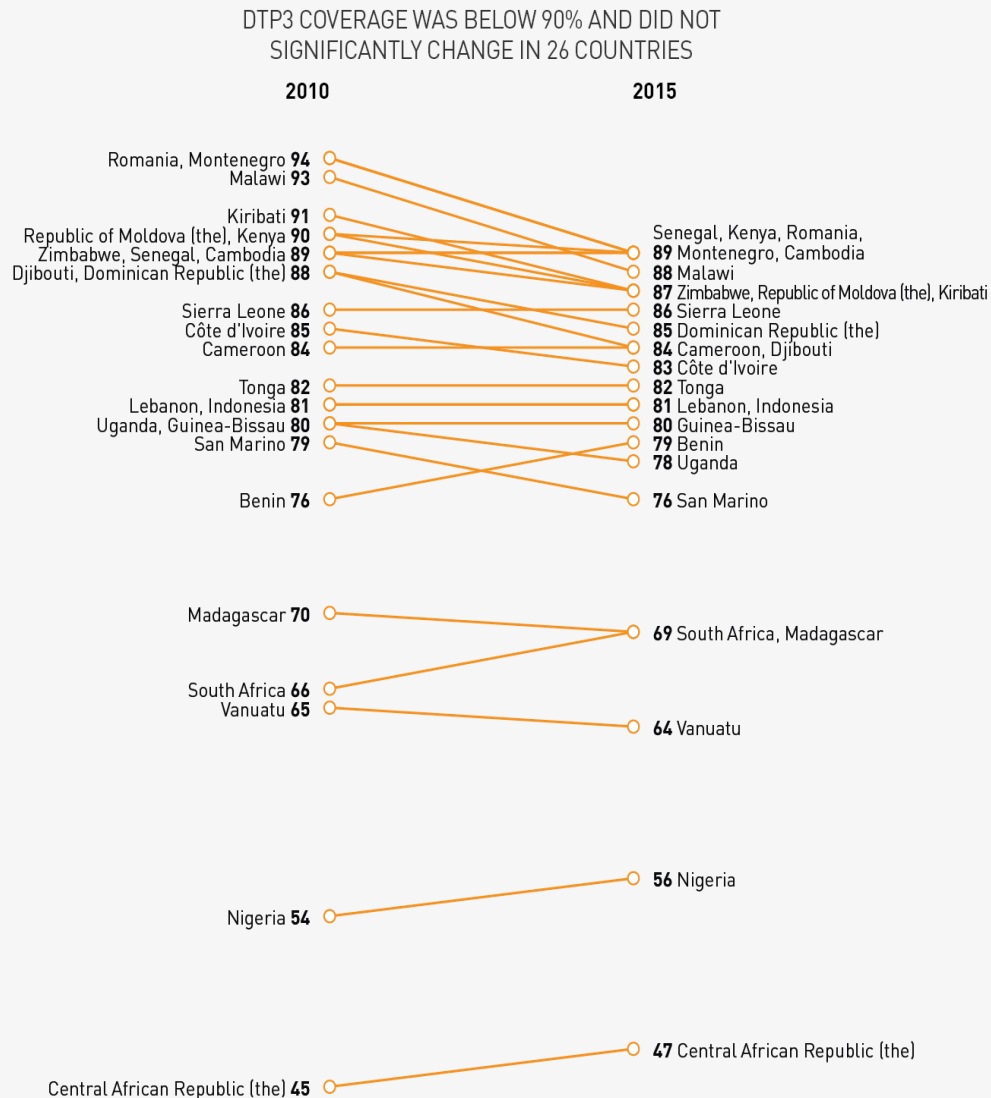
- **Strong leadership**
- **Investment in Health systems**
- **Dedicated people**
- **Known interventions**
- **Accountability**



# AREAS OF VULNERABILITY

# Many countries are stagnating: why?

- Low commitment
- Inaccessibility
- Weak surveillance
- Poor governance
- Outdated data culture
- Disconnect between immunization and the health system agenda

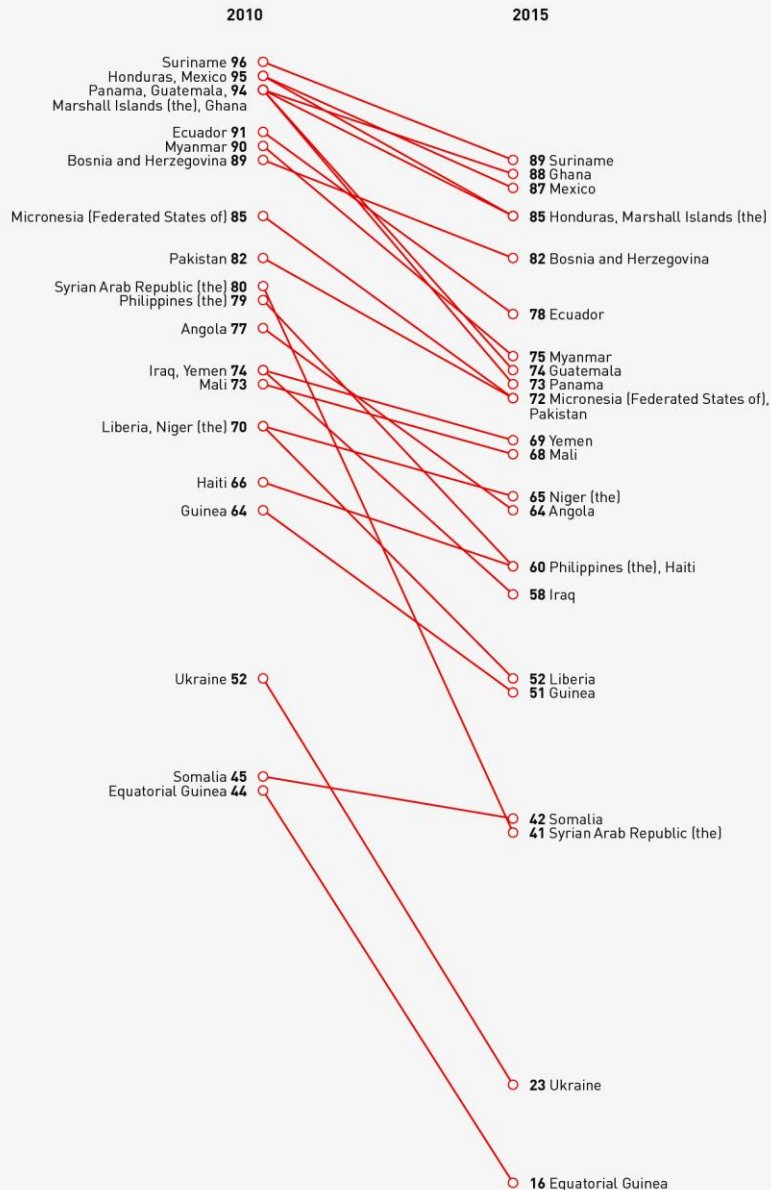


# THREATS TO FUTURE PROGRESS

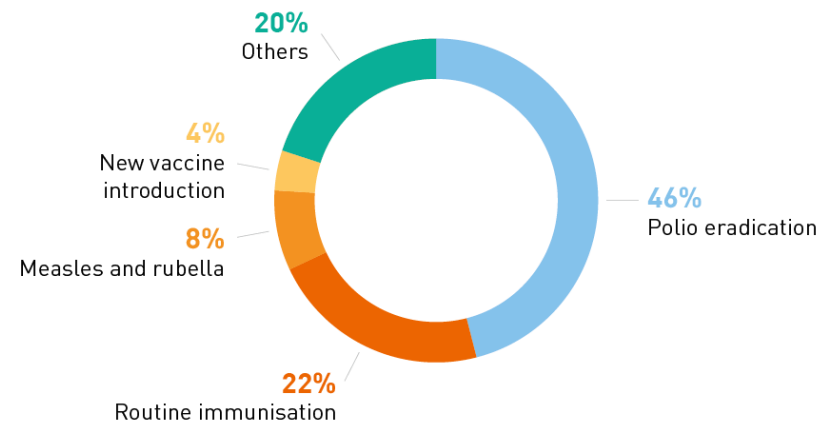
# Many countries are “falling down”: why?

- Transitions from GAVI and from Polio GPEI
- Conflicts and emergencies
- Outbreaks

DTP3 COVERAGE DECLINED BETWEEN  
2010 AND 2015 IN 25 COUNTRIES



POLIO STAFF SPEND MORE THAN HALF THEIR TIME SUPPORTING  
OTHER IMMUNIZATION AND HEALTH SERVICES



World Health  
Organization

**BUT THERE IS CAUSE FOR HOPE**

# There are many reasons to stay optimistic

- **Polio endgame**
- **Many success stories**
- **High return on investment**
- **Ripple effect on health system**
- **Research and Development is promising**



# PROPOSED SAGE RECOMMENDATIONS

# The SAGE DoV WG is proposing 9 recommendations

1. Demonstrate stronger leadership and governance of national immunization systems
2. Prioritize immunization system strengthening
3. Secure necessary investments to sustain immunization during polio and Gavi transitions
4. Improve surveillance capacity and data quality and use
5. Enhance accountability mechanisms to monitor implementation of Global and Regional Vaccine Action Plans
6. Achieve elimination targets for maternal and neonatal tetanus, measles and congenital rubella syndrome
7. Resolve barriers to timely supply of affordable vaccines in humanitarian crisis situations
8. Support vaccine R&D capacity in low- and middle-income countries
9. Accelerate the development and introduction of new vaccines and technologies



# RECOMMENDATIONS TO COUNTRIES

# 1. Member States to demonstrate leadership and governance of national immunization systems

- a) Ministers of Finance, Ministers of Health, and other line ministries at all levels must be stronger immunization advocates within their countries and regions, conveying the value and urgency of investing in and sustaining immunization programmes as part of all government-supported health packages, including Universal Health Care.
- b) Governments are encouraged to enact laws that guarantee access to immunization, establish functional National Immunization Technical Advisory Groups, ensure that sufficient budgets are allocated to immunization each year and create mechanisms to monitor and efficiently manage funds at all levels (including those from private sector).

# 1. Member States to demonstrate leadership and governance of national immunization systems

c) National leaders must take courageous decisions to initiate necessary upgrades to systems, protocols, and policies that might be limiting immunization programmes. Such upgrades might require redesigning supply chains, information systems and procurement policies, and reassessing roles and responsibilities after decentralization of the health system.

d) National immunization programme managers should report each year to their National Immunization Technical Advisory Group on progress made, lessons learnt and remaining challenges toward implementing National Immunization Plans and show how these plans are aligned to Regional and Global Vaccine Action Plan goals. Country progress reports should be shared and discussed with Regional Committees during a dedicated session on immunization as stated in the WHA resolution (WHA 65.17).

## 2. Prioritize immunization system strengthening

- a) Countries should expand immunization services beyond infants and children to the whole life course, and determine the most effective and efficient means of reaching other age groups within integrated health service provision. New platforms are urgently needed to reach people during the second-year-of-life, childhood, adolescence, pregnancy, and into adulthood.
  
- b) The 34 countries with DTP3 national coverage levels below 80% are requested to accelerate the implementation of proven interventions to strengthen immunization systems as part of integrated health services. Priority interventions should include: human resource development; regular strategic and operational planning; micro-planning to reach the unreached; more effective vaccine management; and the collection and use of data for monitoring and decision-making.

### 3. Secure necessary investments to sustain immunization during Polio and Gavi transitions

a) All countries should mitigate any risk to sustaining effective immunization programmes when polio funding decreases.

All Member States with large polio staff and resources are requested to describe in their polio transition plans how they propose to maintain and fund critical immunization, laboratory and surveillance activities that are currently supported with polio funding or staff.

b) Countries transitioning from Gavi support must advocate strongly and persistently for increased domestic financing to sustain immunization gains over time.

c) Immunization donors must also look beyond their investments in Gavi to ensure that Gavi-transitioning and self-supporting countries as well as countries facing large decreases in polio funding have the necessary capacity, tools and resources to sustain immunization over the long term.

## 4. Improve surveillance capacity and data quality and use

- a) All countries should strengthen and sustain their surveillance capacity by investing in disease detection and notification systems, routine analysis and data reporting systems, stronger laboratory capacity and a clear process for investigating and confirming cases, and responding to and preventing outbreaks.
- b) Decision makers at all levels of the immunization programme are requested to use up-to-date immunization-related data (e.g., disease surveillance, coverage, and programme delivery data) to guide programmatic and strategic decisions that reduce disease and protect targeted populations.

# **RECOMMENDATIONS TO IMMUNIZATION PARTNERS**

## 5. Enhance accountability mechanisms to monitor implementation of Global and Regional Vaccine Action Plans

- a) The leaders of GVAP secretariat agencies and global immunization partners should advocate forcefully and consistently in national and international fora for the urgency and value of accelerating the pace of global progress toward achieving the GVAP goals by 2020.
- b) Civil Society Organizations should describe how their work maps against different national immunization plans in their 2017 GVAP report, so that the geographic and programmatic scope of their work is more visible. Where possible, CSOs should also measure and share the impact of their work.



## 6. Achieve elimination targets for maternal and neonatal tetanus, measles and congenital rubella syndrome

The Maternal and Neonatal Tetanus and Measles and Rubella Initiatives are each requested to develop an investment case that specifies the additional funding that is required to achieve and sustain elimination targets in routine immunization programmes and use the investment case to solicit necessary support from donors and national governments by the end of July, 2017.

## 7. Resolve barriers to timely supply of affordable vaccines in humanitarian crisis situations

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International agencies, donors, vaccine manufacturers and national governments must work together to alleviate the financial burden placed on countries with large migrant and refugee populations and ensure a timely supply of affordable vaccines in humanitarian crisis situations.

# **RECOMMENDATIONS TO THE VACCINE RESEARCH AND DEVELOPMENT PARTNERS**

## 8. Support vaccine R&D capacity in low- and middle-income countries

- a) Continue supporting the expansion of regulatory capacity and clinical trial capacity by building upon models like the African Vaccine Regulatory Forum and the Developing Country Vaccine Regulators' Network, accelerating regulatory pathways for vaccines in emergency settings, and insisting on compliance with the existing WHO position to register clinical trials and report results in a timely manner.
- b) WHO and the Product Development for Vaccines Advisory Committee (PDVAC) should continue developing global, consensus-based strategic goals and prioritizing R&D for vaccines and delivery systems that address unmet needs in low and middle-income countries.

## 8. Support vaccine R&D capacity in low- and middle-income countries

c) Researchers should support the development of high-quality, standardised animal models, standardized assays and human challenge models to streamline product development and provide better-quality information for product advancement decisions.

## 9. Accelerate the development and introduction of new vaccines and technologies

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Researchers and investigators, worldwide, should accelerate the development of priority new vaccines and technologies from R&D to full-scale use. This will require that implementation research occur during clinical trials to reduce the delay between regulatory, financing and programmatic decisions.

# Conclusion

- “Investing in immunization matters now more than ever”
  - A unique tool to reduce Antimicrobial Resistance
  - A unique tool to prevent and fight outbreaks in the context of the need for more Global Health Security
  - A unique tool to achieve Sustainable Development goals 2030
  - A unique tool to achieve equity in most in need populations
  - Immunization system as a tool to strengthen the entire health system (integration and missed opportunities)
- Discussion