

Closing the immunization gap

from data and evidence to effective strategies and demonstrated impact

IVB Director's report to SAGE

17 October 2017

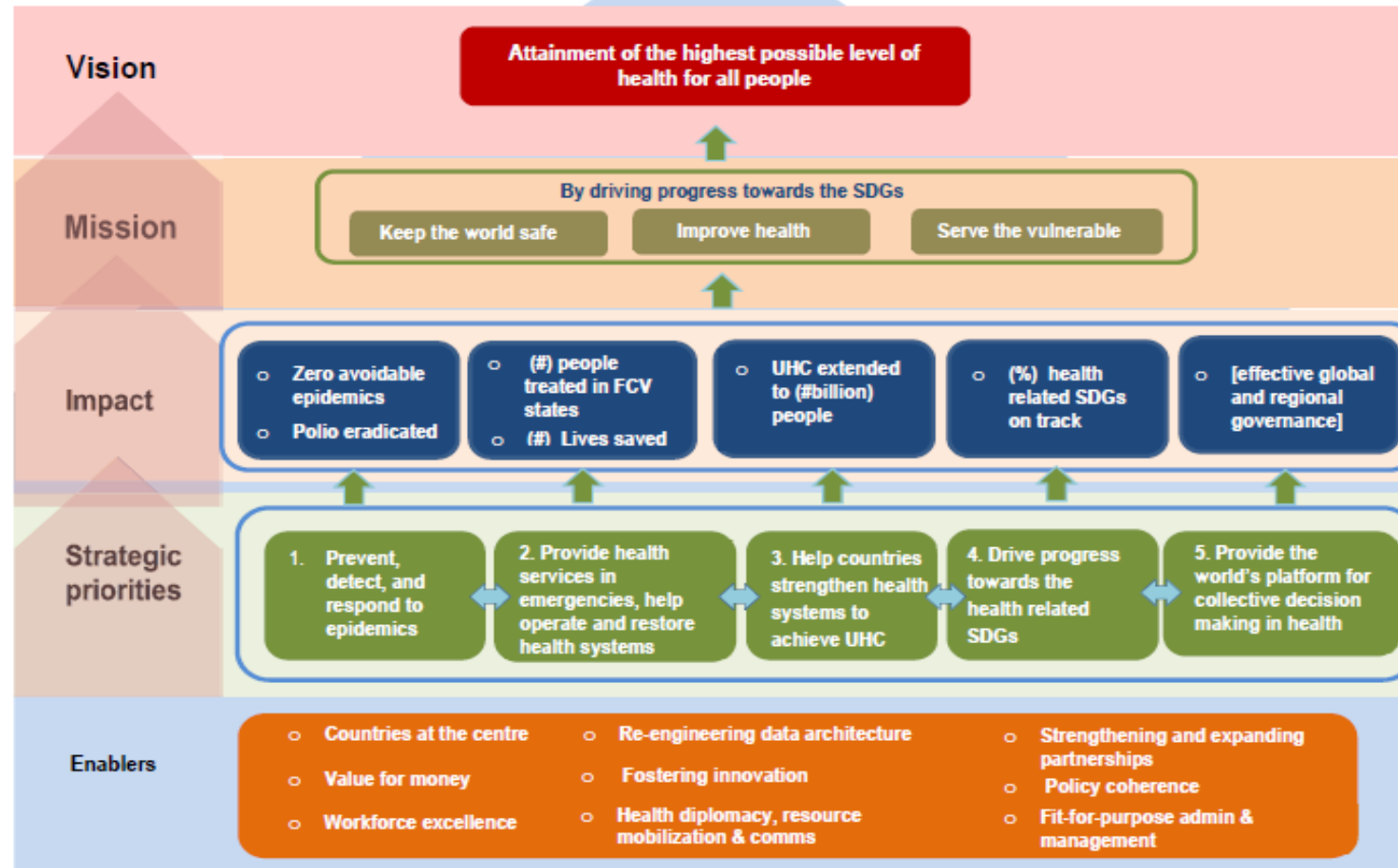


**World Health
Organization**

WHO new strategic directions are favourable to immunization as a global priority

WHO strategic directions under new leadership

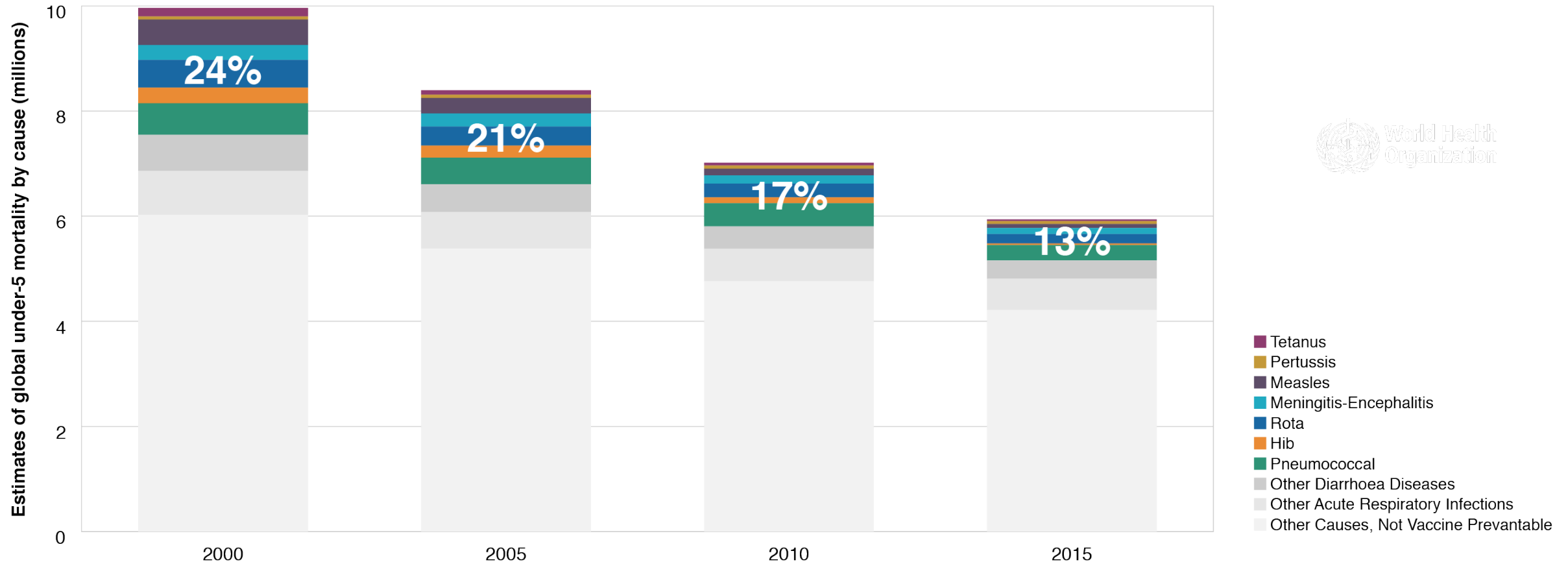
13th GPW conceptual framework



Immunization Achievements and impact

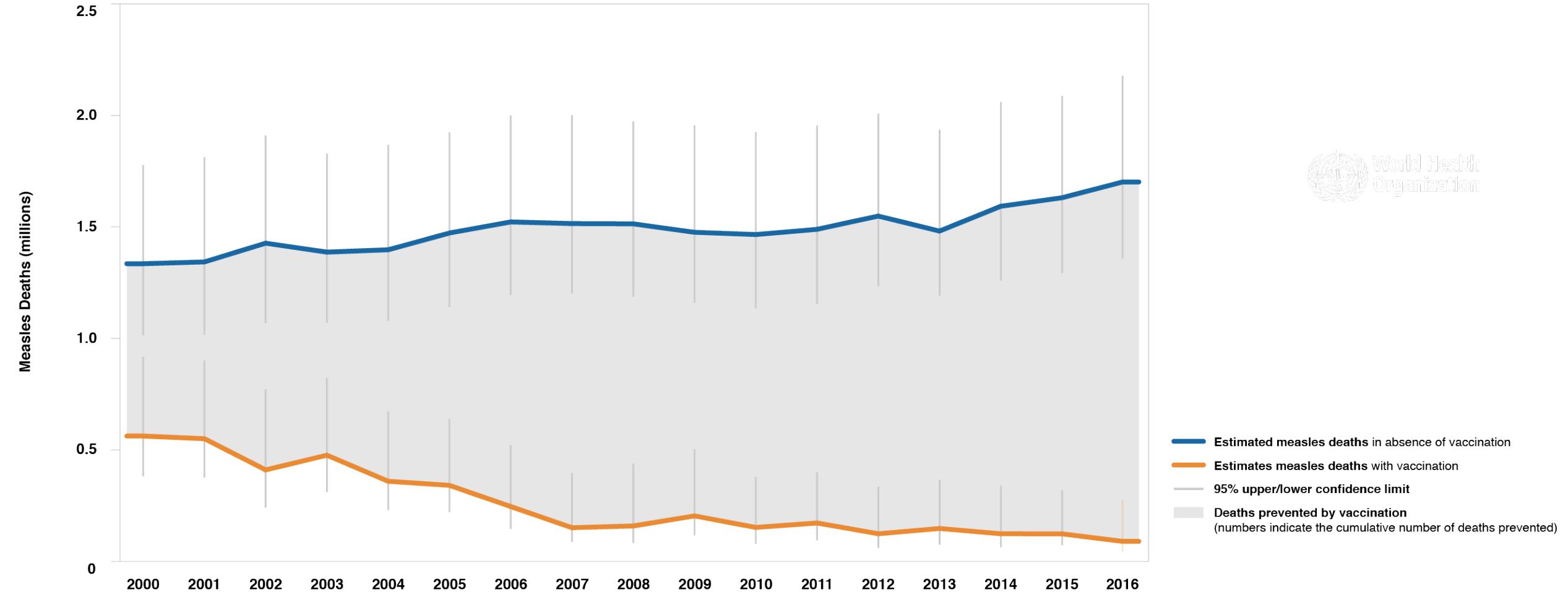


Vaccines work, but vaccine preventable diseases are still a significant cause of under-5 mortality



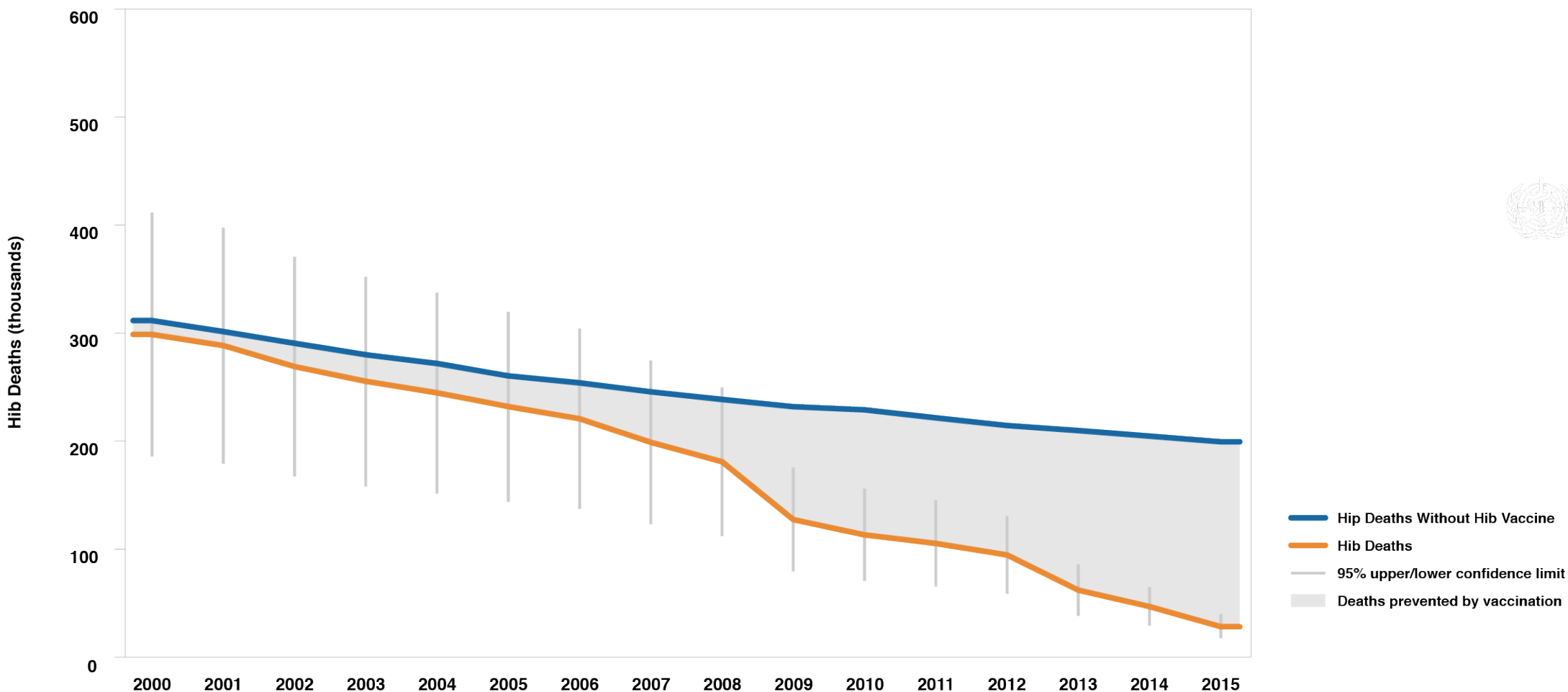
Source: Rota: Preliminary data (US Centers for Disease Control), Hib and PCV: John's Hopkins University, other causes: WHO - Global Health Observatory

Because of vaccination, 20 million measles deaths were averted between 2000 and 2016



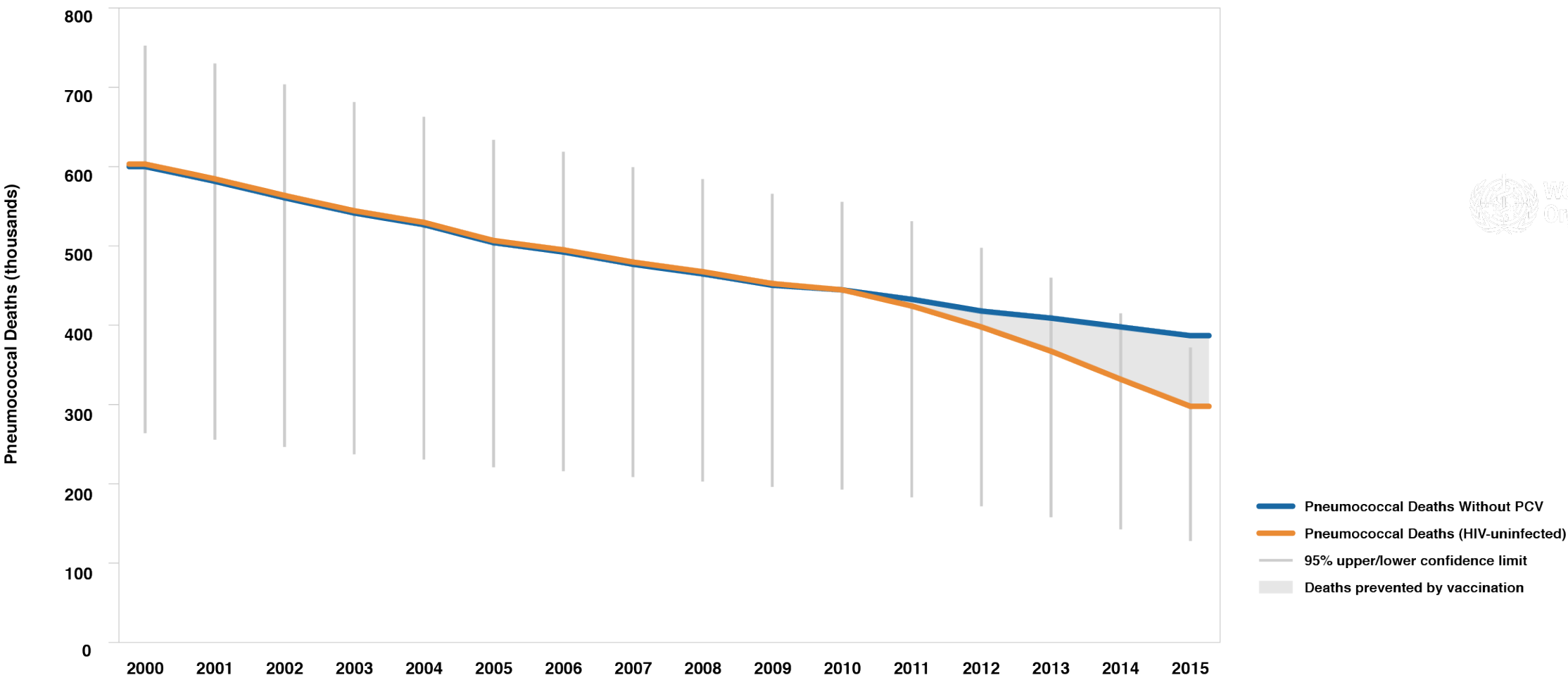
Source: Progress Toward Regional Measles Elimination — Worldwide, 2000–2016. *MMWR* 2017 10 27; in press. EMBARGOED

Likewise, introduction of Hib vaccine averted 1.2m deaths since 2000



Source: John's Hopkins University, JHSPH/IVAC

PCV uptake has accelerated and is now preventing almost 100,000 deaths per year.
Since introduction, 190,000 deaths have been averted

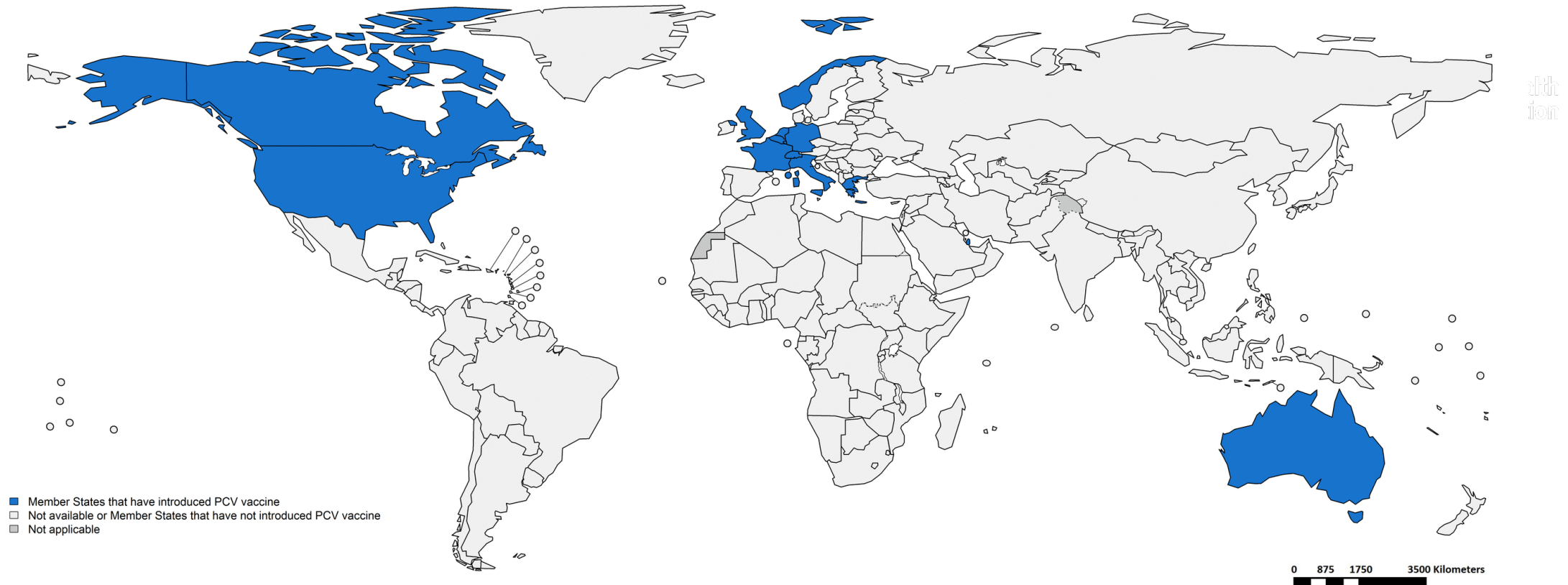


Source: John's Hopkins University, JHSPH/IVAC

PCV now introduced in a majority of countries but global coverage remains below 50%

Status of Introduction of Pneumococcal Conjugate Vaccine (PCV) in WHO Member States

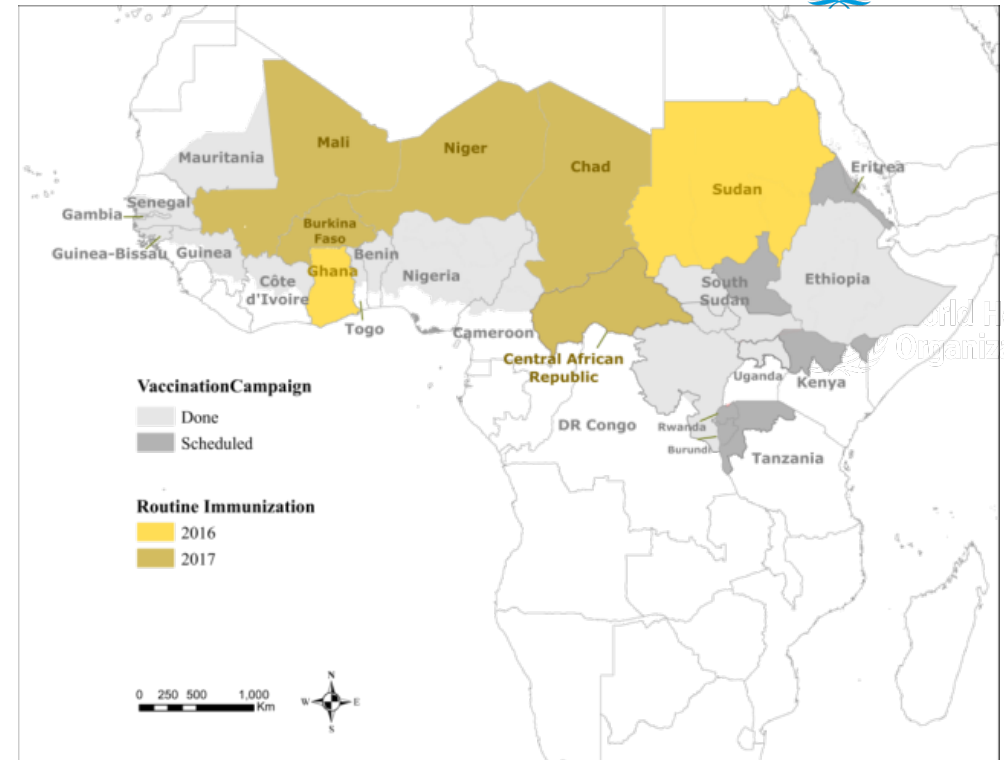
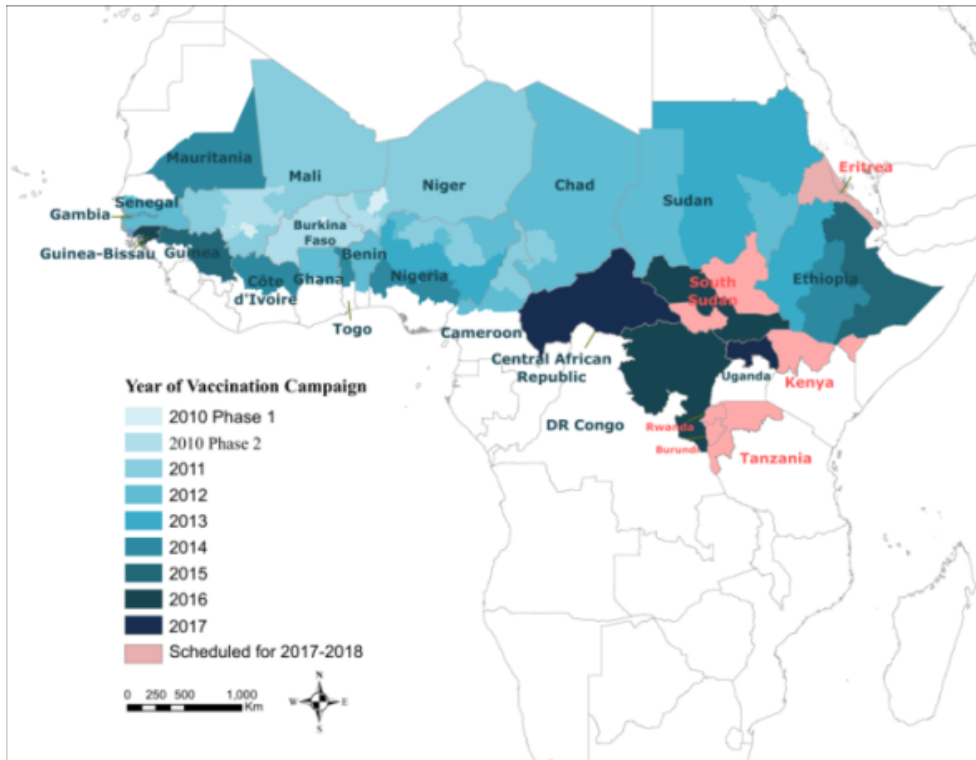
2006



Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: Data reported to WHO & UNICEF from the Member States through the Joint Reporting Form, as of 14/10/2017

Disclaimer:
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Meningitis A: 30,000 deaths averted since 2010 in the African Meningitis belt



300,000,000 vaccinated

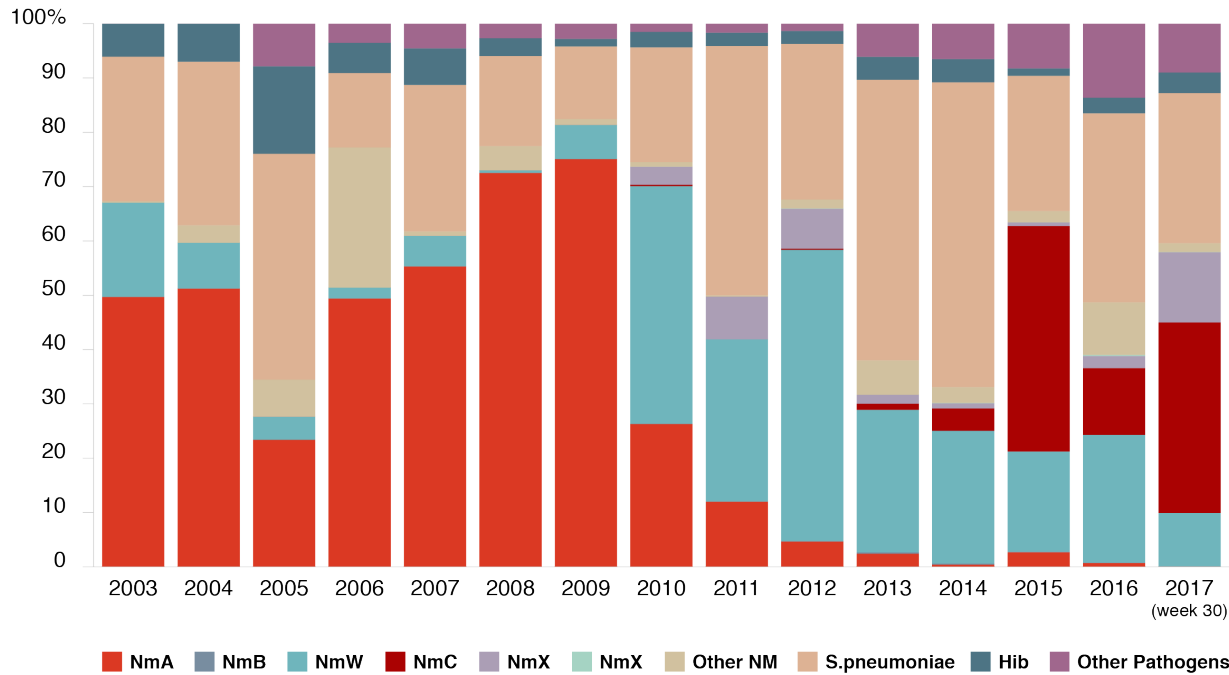
300,000 cases averted

30,000 deaths averted

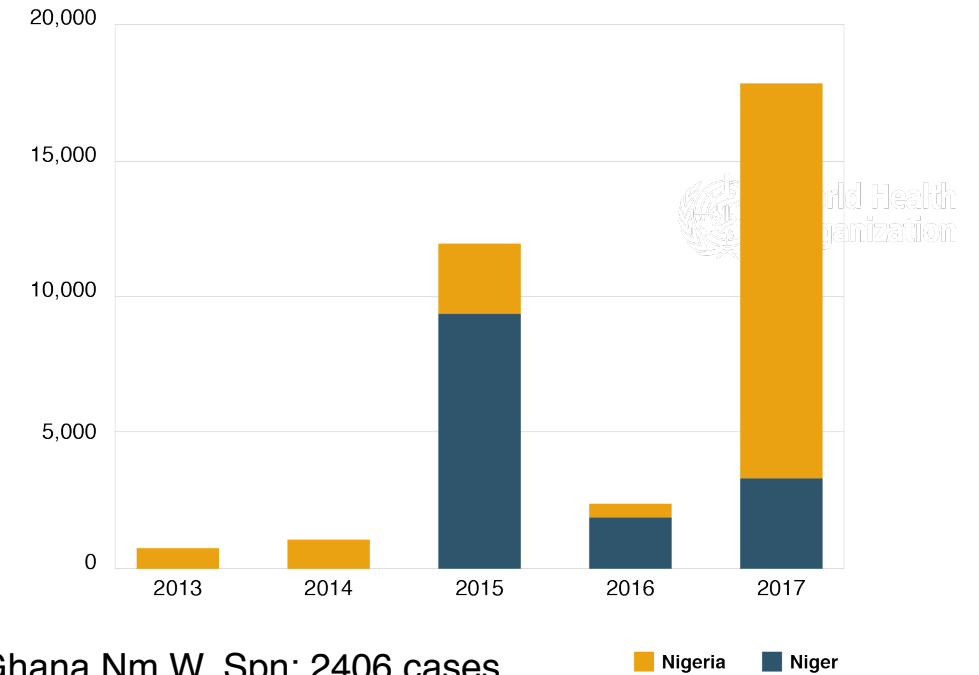
MenAfriVac has effectively reduced prevalence of Men A, while other strains remain a challenge



Bacteriological profile of meningitis outbreaks, 2003-2017



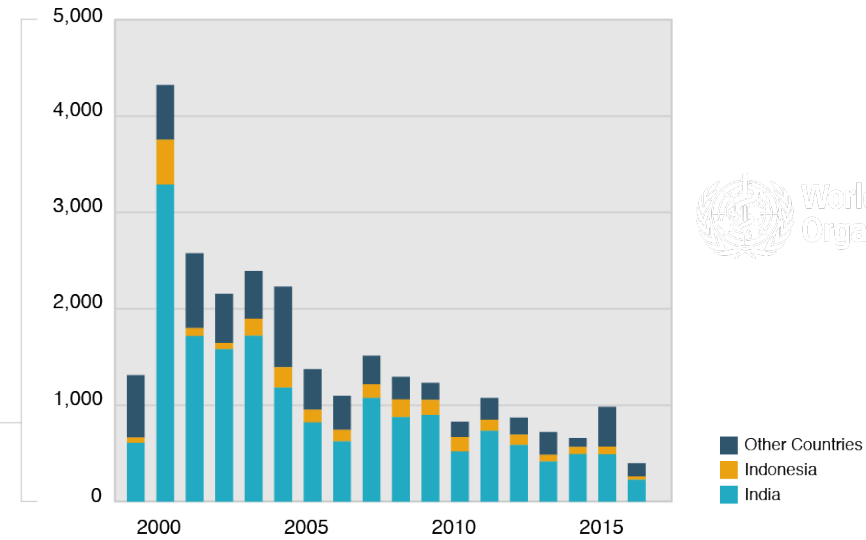
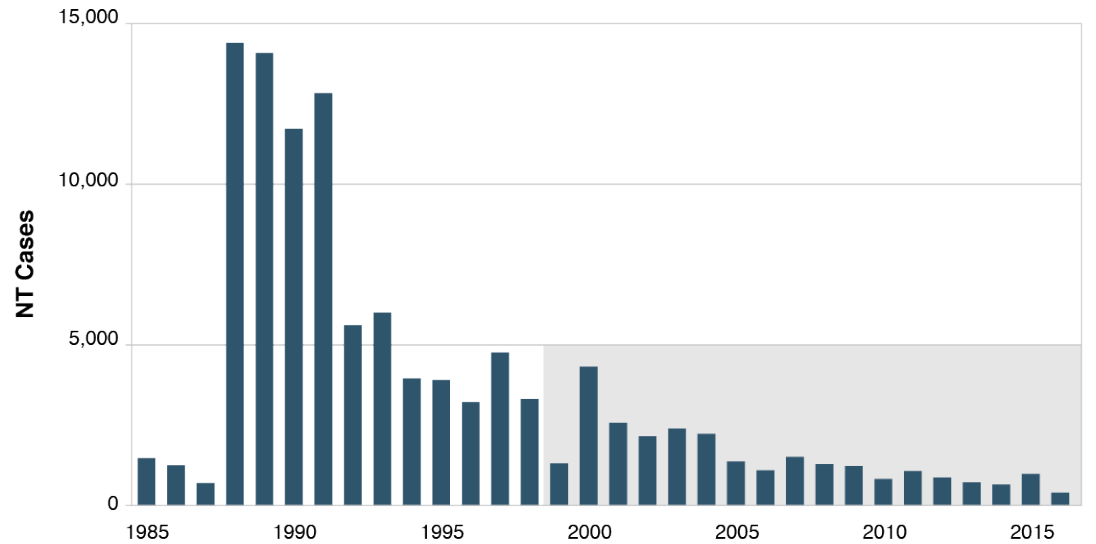
Ongoing large scale Nm C outbreak in Nigeria and Niger 2013-17*



Ghana Nm W, Spn: 2406 cases
Togo Nm W: 1834 cases

Member States Call for meningitis as a global priority *including* call to urgent actions in favor of a sustainable availability and equitable access to vaccines

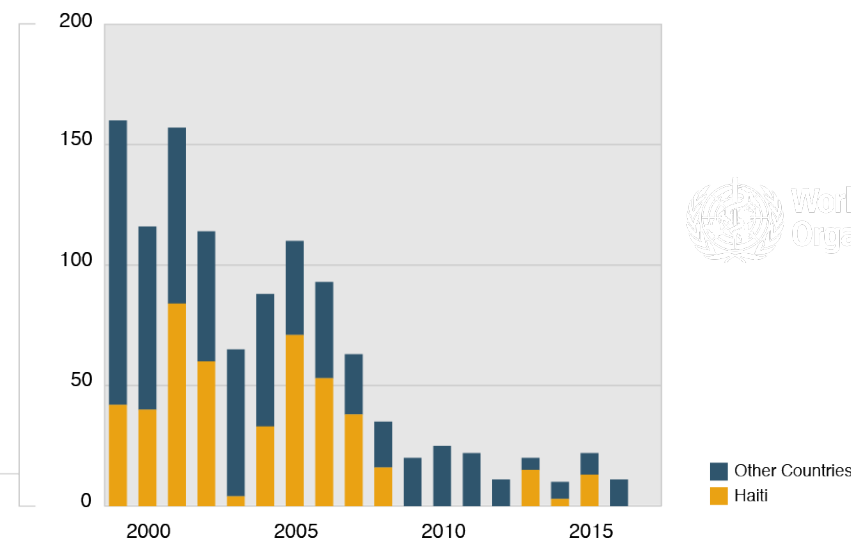
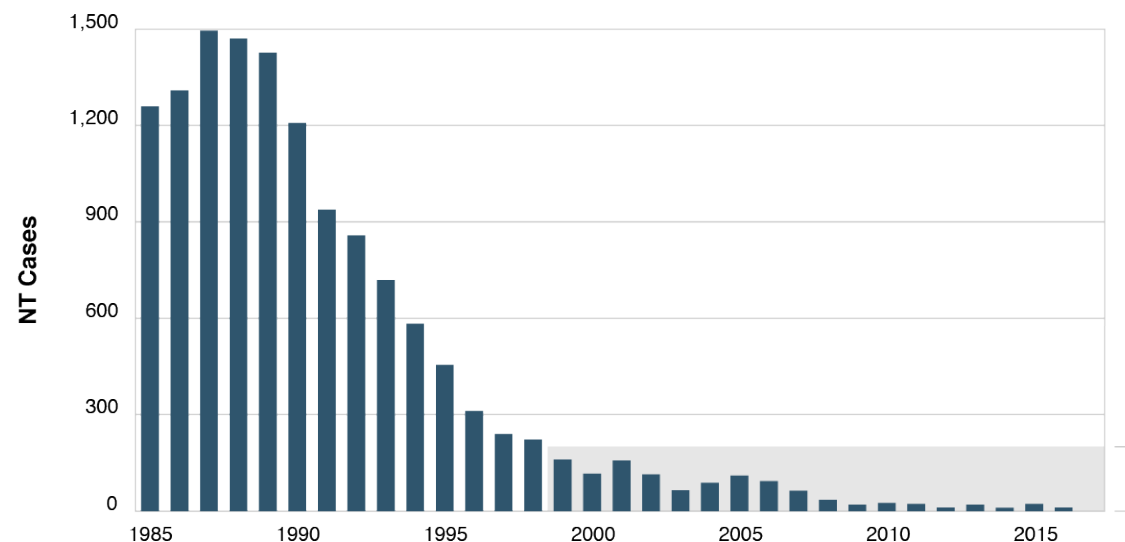
The South East Asia Region achieved Maternal & Neonatal Tetanus Elimination in 2016



Year MNTE validated:

- Nepal 2005
- Bangladesh 2008
- Myanmar 2010
- Timor Leste 2012
- India phased manner 2003-15
- Indonesia phased manner 2010-16
- **Regional MNTE goal achieved May 2016**
- Other countries succeeded prior to 2000

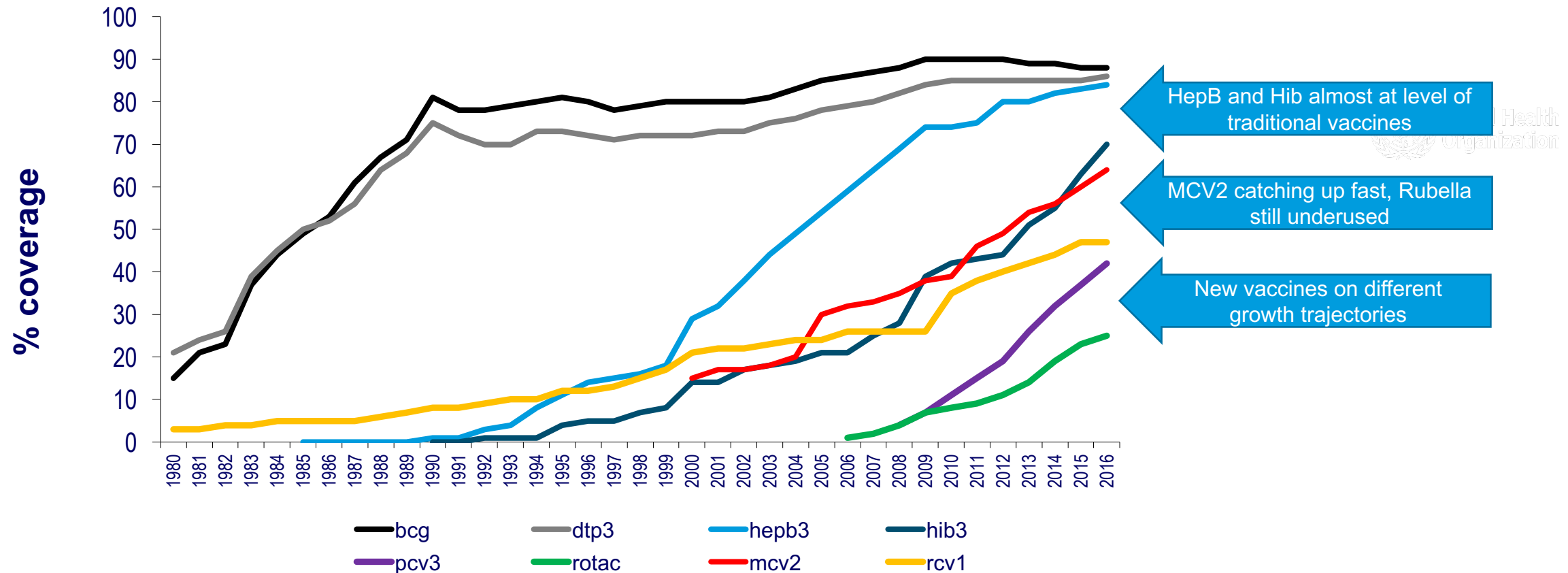
The region of the Americas achieved Neonatal Tetanus Elimination



Progress towards Universal Immunization

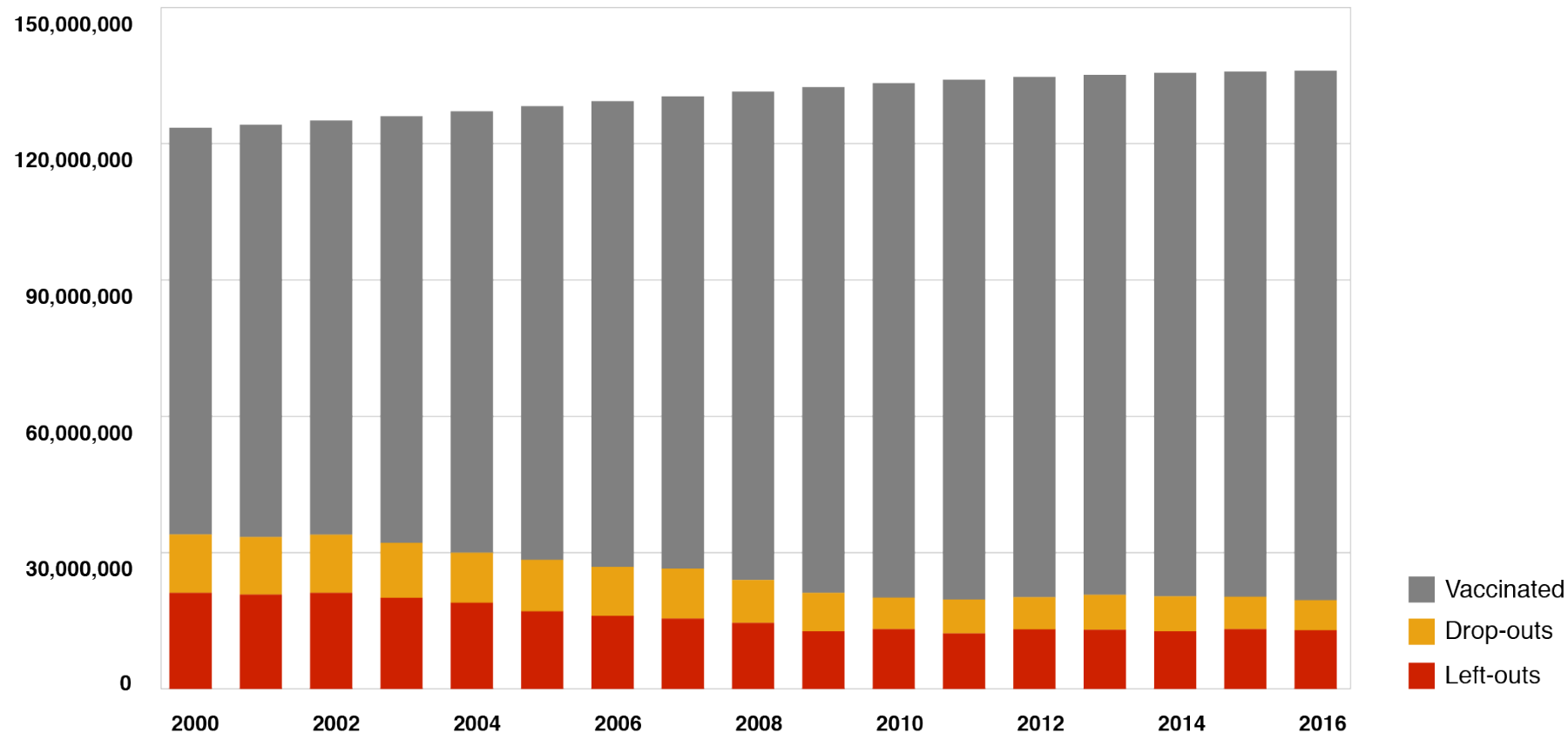


Children in many countries still don't benefit from all recommended vaccines



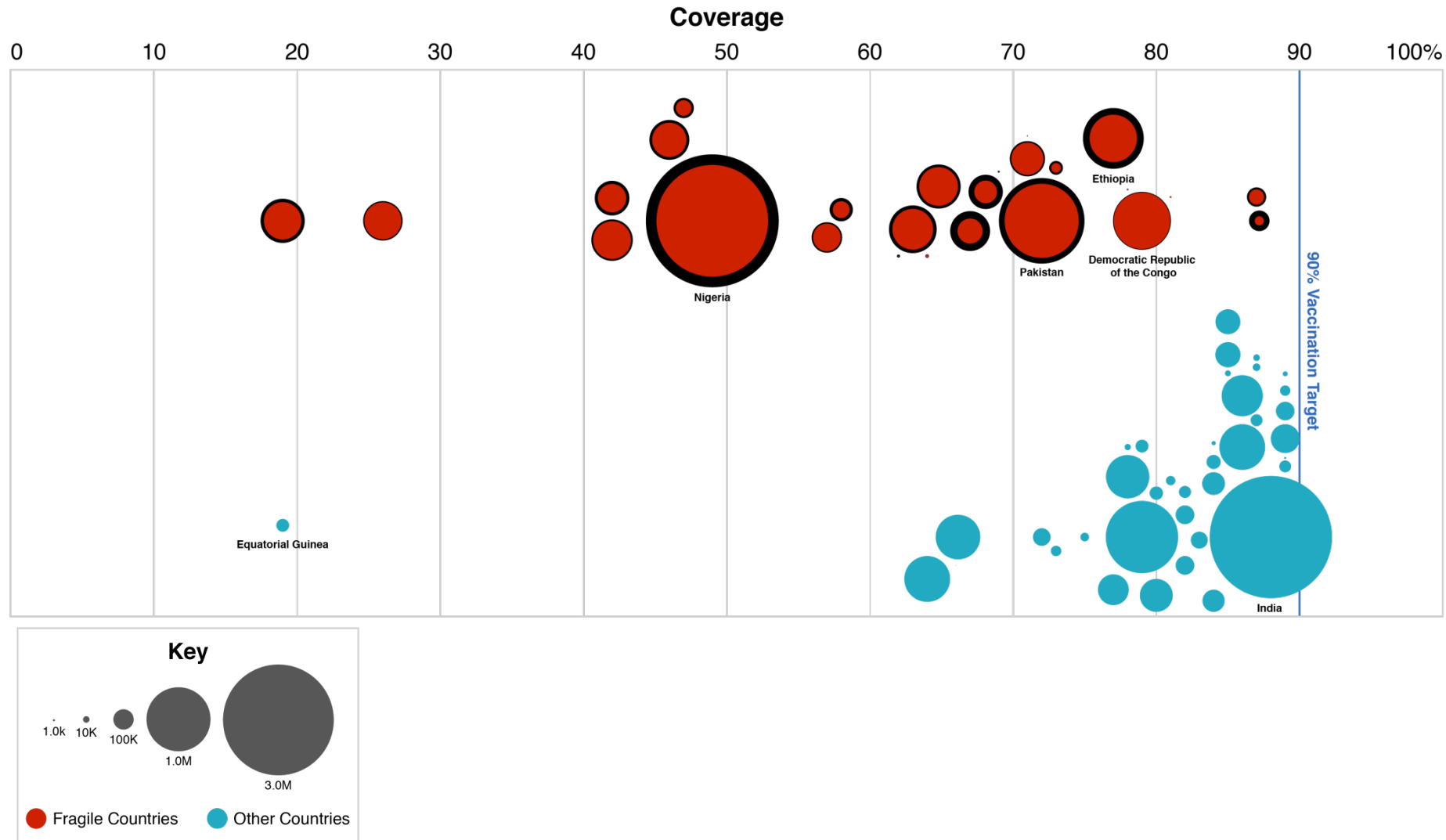
Source: WHO/UNICEF Estimates of National Immunization Coverage, July 2017

Of 20 million children un and under immunized, 13 million are left out, the other 7 million start vaccination but drop out before receiving a third dose



Source: WHO/UNICEF Estimates of National Immunization Coverage, July 2017

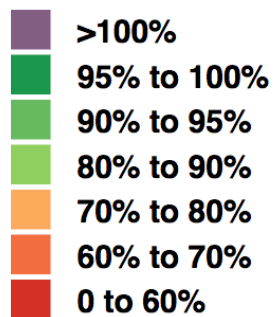
Fragile and polio endemic countries account for a disproportional share of the un and under vaccinated



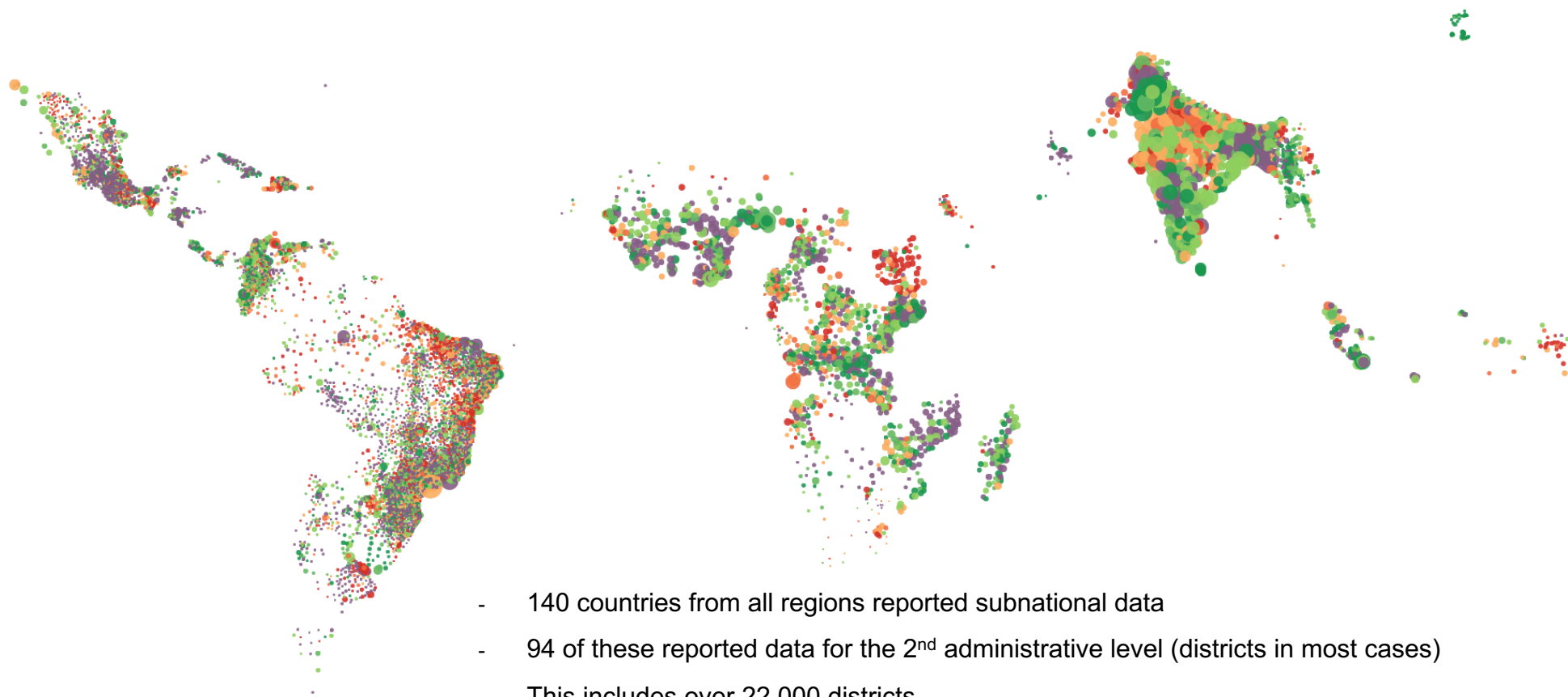
Source: WHO/UNICEF Estimates of National Immunization Coverage, July 2017

WHO and UNICEF collected subnational data at global level for the first time

Reported Coverage



Surviving Infants



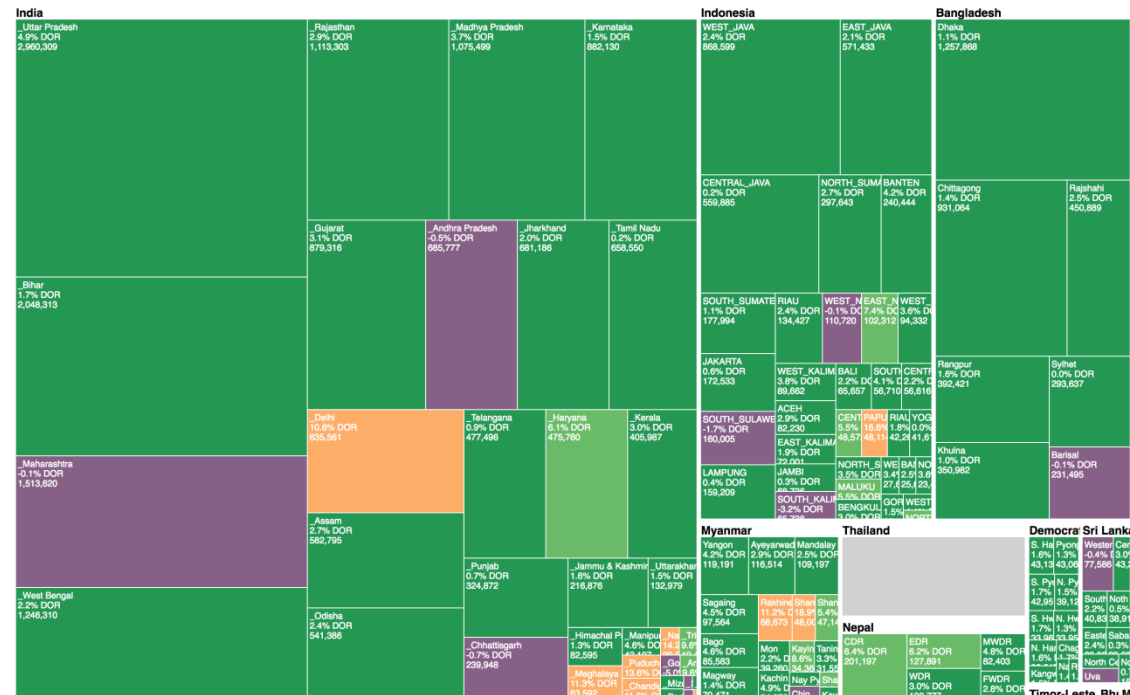
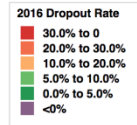
- 140 countries from all regions reported subnational data
- 94 of these reported data for the 2nd administrative level (districts in most cases)
- This includes over 22,000 districts
- Each between 0 and 500,000 surviving infants, median: 440 infants

Many countries have reduced drop-out, but systemic issues in fragile countries



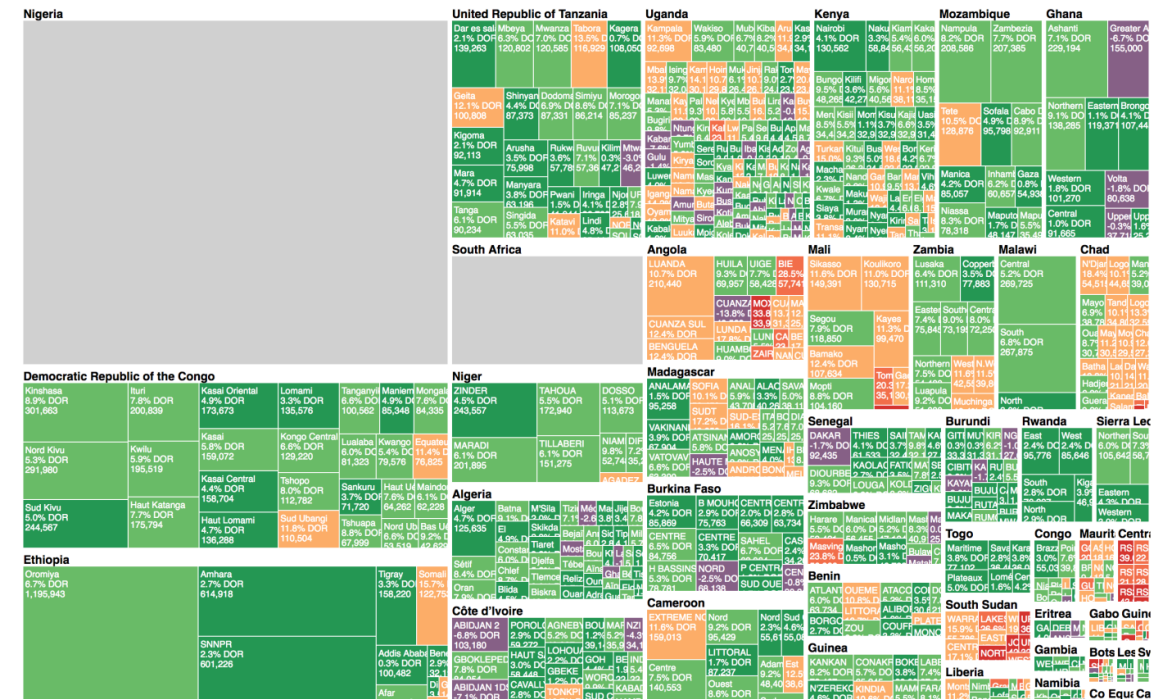
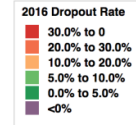
SEAR Subnational Dropout by Administrative Level for 2016

Colored by percentage of $(DTP1 - DTP3) / (DTP1)$ vaccinations.
Approximately sized by sum of DTP1 vaccinations for Admin1 regions.
Countries without subnational data colored light grey.



AFR Subnational Dropout by Administrative Level for 2016

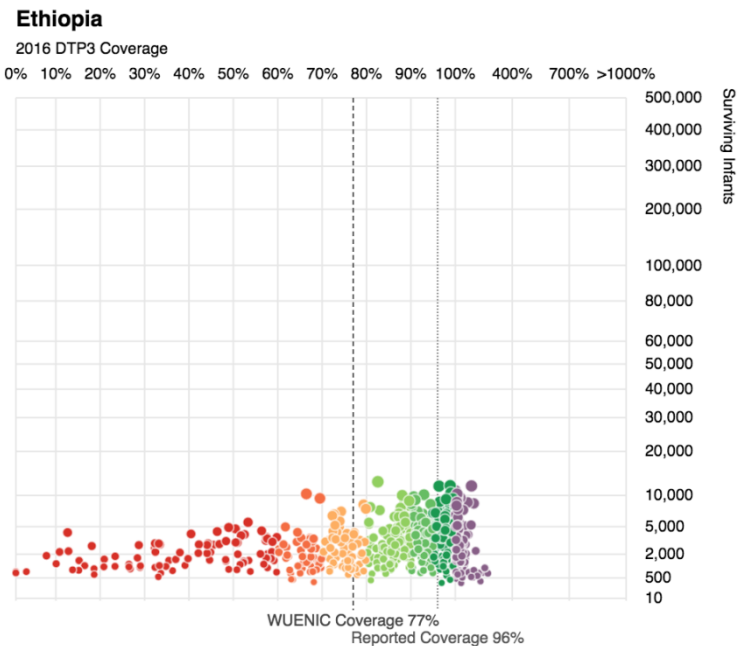
Colored by percentage of $(DTP1 - DTP3) / (DTP1)$ vaccinations.
Approximately sized by sum of DTP1 vaccinations for Admin1 regions.
Countries without subnational data colored light grey.



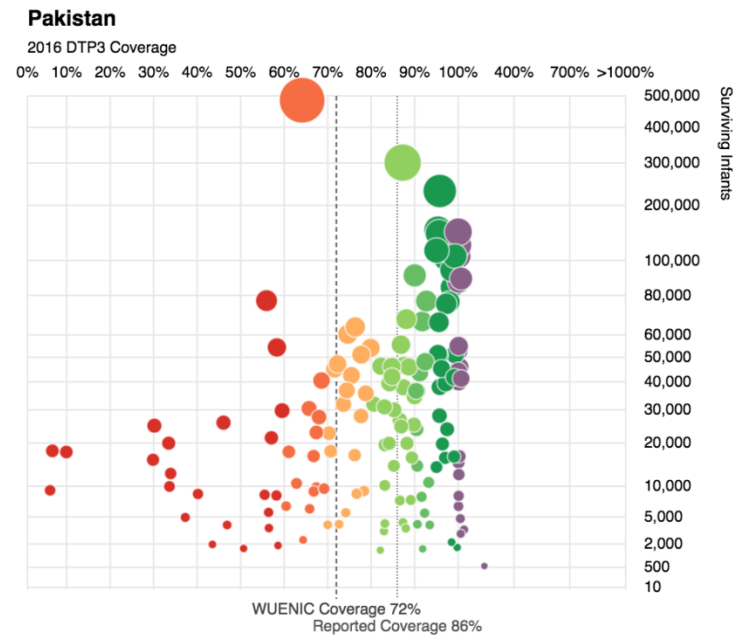
Source: data reported by Member States

Coverage at the subnational level: large geographical inequities

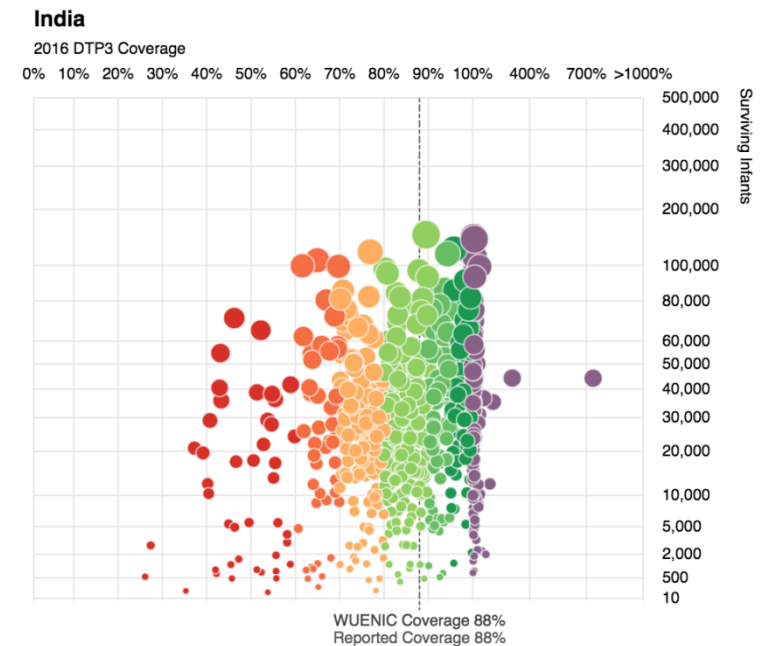
Ethiopia



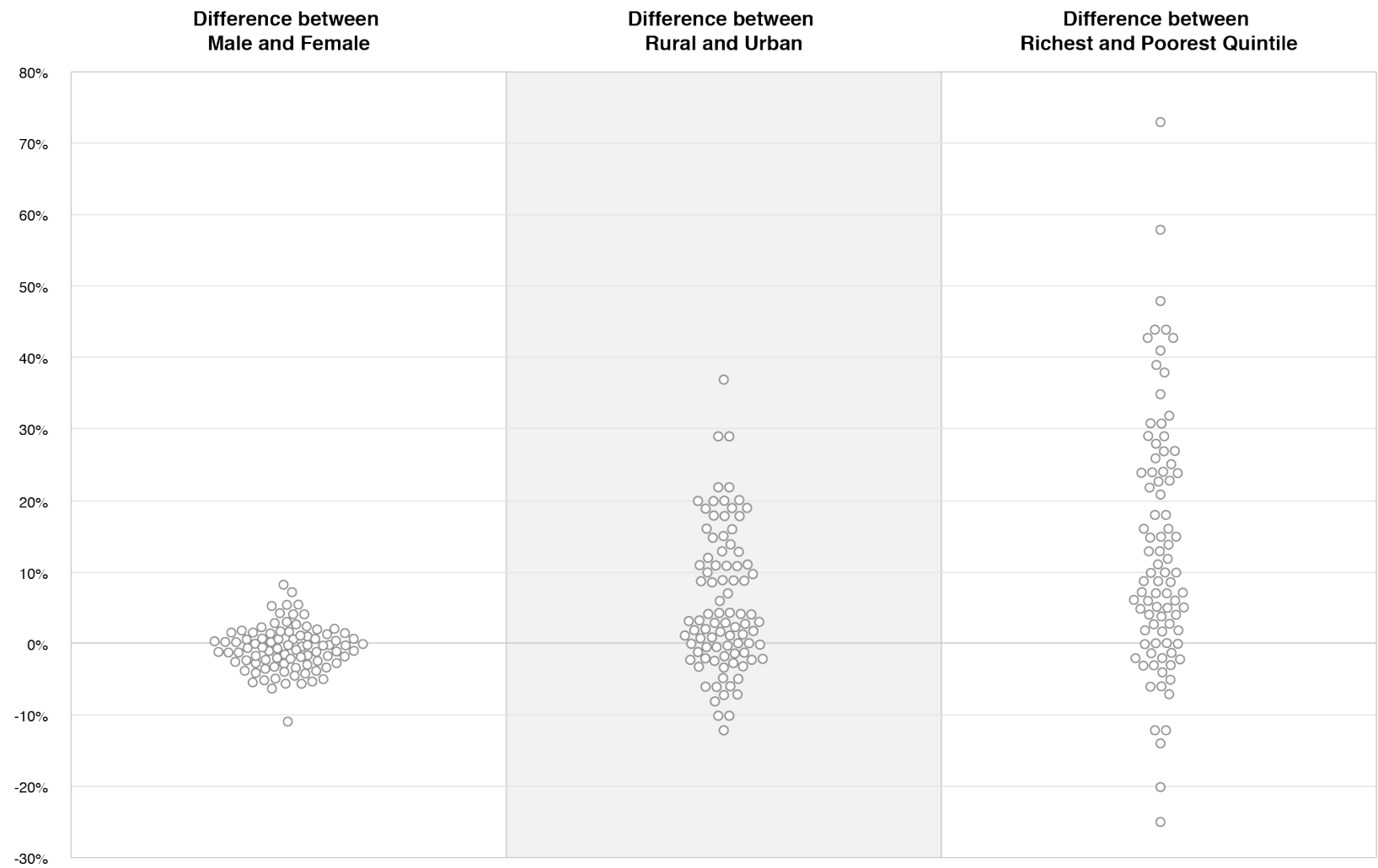
Pakistan



India

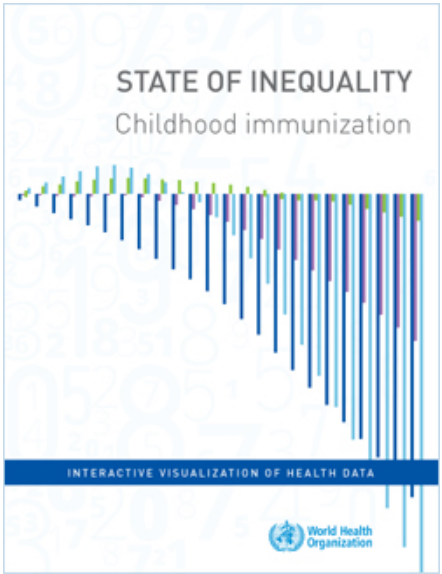
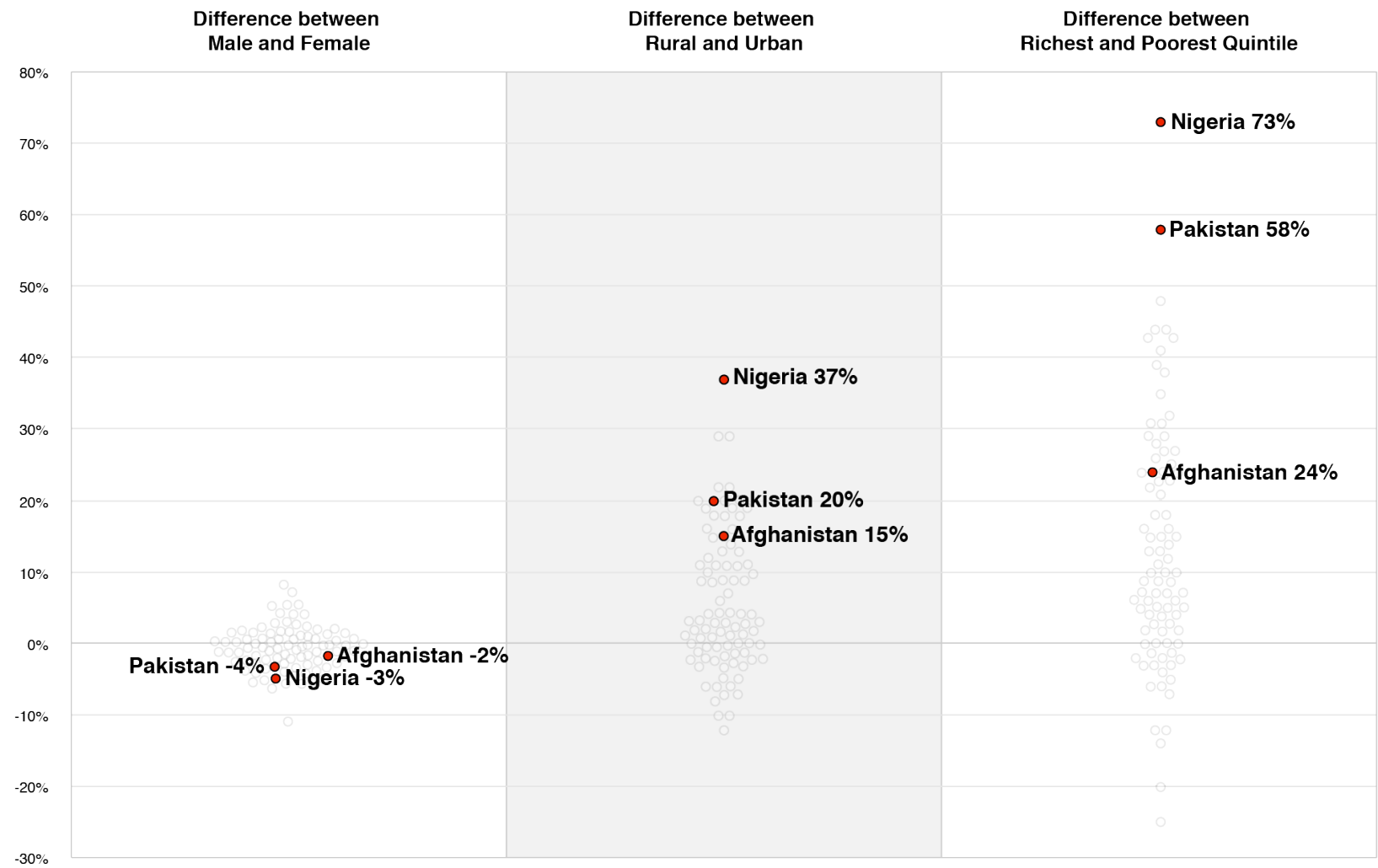


Other inequities in immunization



Source: WHO Global Health Observatory / Health Equity Monitor

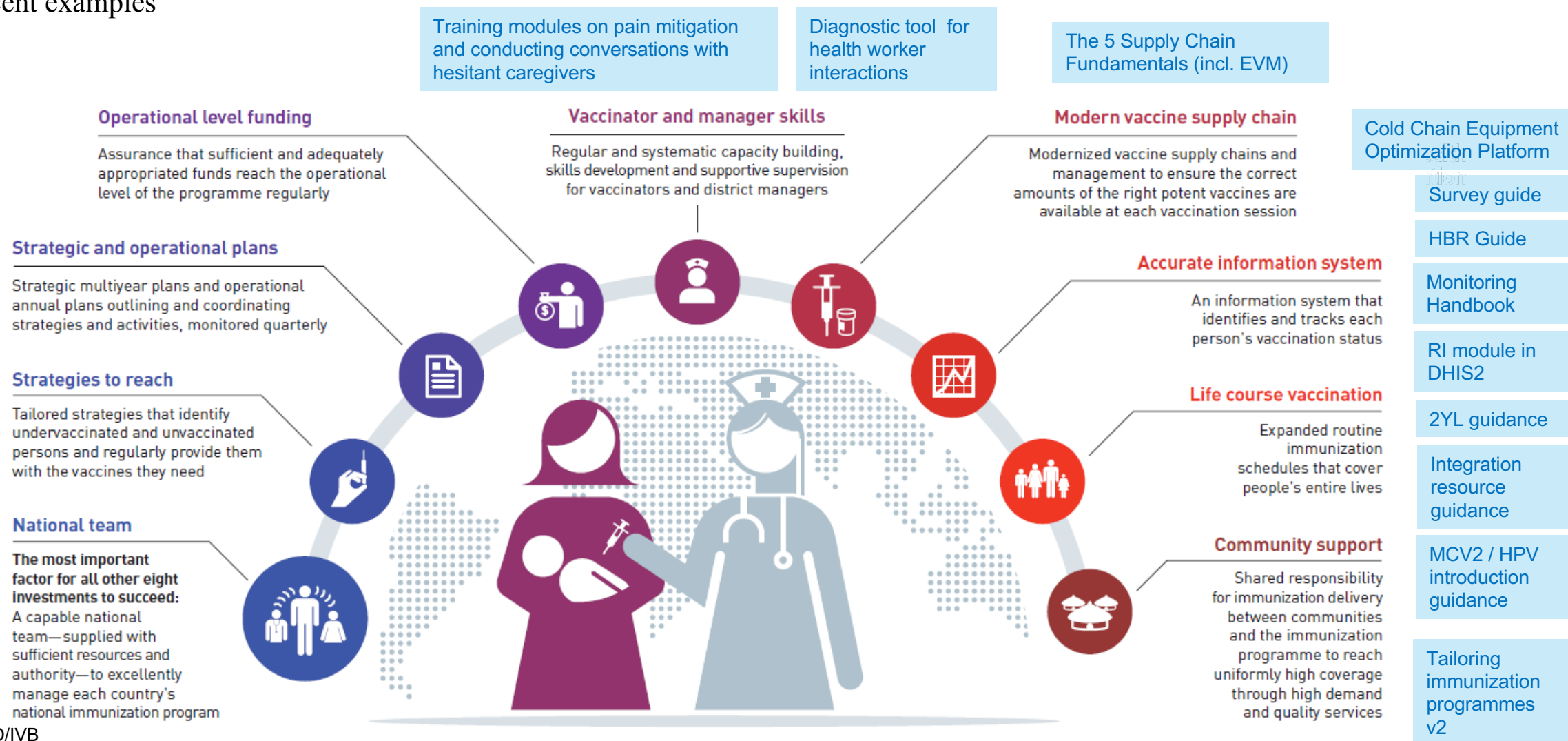
Other inequities in immunization



Source: WHO Global Health Observatory / Health Equity Monitor

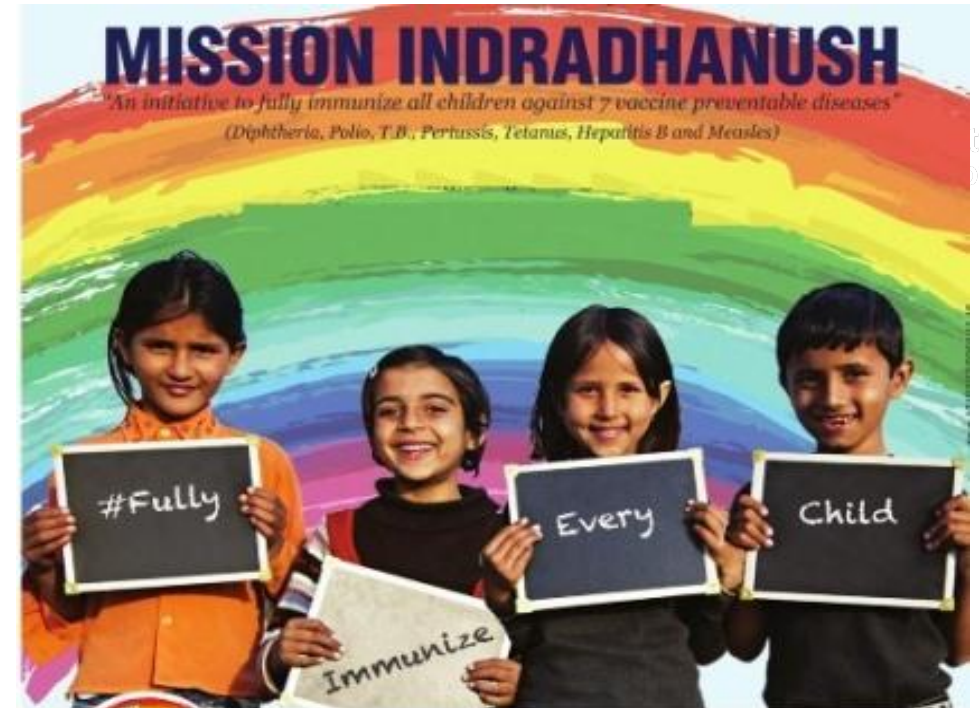
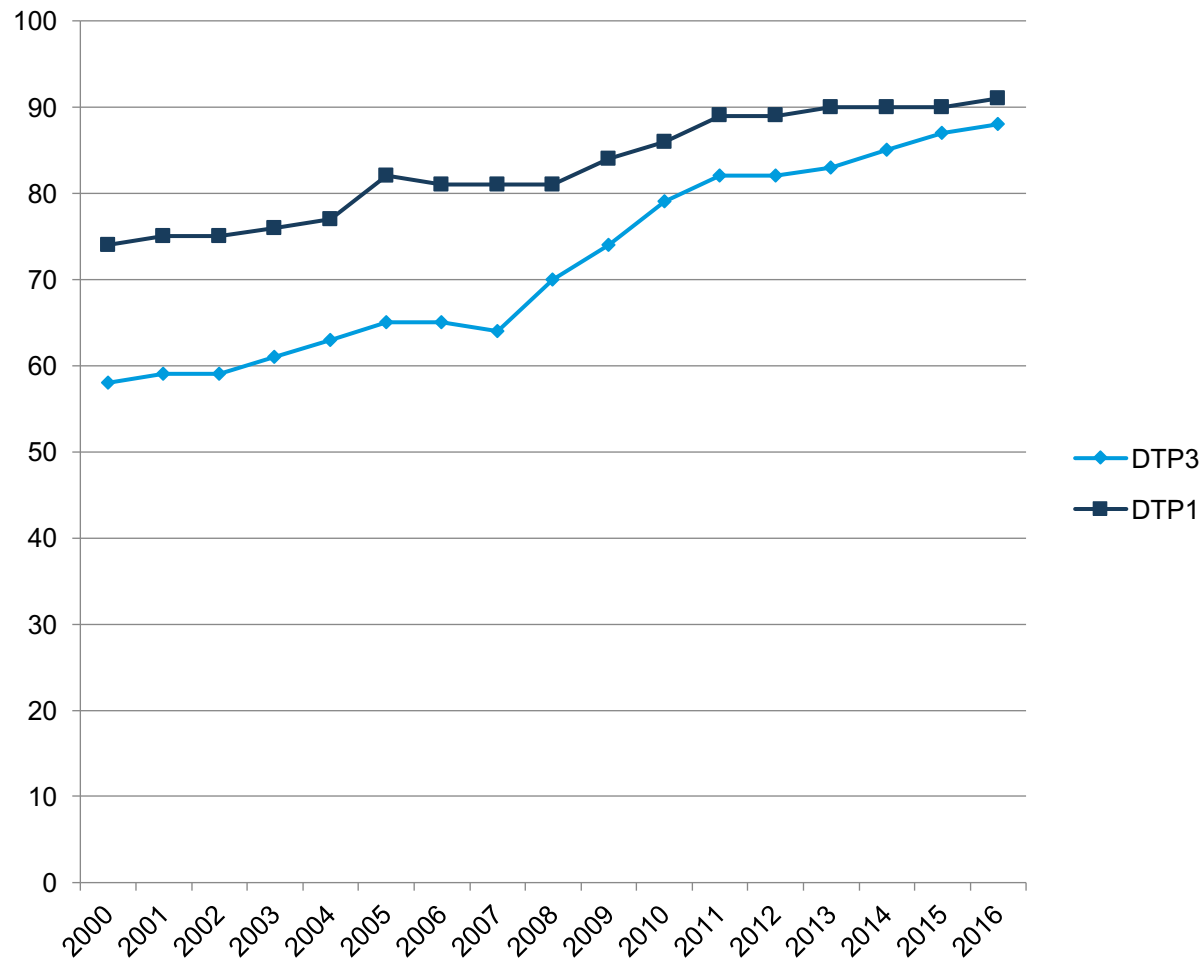
How do we respond to these challenges?

Some recent examples



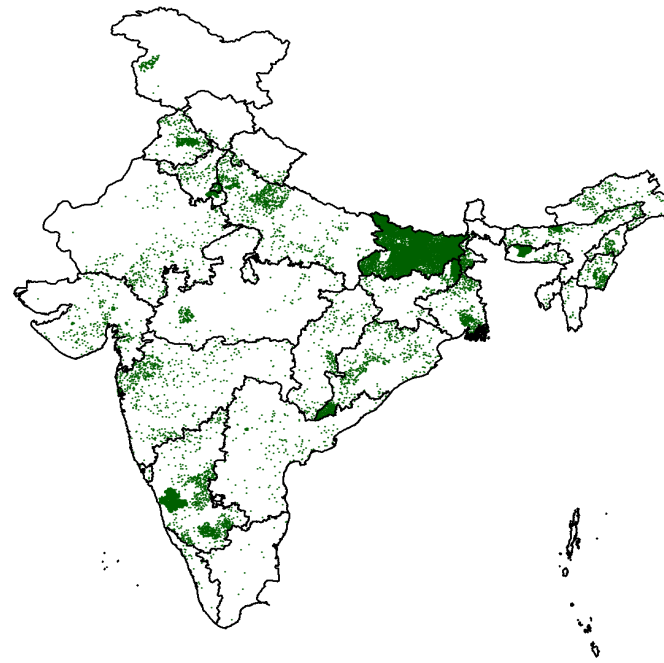
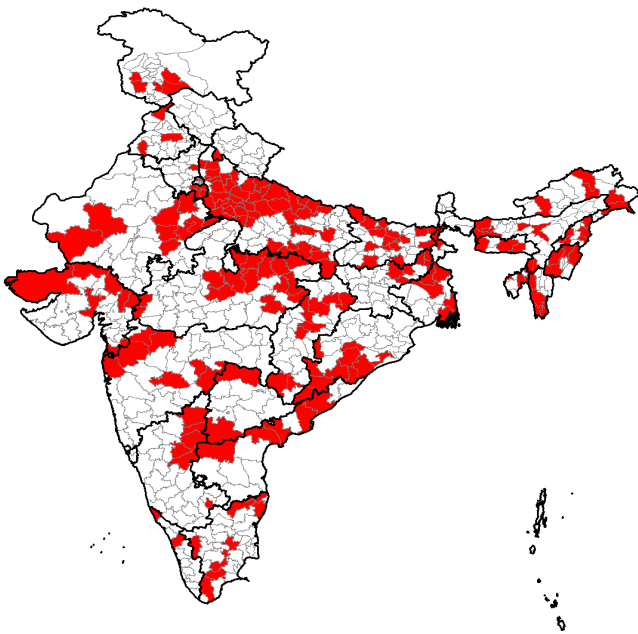
Source: WHO/IVB

Example: How did India manage to reduce drop out and improve access?



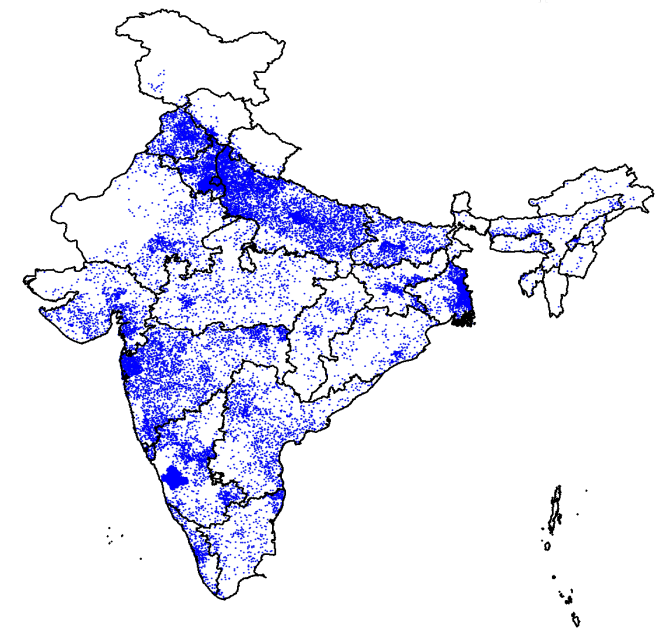
Focus on highest priority districts and vulnerable populations

- Focus on 201 districts in 28 states with 50% of left-outs & drop-outs
- Specific micro plans for migrant and high risk areas



• = 10 HR sites

~ 166,000 High Risk areas

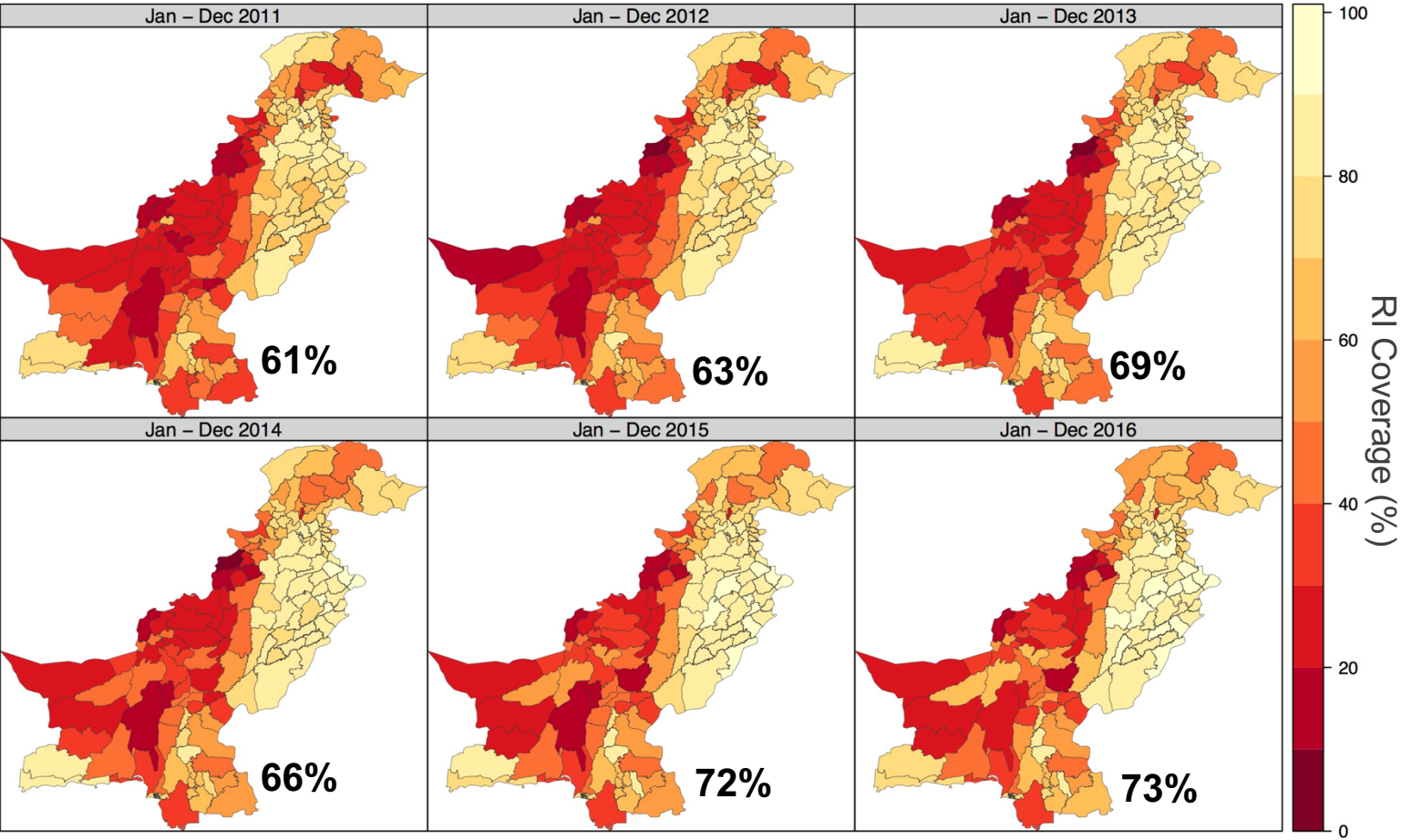


• = 10 Migrant sites

~ 256,000 migrant sites

Id Health
unization

In Pakistan, analysis of non-polio AFP data shows a sustained increase of coverage from 61% to 73% in the last 5 years

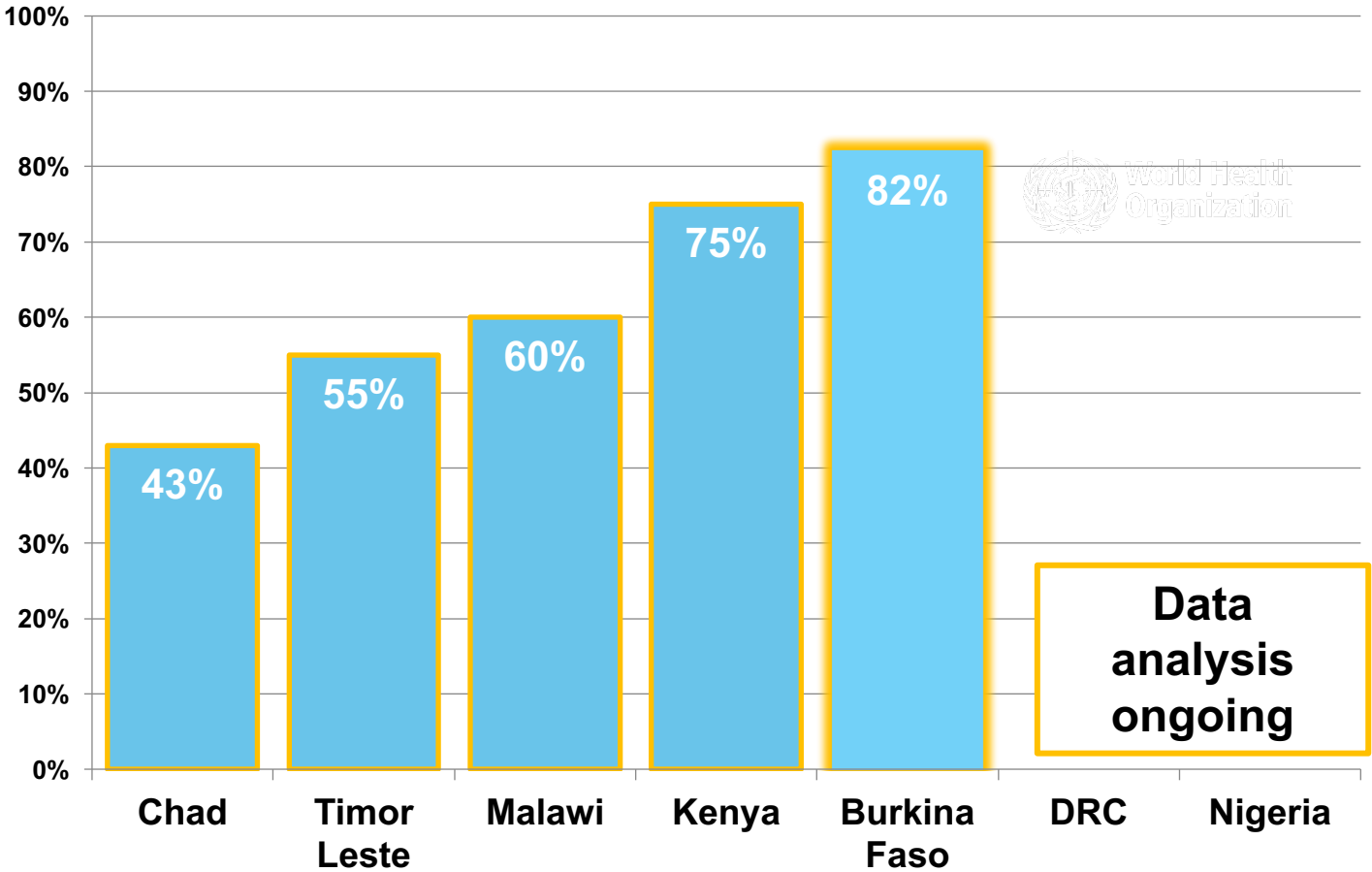
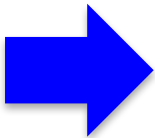


RI OPV3 coverage based on non polio AFP data (2011-2016)

Source: Pakistan AFP Surveillance Data – Imperial College London

Addressing “Missed Opportunities for Vaccinations” (MOVs) to close the coverage gaps

% of eligible children who left the facility unvaccinated



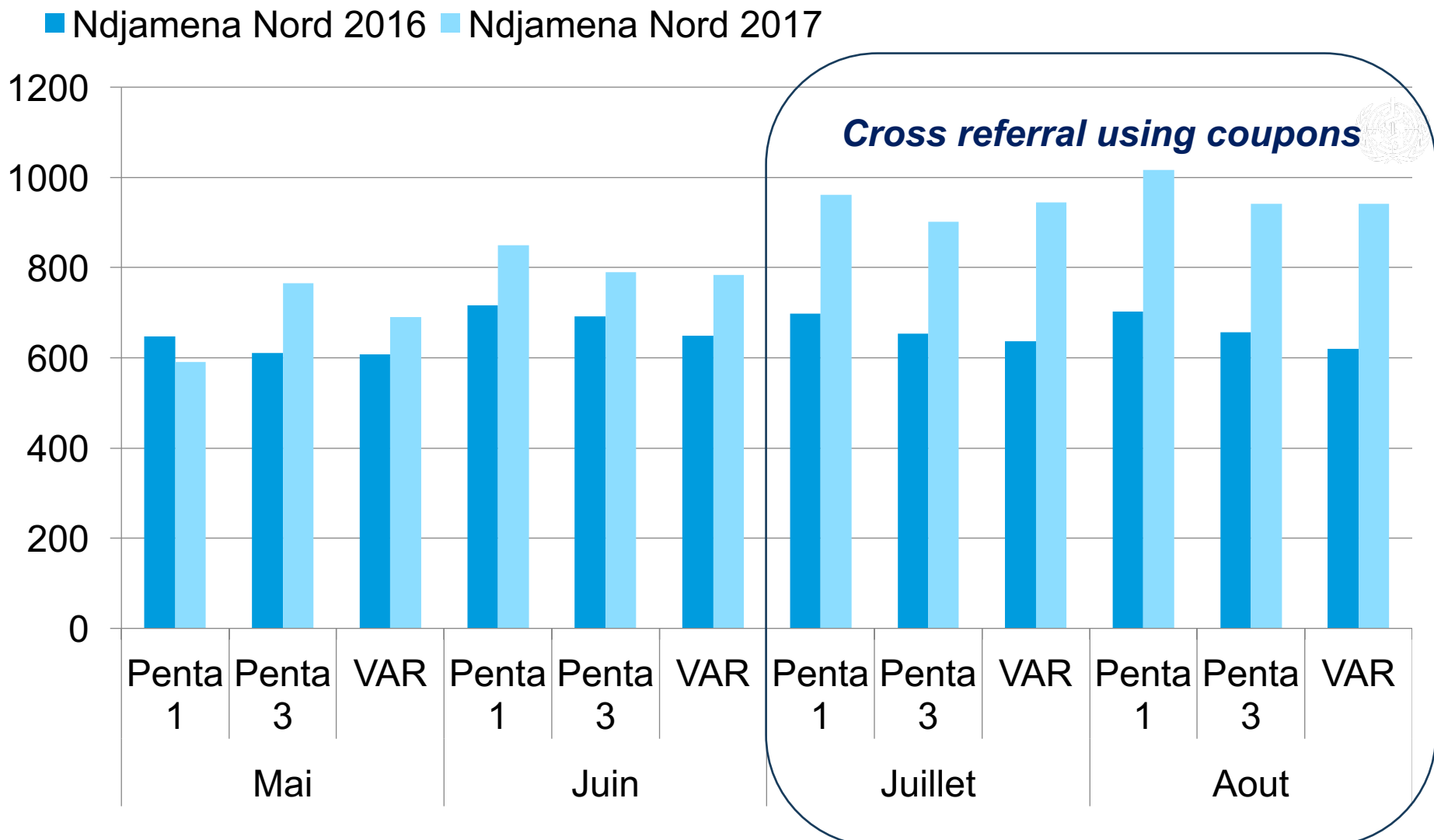
In Chad, this finding led to the adoption of 15 simple strategies to reduce MOV...

Elaboration des directives claires du MSP pour réduire les OMV	R
Ajouter le statut vaccinal dans le carnet de soins de l'enfant	NR
Veillez au respect de la gratuité de la vaccination	NR
Vérification systématique de statut vaccinal de tous les cibles du PEV	EC
Organiser des causeries éducatives avant les séances de vaccination	EC
Formation du personnel sur la qualité de l'accueil	EC
Organiser la formation et recyclage en PEV en pratique	R
Organiser des séances de vaccination au quotidien dans tous les CS	EC
Donner des informations aux mères sur la vaccination	EC
Formation des équipes cadre de 6 DS, et de 92 CS	R
Briefing des prestataires (consultation externe, services de pédiatries)	R
Disponibiliser des coupons de réduction des OMV dans les services des CS	R
Supervision formative intégrée des activités de réduction des OMV	R
Appui des consultants OMS et UNICEF dans la réduction des OMV	EC
Mise en place d'un outil spécifique de collecte des données sur les OMV	R

...including the issuance of vaccination “coupons” for cross-referral of children who visited for other reasons...



In the participating districts, this has led to an increase in the number of administered doses



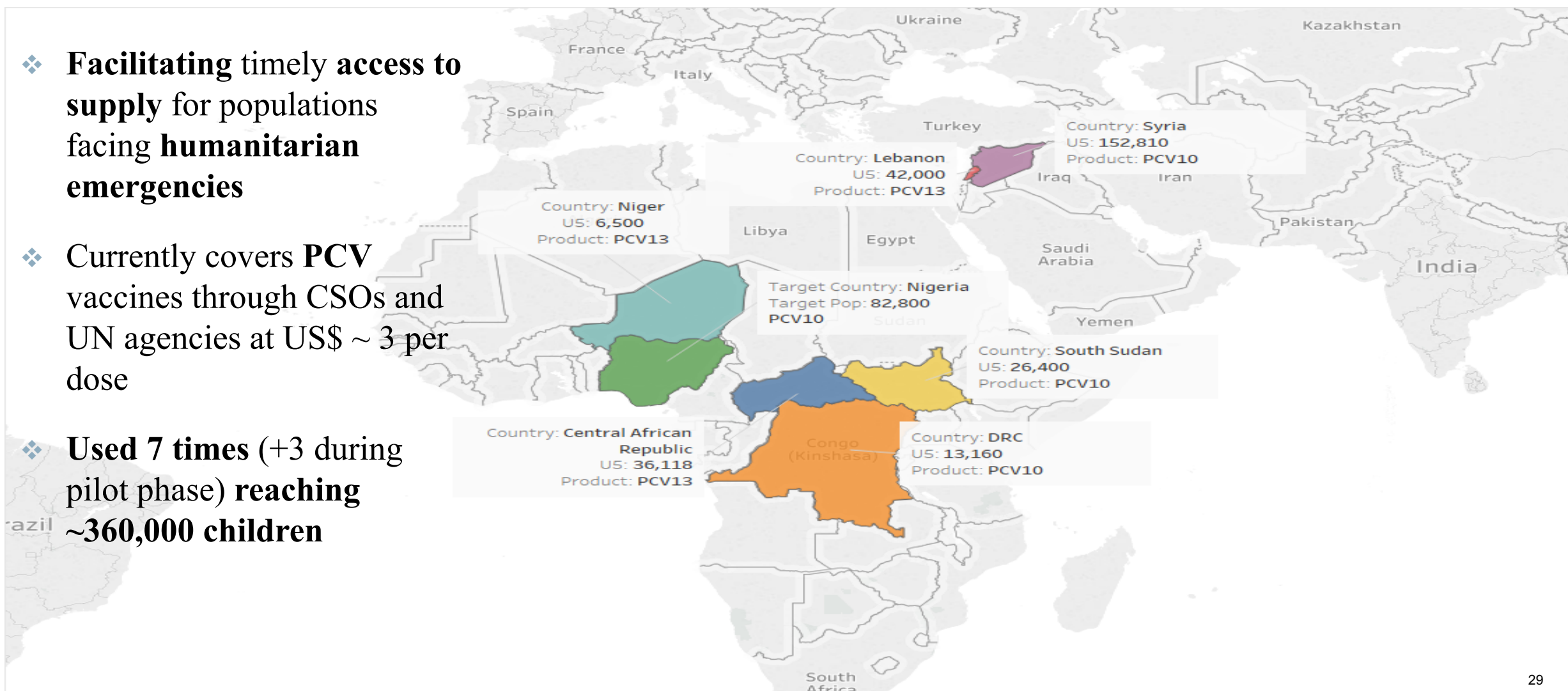
The Humanitarian Mechanism for access to affordable vaccines

Launched by WHO, UNICEF, MSF and Save the Children in May 2017

- ❖ **Facilitating timely access to supply** for populations facing **humanitarian emergencies**

- ❖ Currently covers **PCV** vaccines through CSOs and UN agencies at US\$ ~ 3 per dose

- ❖ **Used 7 times (+3 during pilot phase) reaching ~360,000 children**



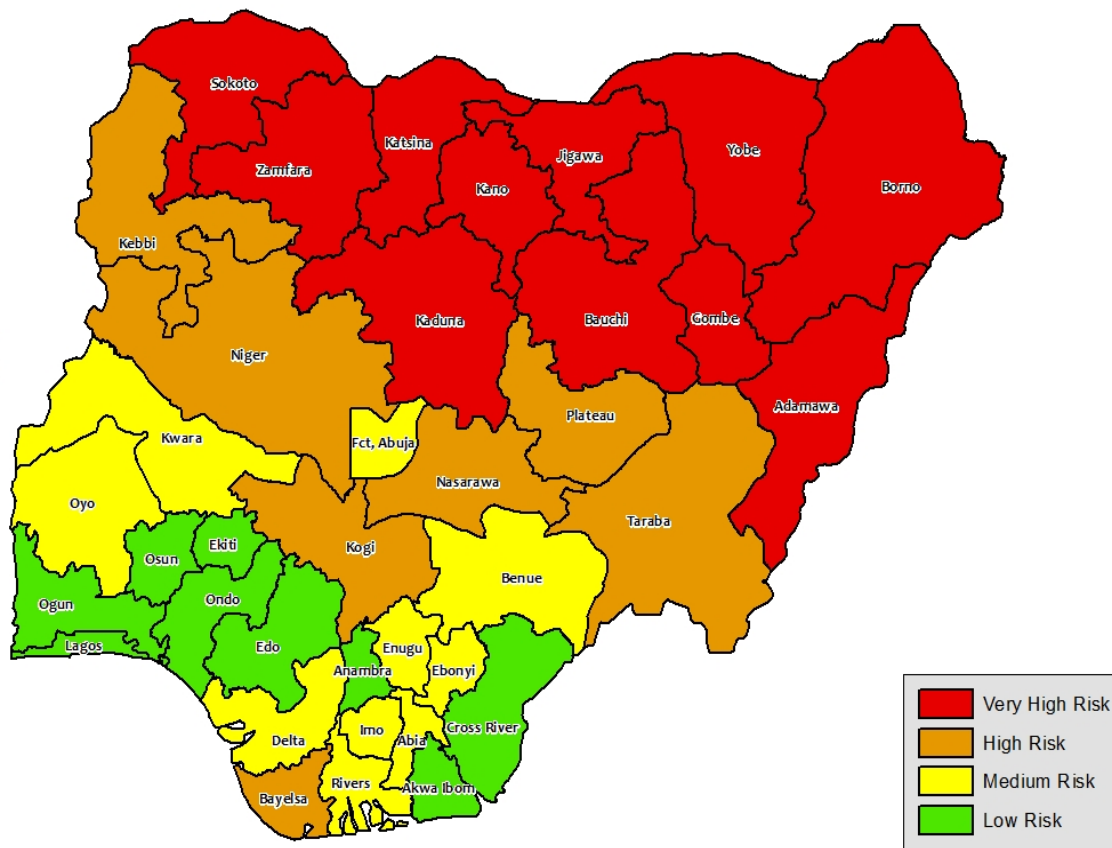
WAYS FORWARD:

Immunization as a national
priority agenda in all
countries



In Nigeria, leadership has accepted poor survey results and prioritized states accordingly for implementation of a national emergency plan

RI Risk Categorization Map: August 2017



Very High Priority (11)

- Sokoto, Jigawa, Kaduna, Kano and Kastina, Borno, Gombe, Bauchi, Adamawa, Yobe and Zamfara

High Priority (7)

- Kebbi, Kogi, Taraba
- Nasarawa, Niger, Bayelsa and Plateau

Medium Priority (10)

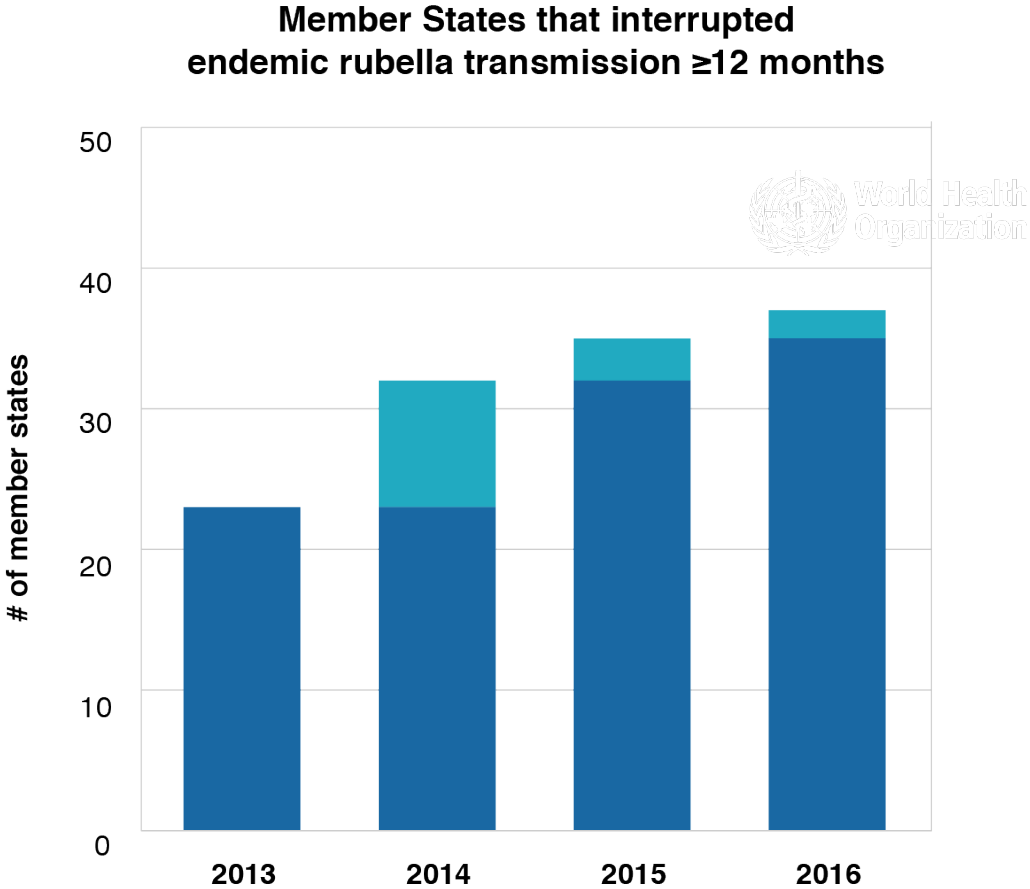
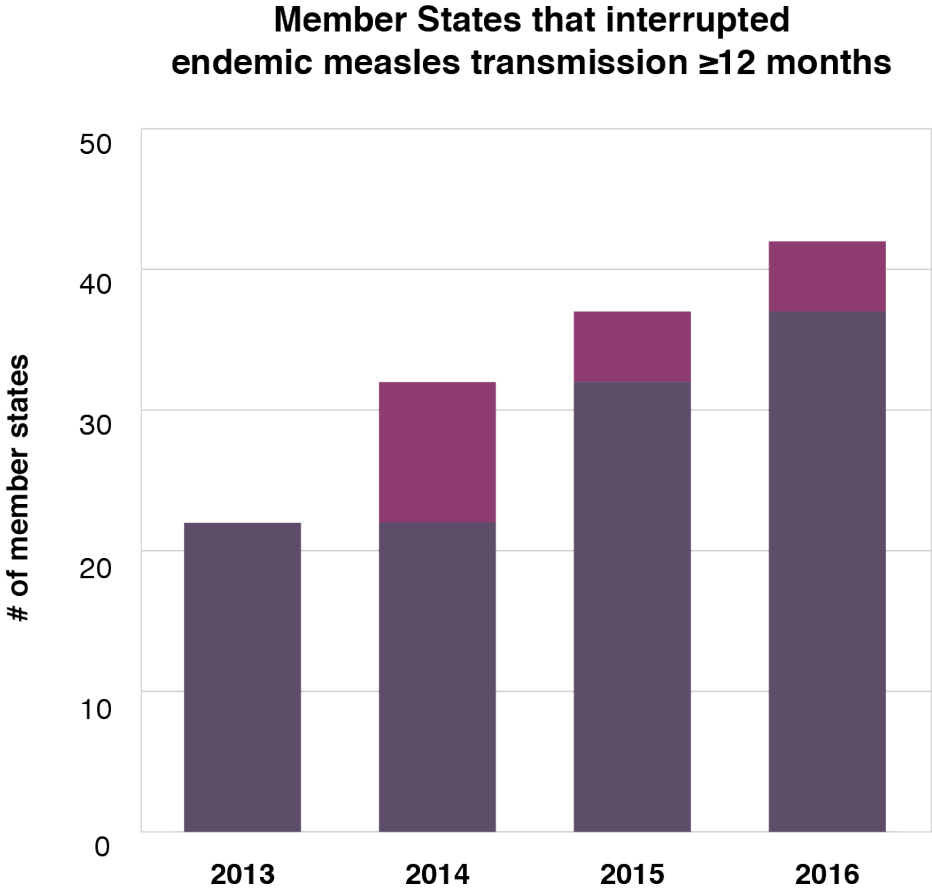
- Kwara, Benue, Imo, Ebonyi, FCT
- Oyo, Abia, Delta, Enugu & Rivers

Low Priority (9)

- Edo, Akwa Ibom, Cross River, Ogun,
- Anambra, Osun, Lagos, Ondo and Ekiti

- Categorization of States + FCT was based on a set of six (6) indicators; and is completed
- **NERICC Interventions are focused mainly on the 18 poor performing States**
- However, there will be targeted support to the remaining states

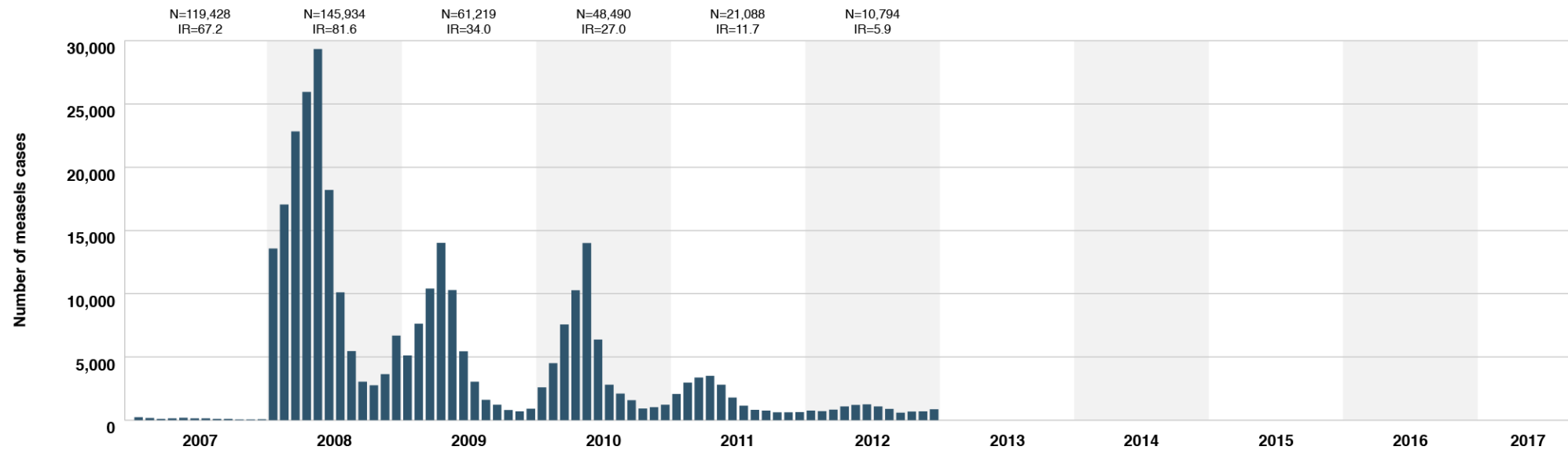
European Region: Steady progress towards measles & rubella elimination goal



Data source: Meeting report of the European Regional Verification Commission for Measles and Rubella Elimination

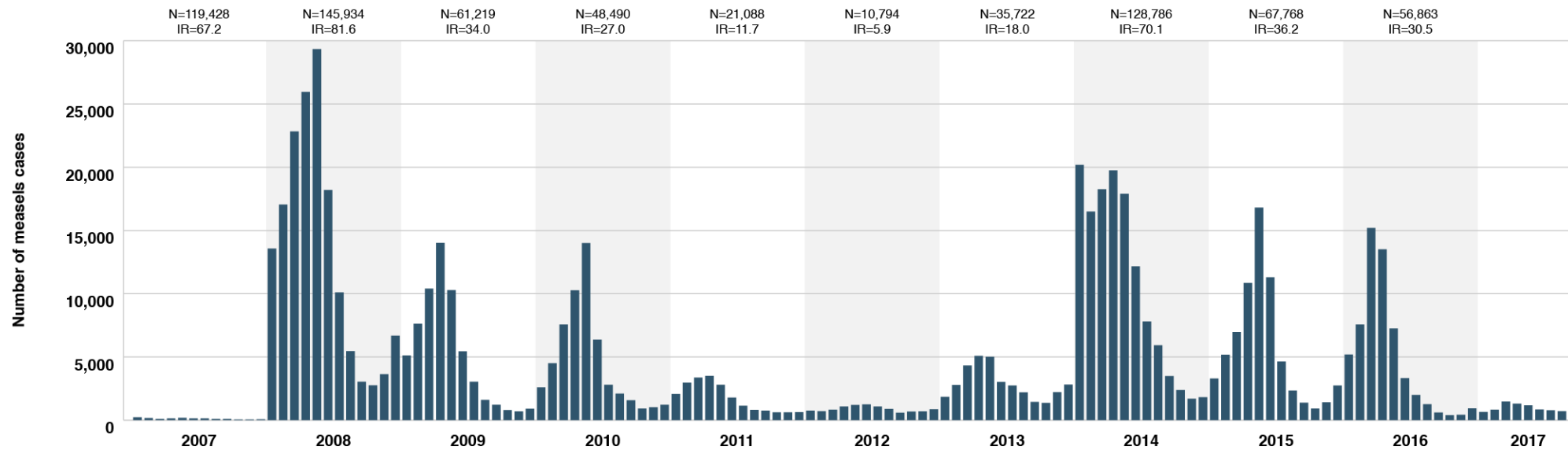
Note: Verification process not initiated in 2 Member states

Western Pacific Region: Progress towards Measles elimination



Western Pacific Region:

Progress towards Measles elimination, and resurgence in 2014



Aligning immunization with emerging global health and development agendas

UHC/Health System Strengthening

- Policy level : use of Immunization indicator to track UHC progress; domestic financing
- Position immunization platform to help accelerate coverage with linked UHC interventions
- Support Gavi HSIS processes including fiduciary, supply chain and technical assistance deepened at provincial/district levels

Health Security

- Ensure prioritization of preventive interventions (RI, pre-emptive campaigns) while supporting Risk Assessments and Outbreak Responses, where needed
- Apply existing guidelines and ensure vaccine access
- Prioritize continuous learning and research activities in context of hum emergencies and emerging pathogens

Improved data quality and use



To monitoring and improve programmes, we need data that are fit for purpose at all levels



This will require investments in system fundamentals

Governance

SAGE WG guidance
Data inter-agency Leadership team

Improved coverage
estimates at all levels

Tools

Imm data systems & guidance
Catalyzing other data sources

Improved subnational
data generation,
validation, and use at
country and
subnational level

Processes

Continuous improvement
Innovative solutions
Triangulation of data

People

Workforce Development
Incentives and Motivation

Available surveillance
data on
Morbidity & Mortality

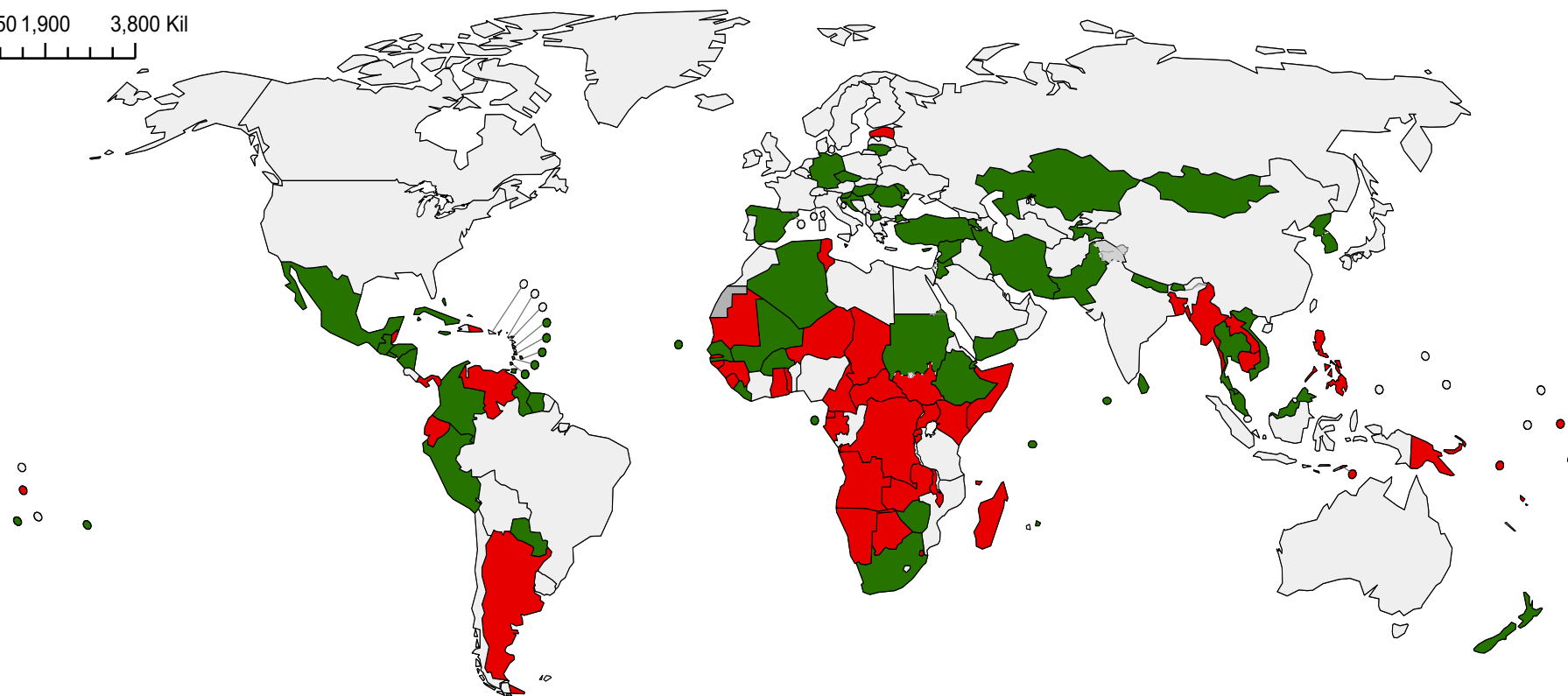


Improved health
outcomes because of
better decision making

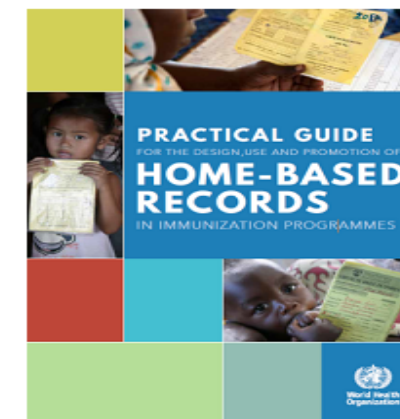


48 countries reported national-level stock-outs of their home-based records over the last 3 years

0 950 1,900 3,800 Kil



- Stock-out reported (48 countries or 25%)
- No reported stock-out all 3 years (69 countries or 36%)
- Not enough data available / No HBR in use (77 countries or 40%)
- Not applicable



Source: Nationally reported immunization system performance data for calendar year 2016 submitted on the Joint Reporting Form on Immunization . Map production: Immunization Vaccines and Biologicals, (IVB). World Health Organization. 194 WHO Member States. Date of slide: 11 October 2017

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Enhanced GVAP Governance

GVAP monitoring processes is excellent through SAGE and WHA

Implementation of recommendations remains weak

Support needed to further enhance the functioning of the DoV Secretariat at WHO (additional senior staff needed) and mobilize the GVAP Leadership



The GVAP 'Leadership Council' meeting, Washington, DC, 21 Apr

SAGE processes



Topics on the horizon for SAGE

Cross Cutting

- Plans for Global immunization strategy 2021-30*
- Quality and use of global immunization and surveillance data*
- GVAP monitoring of progress
- Use of vaccines in immunocompromised populations
- Vaccine health economics
- Strategies to reach older age groups
- Maternal vaccination
- Middle Income countries strategies
- Emergency vaccine development
- Heterologous prime-boost -issues for policy and use
- Combination products
- Optimizing immunization schedules
-

Vaccine Specific

- Polio eradication*
- Ebola vaccines*
- Meningitis B and other conjugate meningococcal vaccines (beyond Men A)*
- Measles and rubella elimination (progress towards goals and vaccination strategies)*
- Influenza vaccines
- Rotavirus vaccines
- RSV vaccines
- Mumps vaccines
- Update on malaria vaccine
-

(*tentatively planned for April 2018)

CONCLUSIONS

The programme has proved its resilience. It is expanding, with more vaccines reaching more people than ever.

GVAP progress is not fast enough and collectively we must now focus our efforts to achieve improvements in the most difficult countries and geographies. This required strong commitment from countries and coordinated support by all partners.

We need to be proactive in monitoring short term improvements stemming from interventions that can be readily implemented alongside working on major proposals to match our high ambitions.

SAGE has had an invaluable value in achieving progress so far, and it is even more important that SAGE be the compass for our programme as we tackle the remaining challenges.



Thank you

“My mother gave me an understanding that as good as you think you are, you're not so great. There's always room for improvement.

The reality is when people don't have someone to give them a sense of guidance, and say, "Hey, man, that's not happening," it's really hard.” – Stevie Wonder

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