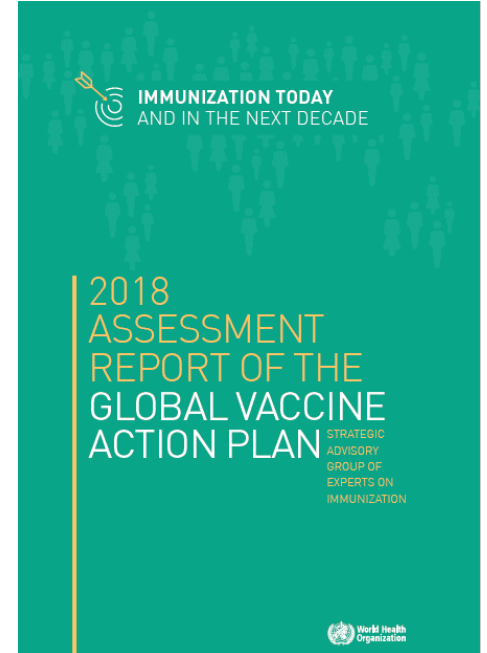


Global Vaccine Action Plan SAGE 2018 Assessment report

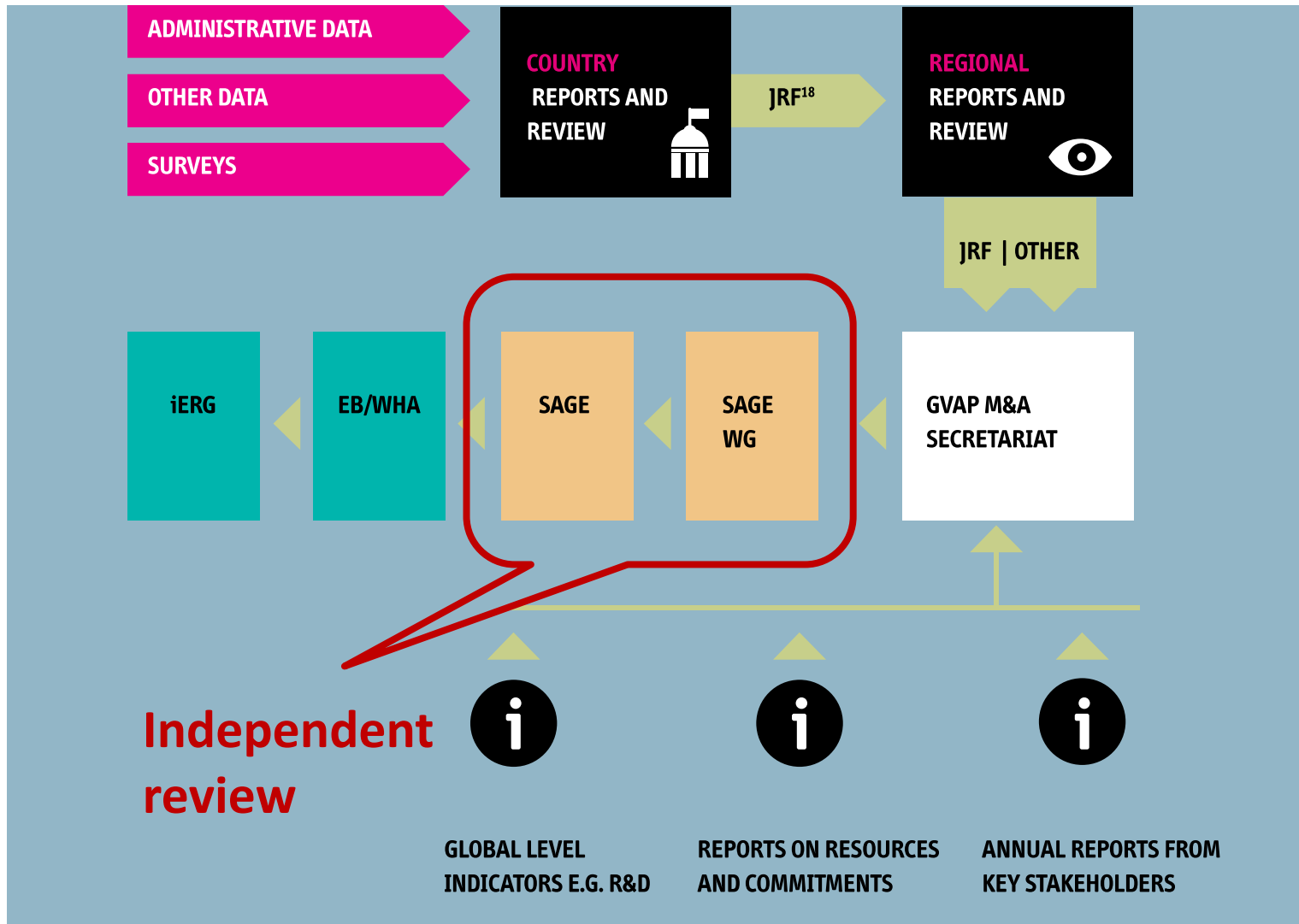
IMMUNIZATION TODAY
AND IN THE NEXT DECADE



Prepared by the Decade of Vaccines working group
SAGE meeting 23 October 2018



GVAP monitoring and evaluation framework



WHA resolution 65.17: REQUESTS the Director-General: (...) to monitor progress and report annually, through the **Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly**, on progress towards achievement of global immunization targets, as a substantive agenda item, using the proposed accountability framework to guide discussions and future actions.

WHA resolution 70.14: REQUESTS the Director-General: (...) to continue to monitor progress annually and **to report to the Health Assembly, through the Executive Board, as a substantive agenda item in 2020 and 2022** on the achievements made against the 2020 global vaccine action plan goals and targets

SAGE Decade of Vaccines Working Group

Working group experts		DoV Partners
<ul style="list-style-type: none">• Noni MacDonald (chair, SAGE member)• Yagob Al Mazrou (SAGE member)• Kim Jon Andrus• Narendra Arora• Susan Elden• Rebecca Martin• Marie-Yvette Madrid• Amani Mahmoud	<ul style="list-style-type: none">• Mustafa• Huda Abason Oleru• Helen Rees• David Salisbury• Qinjian Zhao	<ul style="list-style-type: none">• Bill and Melinda Gates Foundation• Gavi the Vaccine Alliance• National Institute of Allergy and Infectious Diseases (USA)• UNICEF• World Health Organization (HQ and RO)
		Other participants
		<ul style="list-style-type: none">• Gavi Civil Society Organization Constituency

One of the standing WG of SAGE, established March 2013

7 teleconferences between March and August

Face-to-face meeting 28-30 August 2018

Intense electronic interactions including for the finalisation of the draft

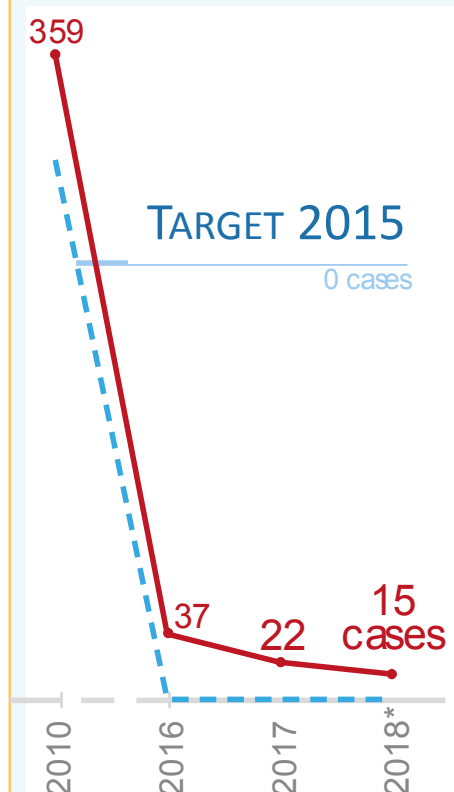
Deliverable prepared for SAGE by the DoV WG: 2018 SAGE GVAP Assessment report



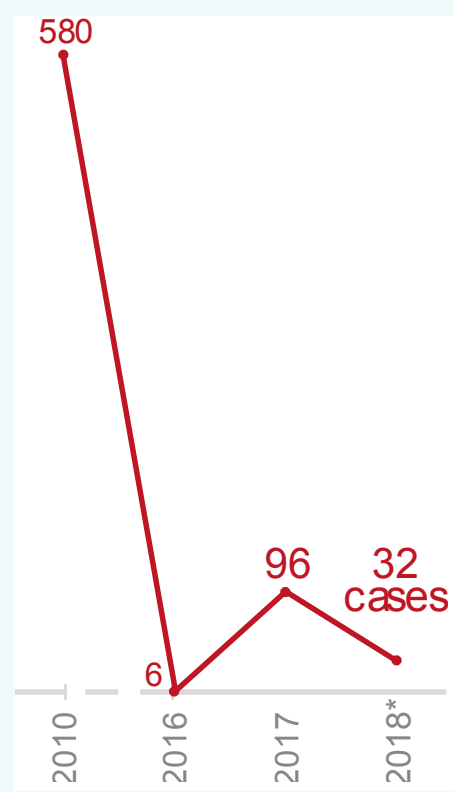
Polio eradication and MNTE elimination goals

WILD POLIOVIRUS AND CIRCULATING VACCINE-DERIVED POLIOVIRUS CONTINUE TO BE DETECTED

Number of new wild poliovirus infections

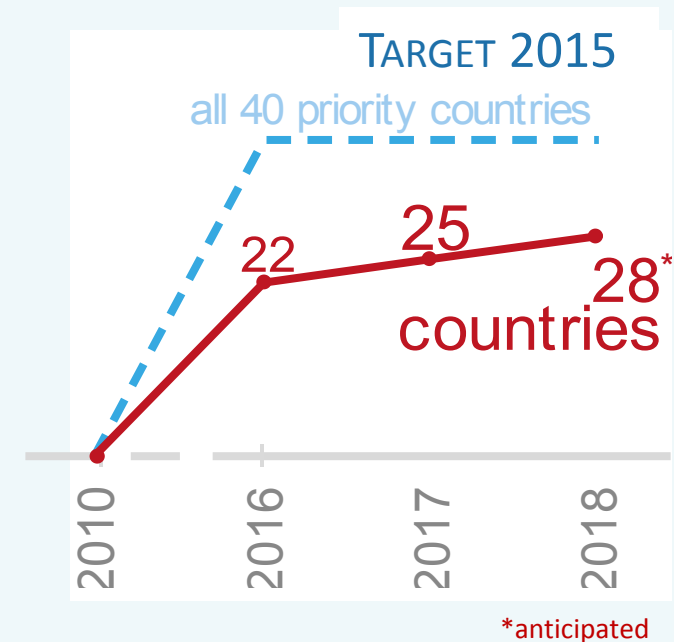


Number of new cases of circulating vaccine-derived poliovirus



THREE ADDITIONAL COUNTRIES ACHIEVED MATERNAL AND NEONATAL TETANUS ELIMINATION IN 2017 BUT GLOBAL ELIMINATION BY 2020 IS UNLIKELY

Number of priority countries verified for maternal and neonatal tetanus elimination

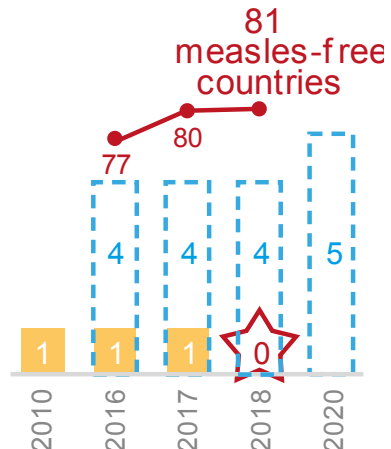


Measles and Rubella elimination goals

MEASLES OUTBREAKS IN 2017 LED THE REGION OF THE AMERICAS TO LOSE ITS MEASLES ELIMINATION STATUS IN 2018

Number of regions and countries achieving elimination

MEASLES



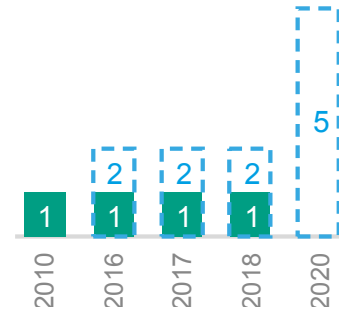
TARGET 2020

Five WHO regions

2018: Measles is again endemic in all regions

Number of regions achieving elimination

RUBELLA

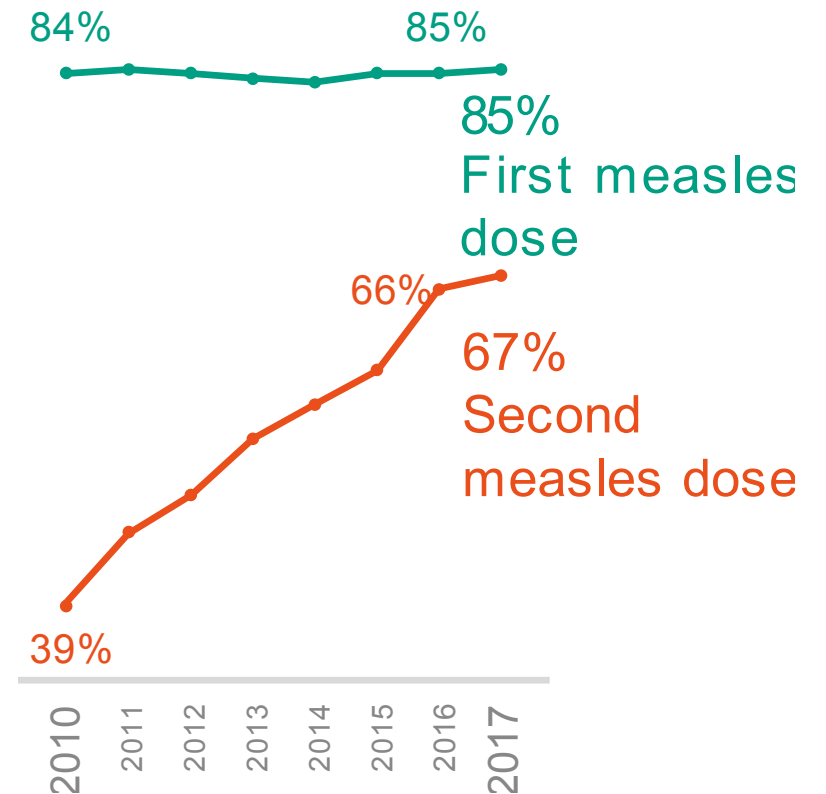


TARGET 2020

Five WHO regions

2018: Only one region rubella-free

GLOBAL COVERAGE OF FIRST-DOSE MEASLES VACCINE HAS PLATEAUED BUT SECOND-DOSE COVERAGE HAS INCREASED SIGNIFICANTLY



The conundrum of supplementary immunization activities (SIAs)

Upside

- 2017: measles SIAs reached over 200 million children
- especially used during outbreaks
- Saves lives (unimmunized children at risk of dying in outbreaks)
- Community accepts as “usual” care

Downside

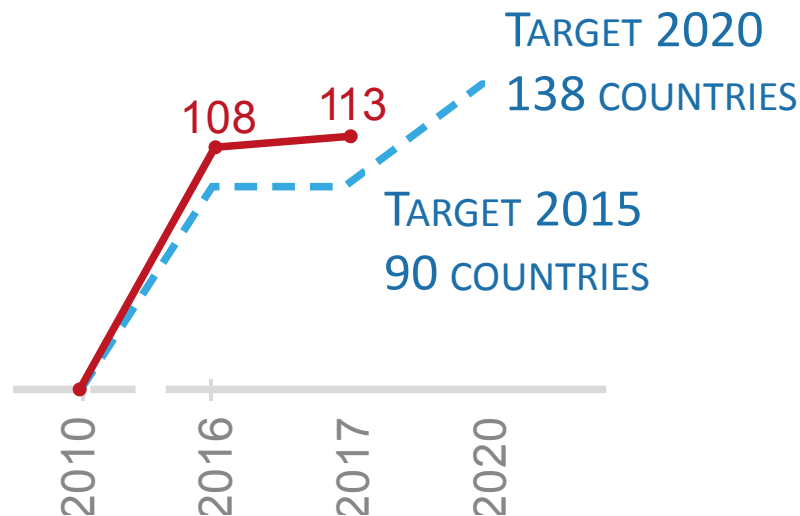
- In less than half of SIAs coverages above 95% achieved
- Cost of dealing with outbreak up to 20 times cost of routine immunization
- SIAs (not just for measles) potentially undermine efforts to improve regular immunization (significant financial & human resources, community trust)

Implications: Need to shift from reliance on SIAs to focus on strengthening routine immunization. SIAs –need to be well executed, restricted to certain situations where routine immunization not possible; not as fall back position

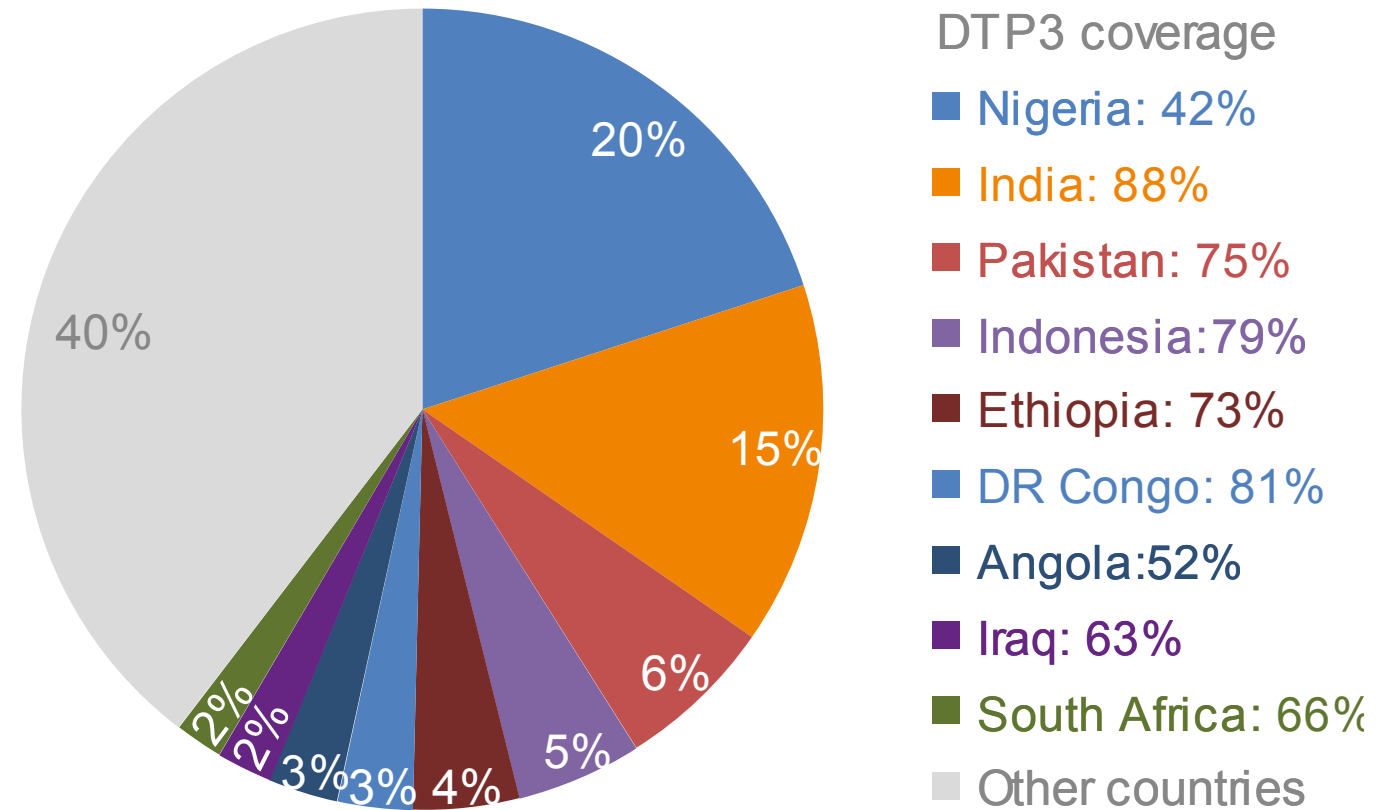
New vaccines introductions and distribution of underimmunized populations

NEW VACCINE INTRODUCTIONS REMAIN ON TRACK BUT AT RISK OF STALLING

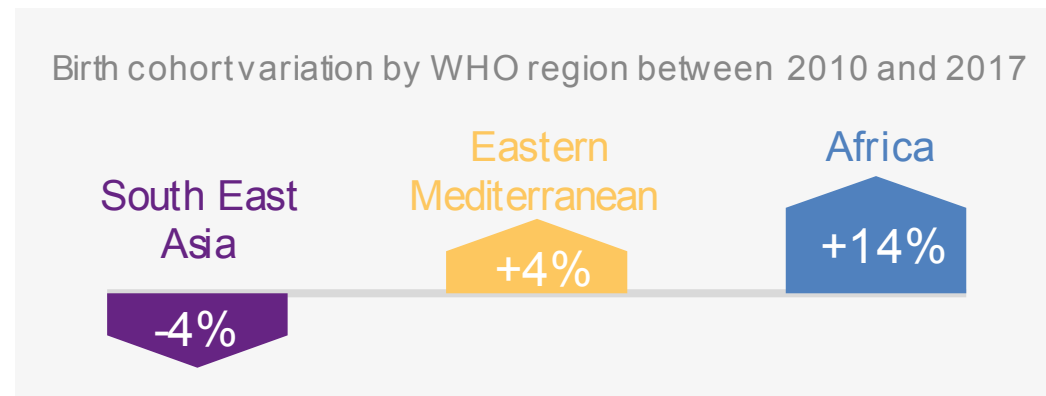
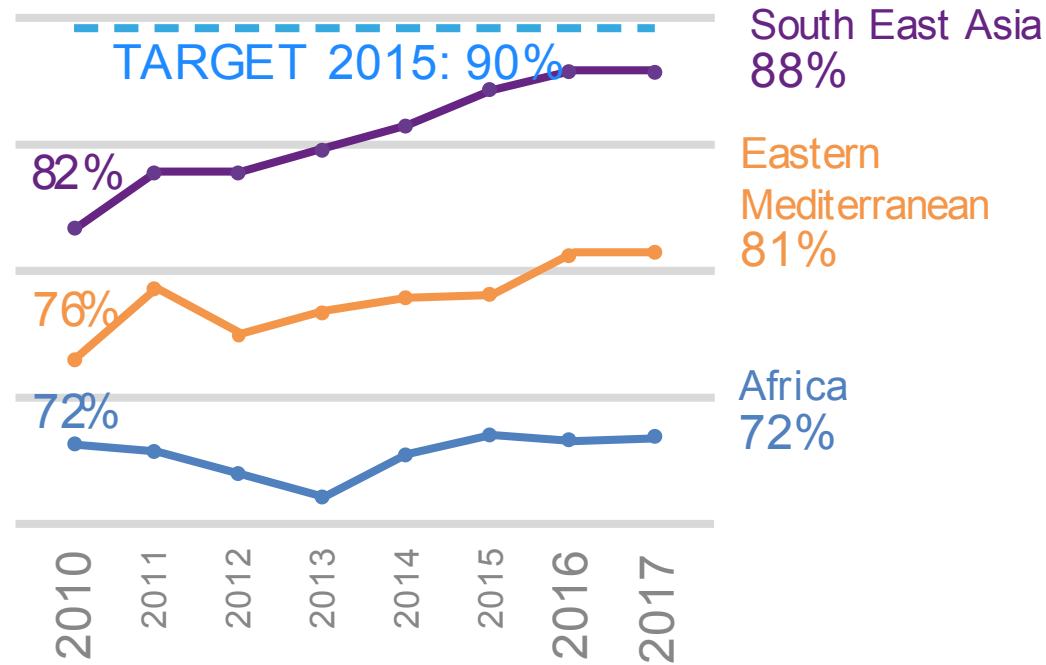
Number of low- and middle-income countries that have introduced at least one new or underutilized vaccine since 2010



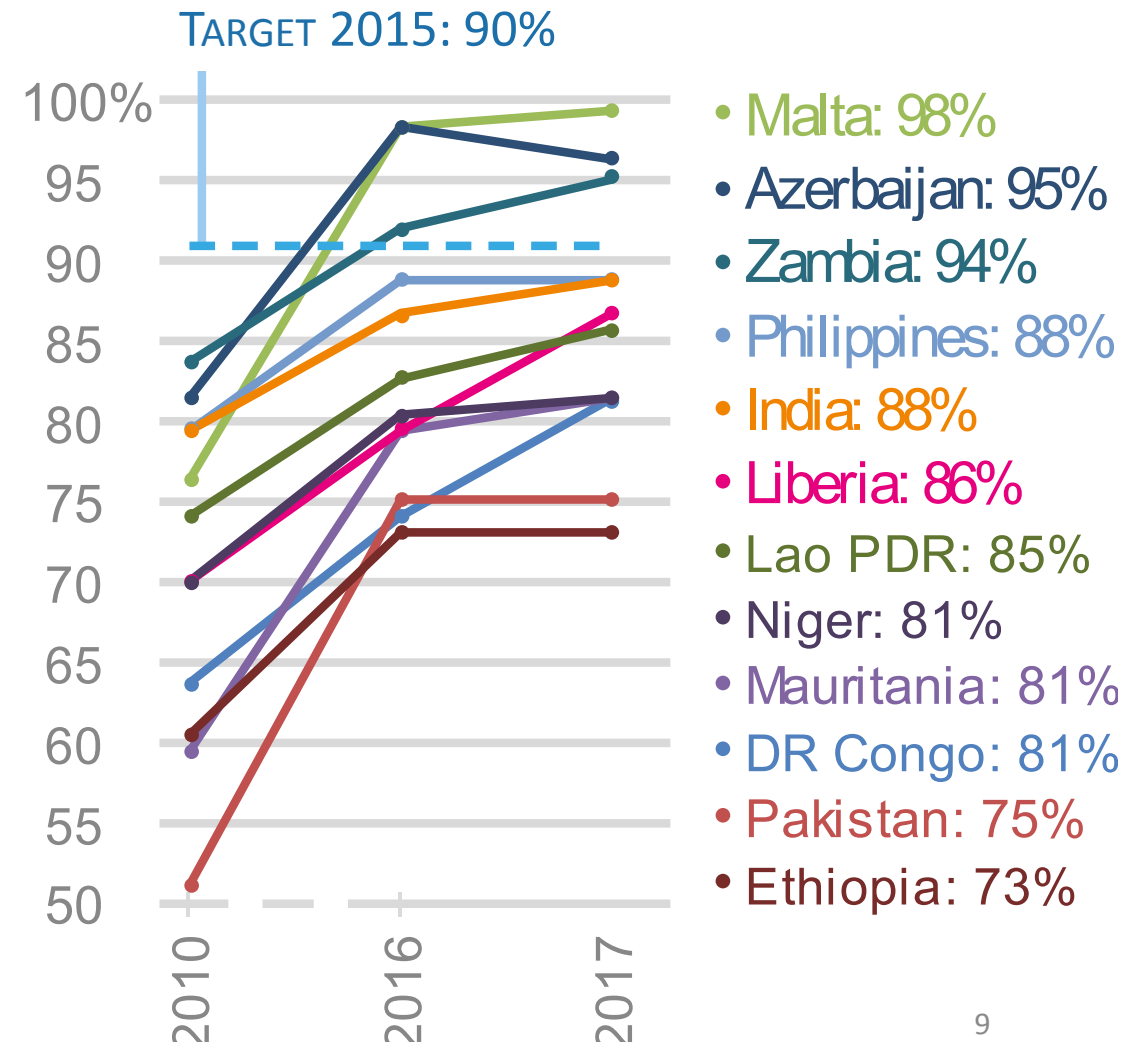
COUNTRIES IN WHICH THE 20 MILLION UNDER-VACCINATED CHILDREN LIVE AND THEIR RESPECTIVE DTP3 COVERAGE RATES



Encouraging regional and country trends for DTP3 coverage

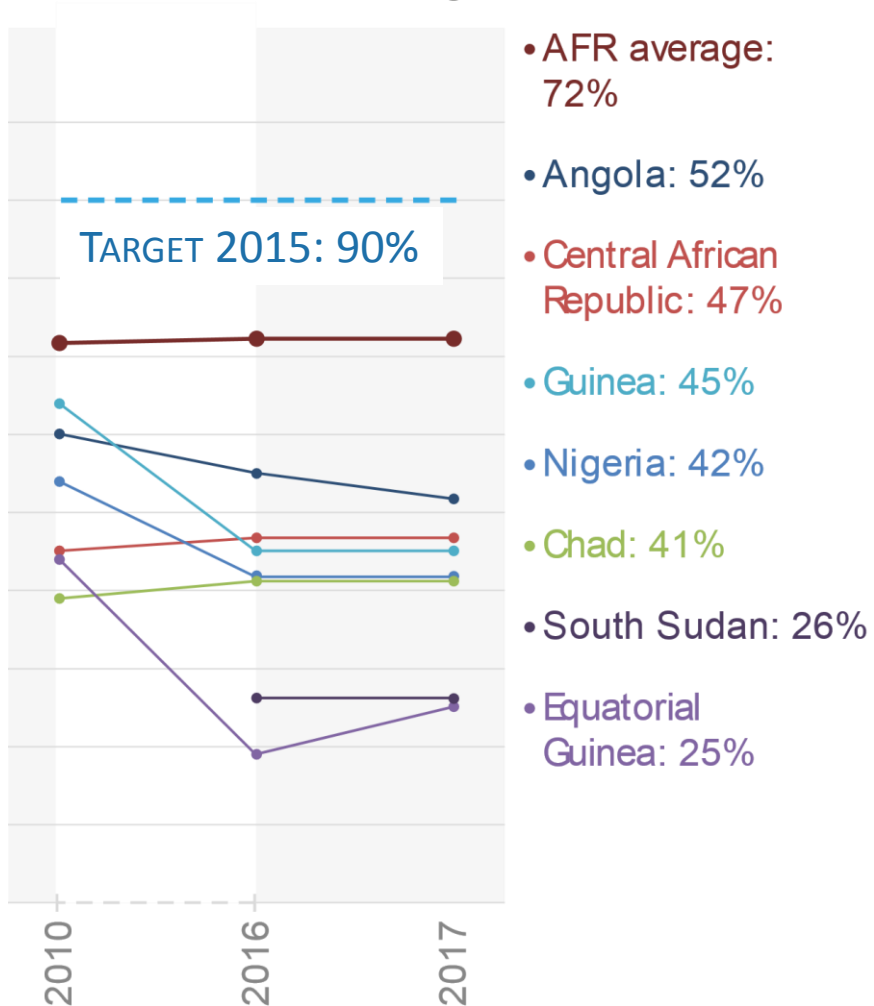


COUNTRIES ACHIEVING THE GREATEST INCREASES IN DTP3 COVERAGE 2010–17

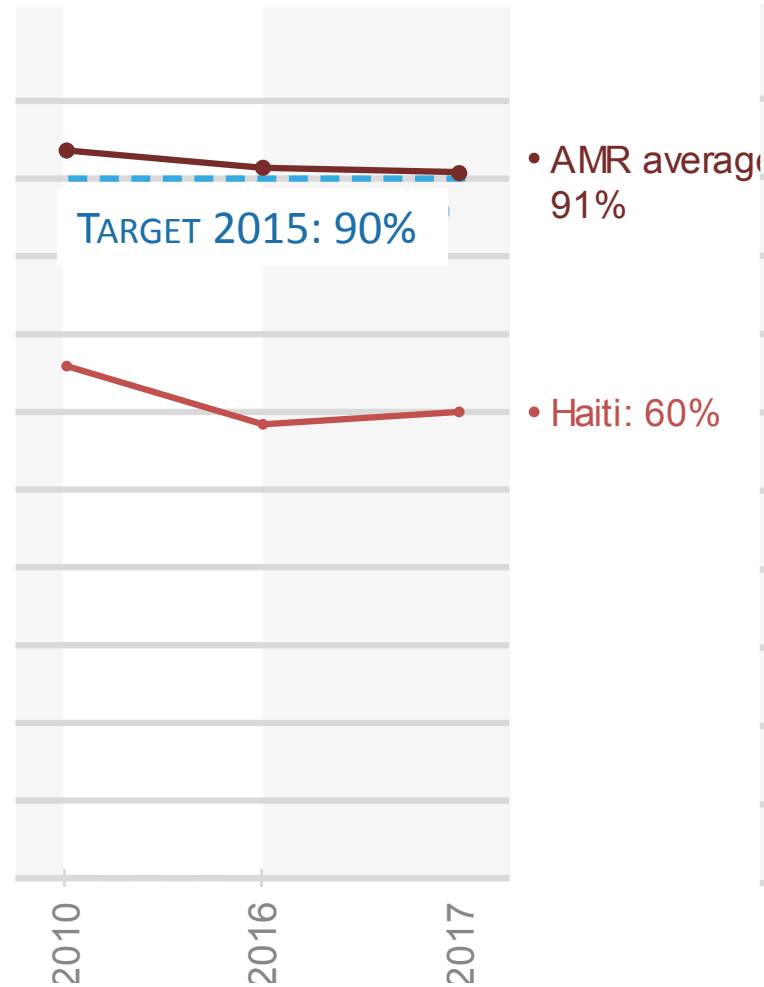


Countries showing the most marked deviation from regional DTP3 coverage (1)

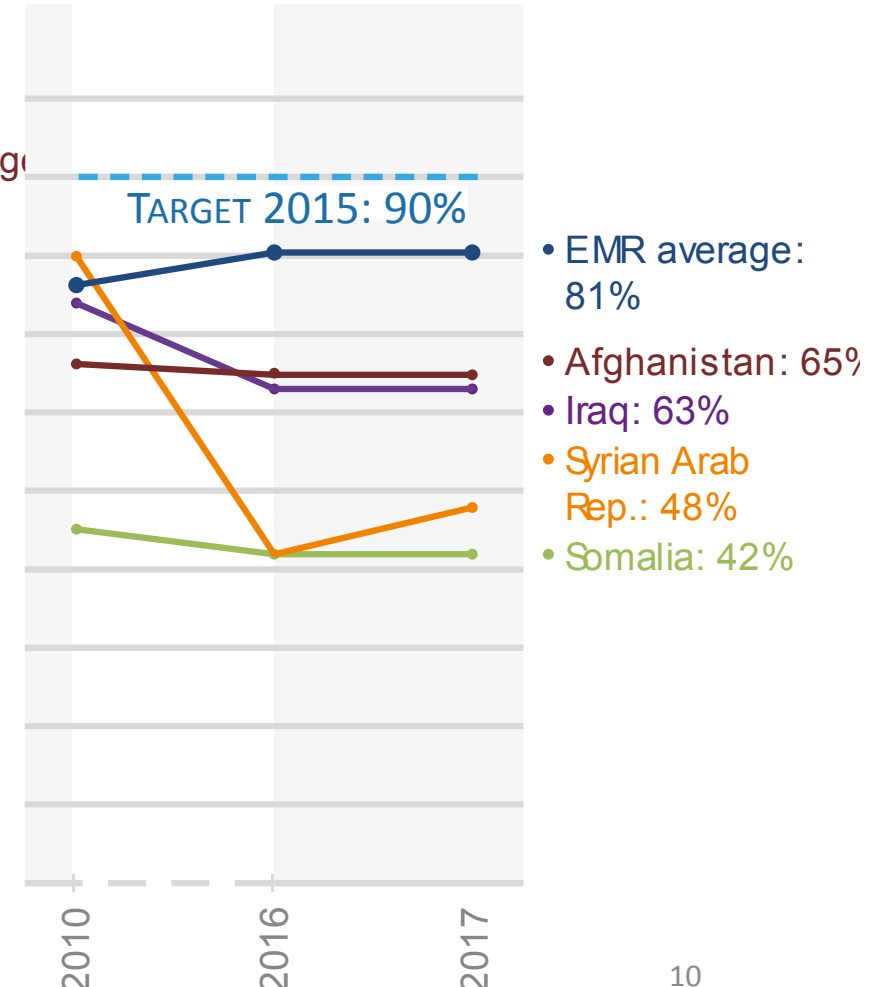
African region



Region of the Americas

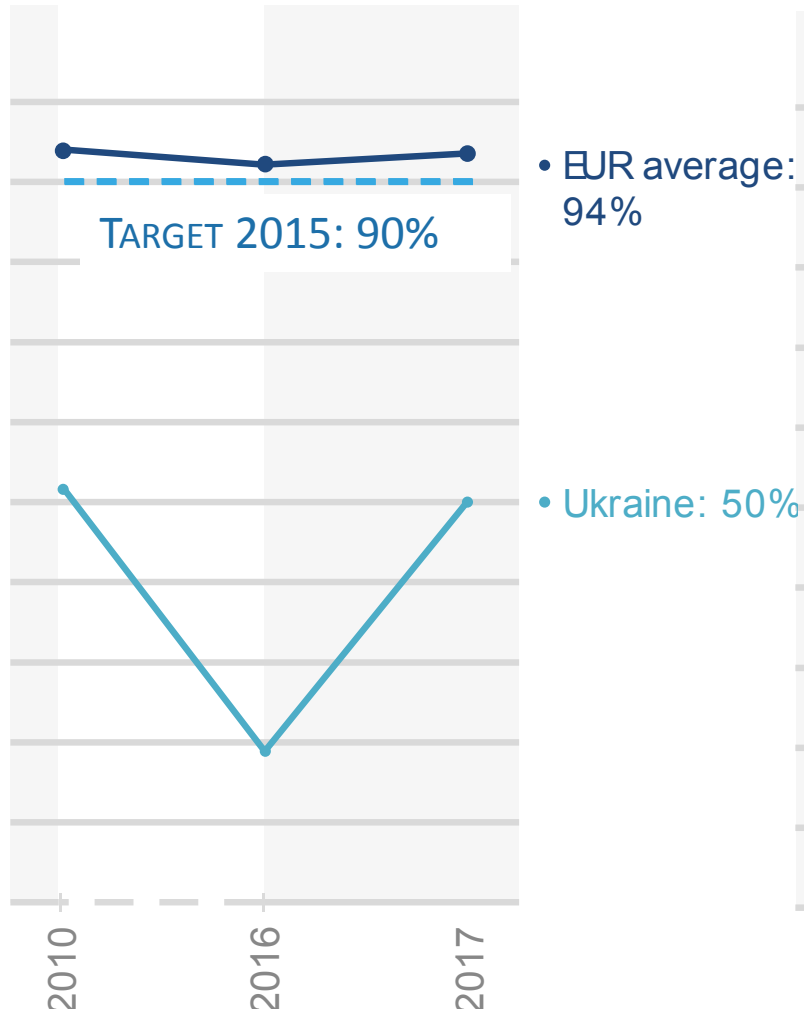


Eastern Mediterranean region

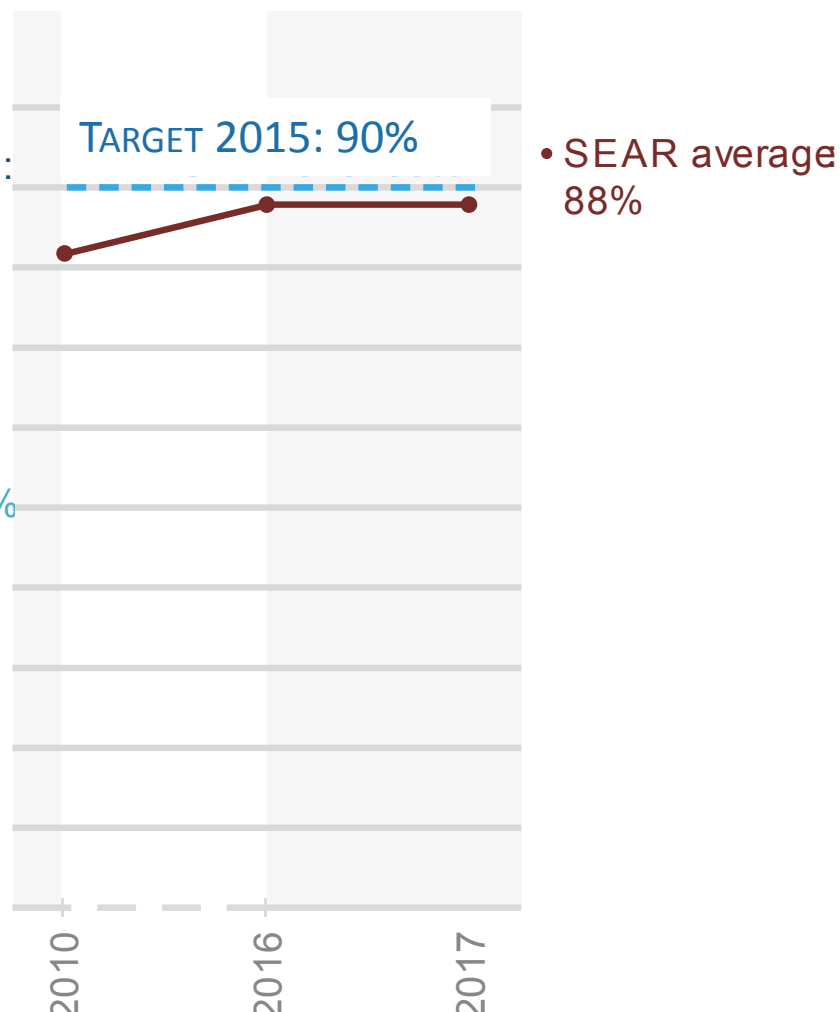


Countries showing the most marked deviation from regional DTP3 coverage (2)

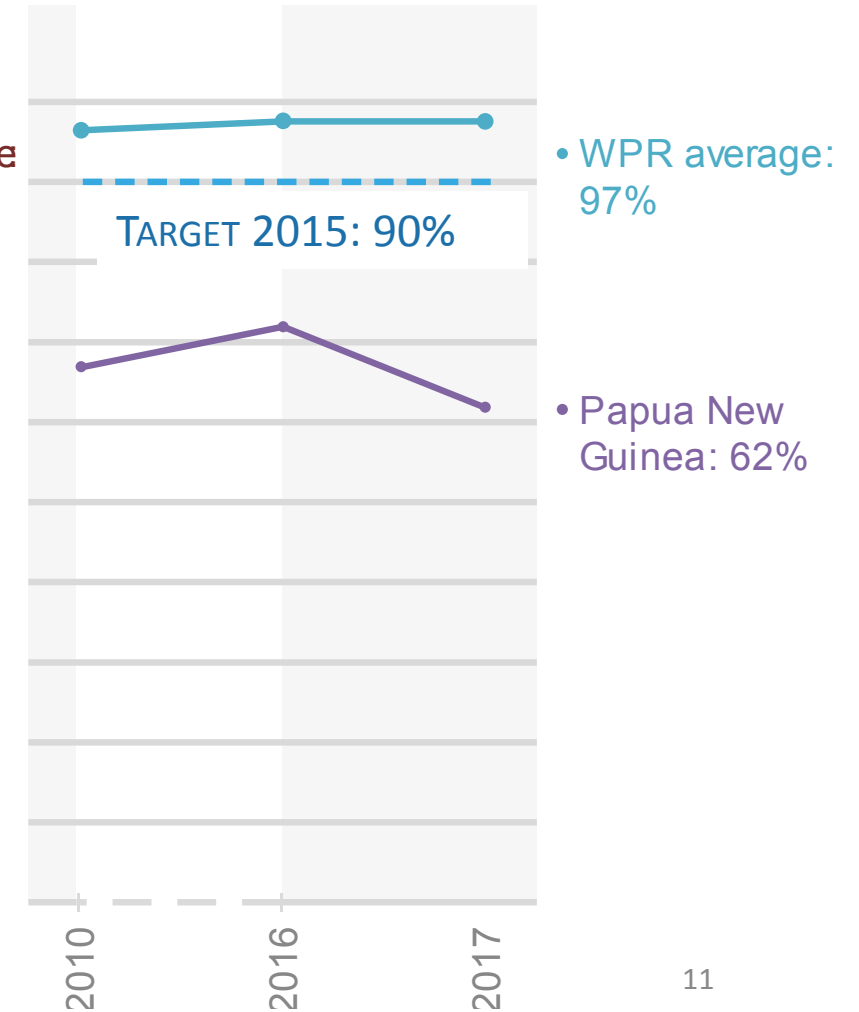
European region



South East Asia region



Western Pacific region

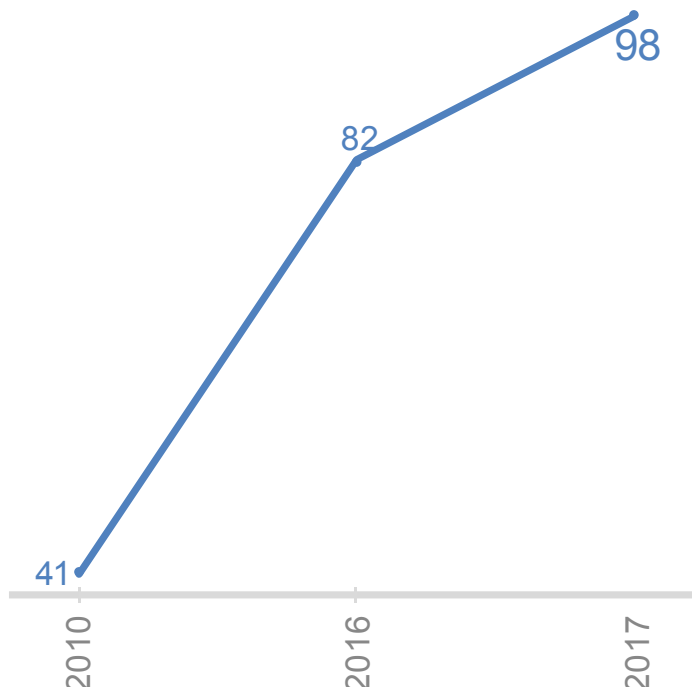


Humanitarian emergencies: acute and protracted

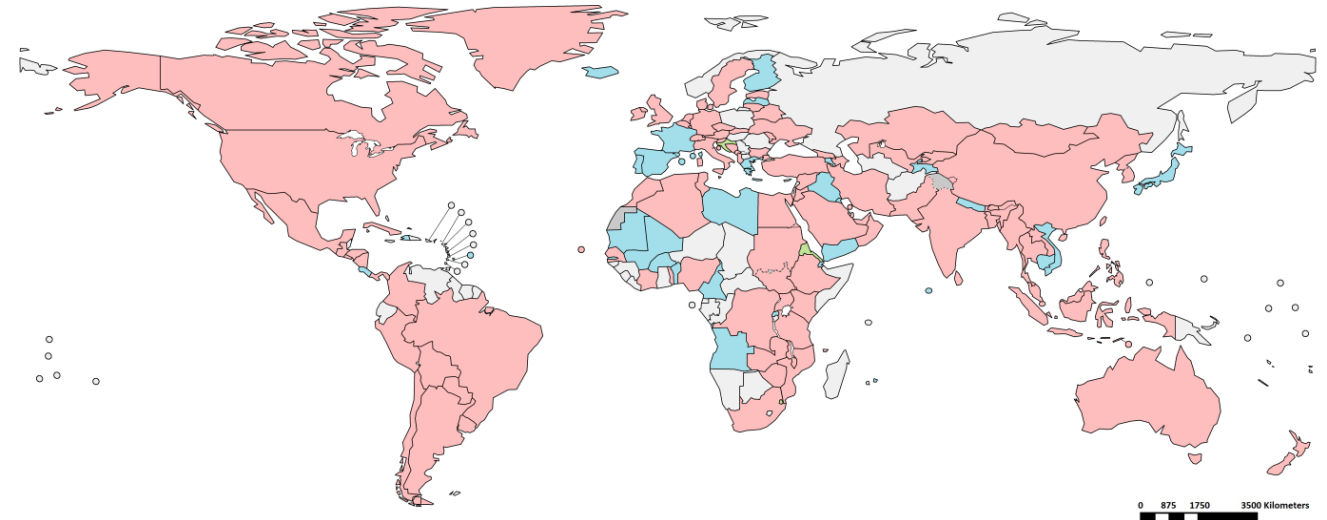
- Globally an estimated **68.5 m** people fled their homes in 2017 – 44500 every day
- Multiple complex emergencies
 - Eastern Mediterranean Region: 30m displaced in particular from Syria, Yemen
 - South East Asia Region: 1 m Rohingya displaced from Myanmar to Bangladesh
 - Region of the Americas: Venezuela deteriorating socioeconomic situation
 - African Region: DR Congo Ebola outbreaks in several provinces
- Sources of immunization system disruptions and outbreaks
 - Health infrastructure and services under stress
 - Diphtheria & measles outbreaks
 - Etc.
- Migrant and displaced populations are growing worldwide
 - Need for a coherent comprehensive global policy to address immunization challenges for countries hosting large number of displaced/migrant populations

National ownership and political commitment: NITAGs

THE NUMBER OF COUNTRIES WITH FUNCTIONING NITAGS INCREASED BY 20% IN 2017



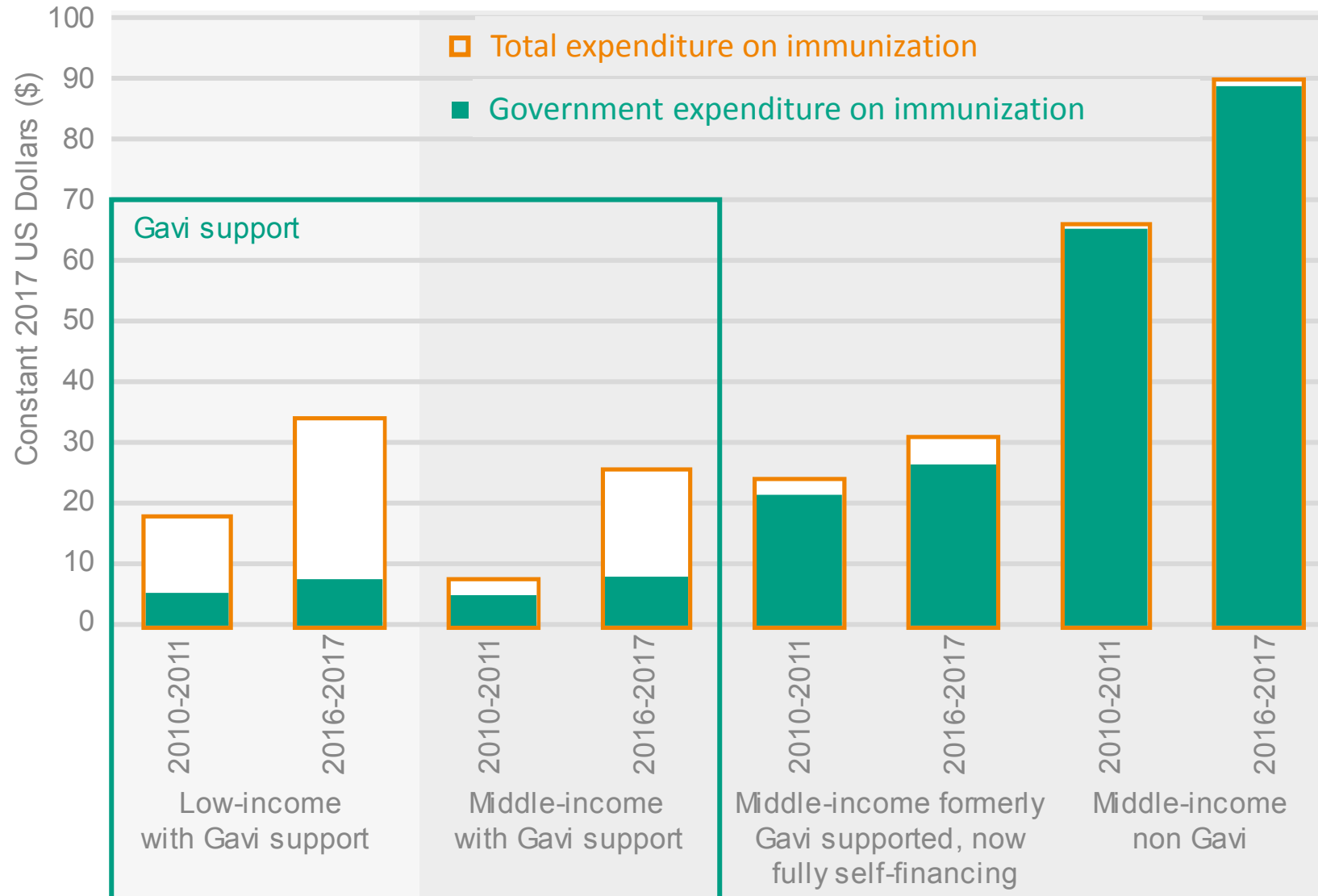
TARGET 2020: All 194 countries
have a functional NITAG



- 98 countries meeting the six NITAG criteria
- 131 countries having a NITAG with administrative or legislative basis
- 131 countries reporting the existence of a NITAG with terms of reference
- 134 countries reporting the existence of a NITAG
- No NITAG/not available
- Not applicable

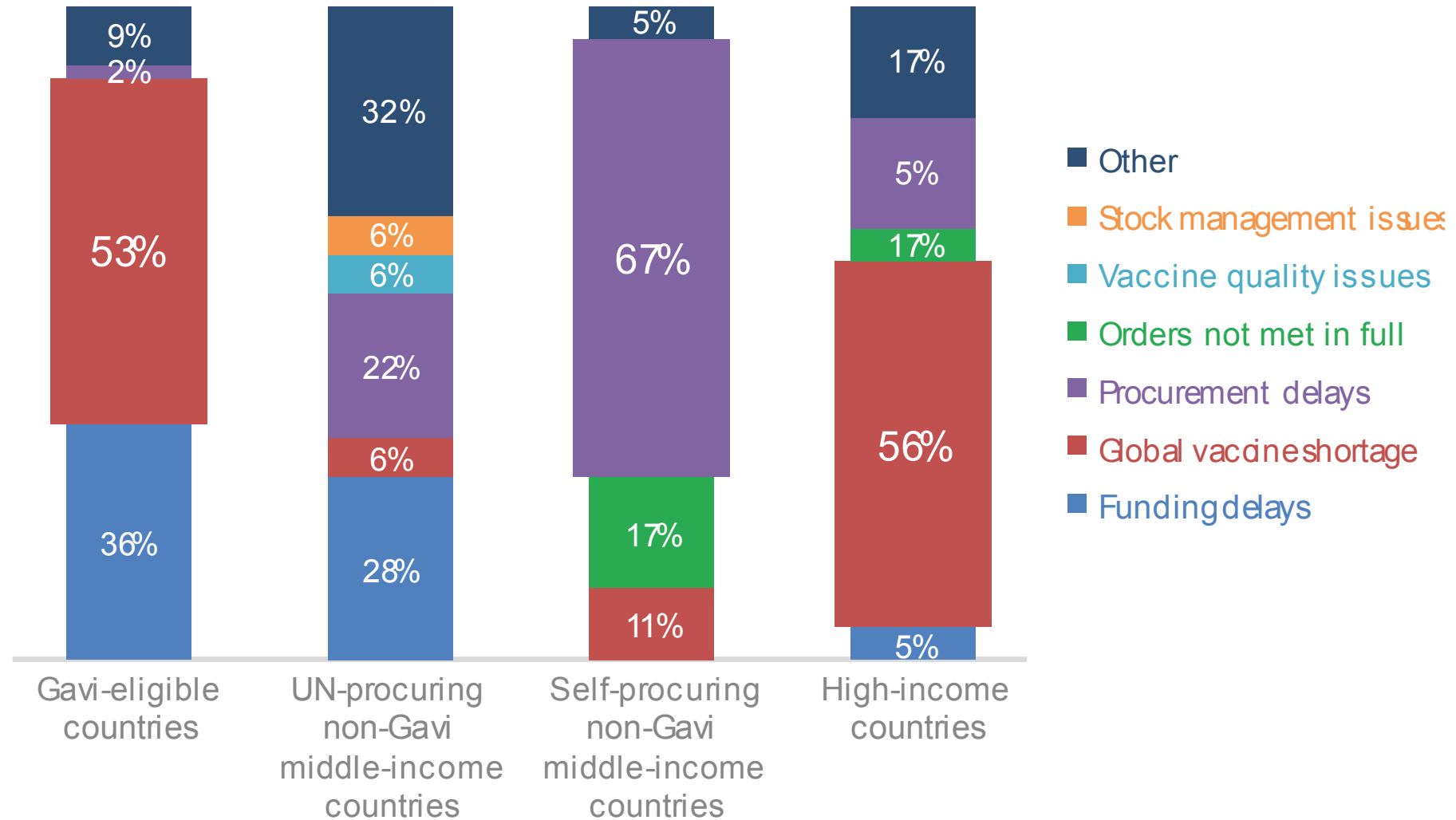
National ownership and political commitment: domestic expenditure on immunization

Annual expenditure on routine immunization per live birth

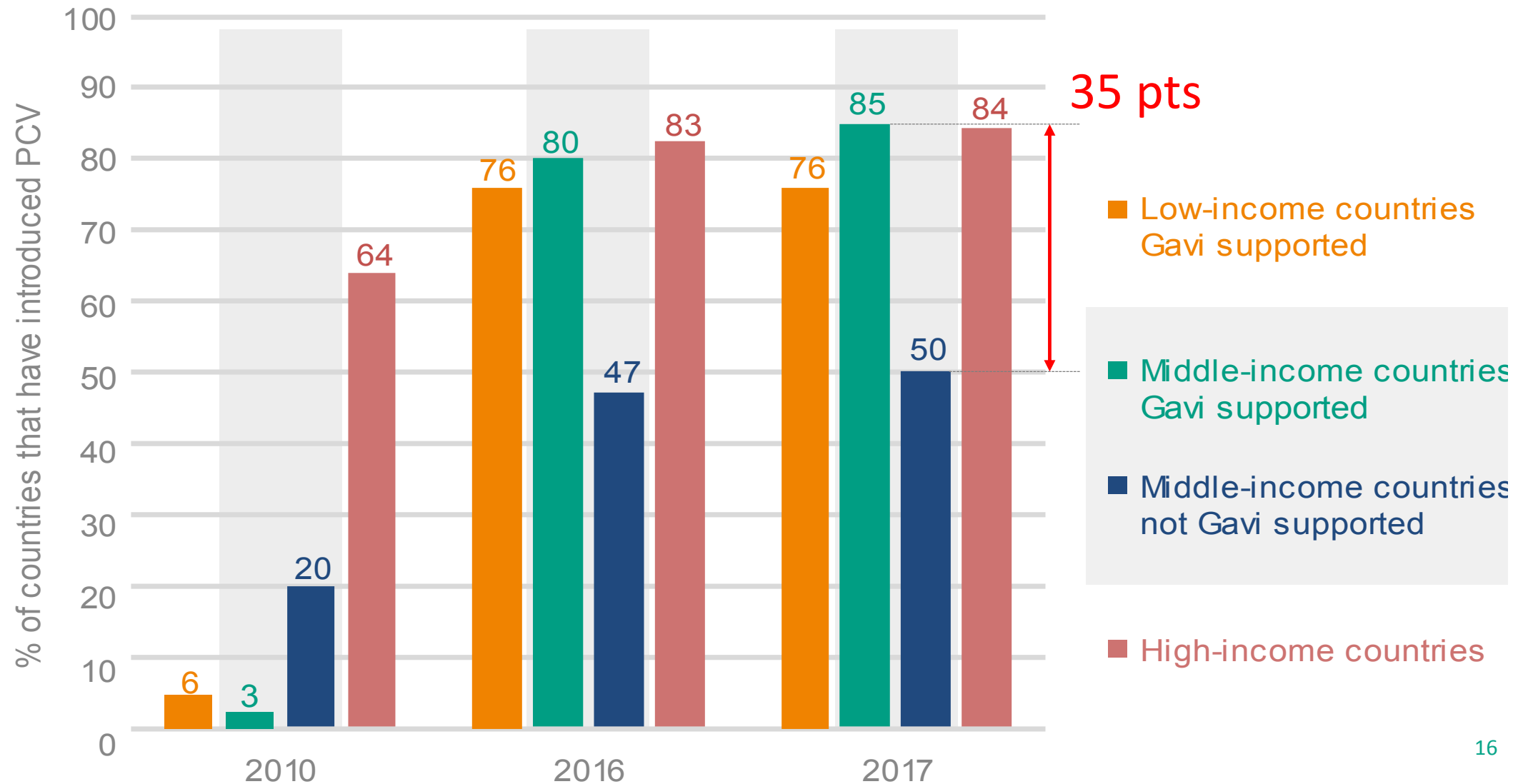


TOTAL EXPENDITURE ON IMMUNIZATION AND SOURCES OF EXPENDITURE VARY SIGNIFICANTLY BETWEEN DIFFERENT CATEGORIES OF COUNTRY

Causes of stockouts vary between different categories of country



Middle-income countries that are not GAVI-supported lag behind in PCV introduction

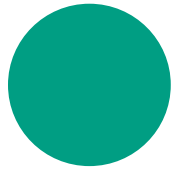


Hesitancy and demand

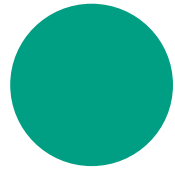
- Since 2014, number of countries reporting hesitancy has steadily increased to reach 87% in 2017
- In 2017, only 7 countries reported complete absence of hesitancy
- Causes are multiple and many
 - Risk/benefit concerns – most common but < 30% all reported reasons
 - Lack of awareness and knowledge slight decline
 - Politicization of particular concern
- Highly context specific: further efforts are needed to understand drivers of hesitancy at national and subnational level
- UNICEF leads joint partners effort to establish a Hub for vaccination acceptance and demand

Research and development shows significant progress

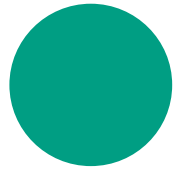
R&D INDICATORS ARE MOSTLY ON TRACK



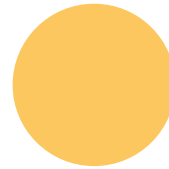
HIV



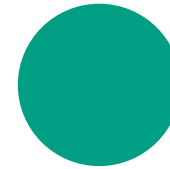
TB



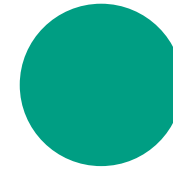
Malaria



Universal
influenza



New vaccines
for priority infections



Platform delivery
technology

HUGE PROGRESS IN A LARGE VARIETY OF AREAS OF PRODUCT DEVELOPMENT

- Vaccine delivery technologies
- Diagnostic technologies
- Second translational Gap
- WHO R&D Blueprint
- Work on Emerging/Re emerging
- Infections (CEPI)
- Growing R&D and manufacturing capacities in low- and middle-income countries

WIDER IMMUNIZATION RESEARCH WILL REQUIRE MORE ATTENTION IN THE FUTURE

- Implementation research and delivery science
- Operational research
- *In silico* modelling

By the end of the decade most GVAP goals will not be attained, but many lessons learned for the future

- Volatile and uncertain world
- Tough challenges
- Complacency leads to regression
- Recognize shared interests
- Immunization a pillar in UHC
- Building partnerships
- Put countries in driver's seat
- Strengthen basics
- Address issues at right level
- Tailor support to country needs
- Build VPD surveillance bridges
- R & D
 - maintain the pipeline
 - grow the evidence
- Make better use of data
- Exploit existing and new opportunities
- Stay close to reality – place people at the heart

.

2018 SAGE GVAP draft recommendations

3 broad recommendations

- I. Countries, regions and global immunization partners should commit to developing an integrated post-2020 global immunization strategy**
- II. Global Vaccine Action Plan priorities, adapted to reflect changing contexts and lessons learned, should drive immunization activities until the end of the Decade of Vaccines**
- III. The contributions of research to immunization should be enhanced and expanded**

I. Countries, regions and global immunization partners should commit to developing an integrated post-2020 global immunization strategy:

A **comprehensive review** should be undertaken of progress, impact and implementation of the Global Vaccine Action Plan to inform a post-2020 strategy

The **monitoring and evaluation framework** for the Global Vaccine Action Plan should be reviewed to inform the development of a revised post-2020 framework

A **new post-2020 strategy** should build on the **lessons learned** during the Decade of Vaccines and draw upon the **key themes** identified in this 2018 Assessment Report

II. Global Vaccine Action Plan priorities, adapted to reflect changing contexts and lessons learned, should drive immunization activities until the end of the Decade of Vaccines:

A major focus should be **tailored country support** to build and sustain robust and effective national immunization systems aligned with national plans for achieving **universal health coverage**

A **best practice framework** should be developed to ensure equitable access to immunization services for **migrant, displaced and disadvantaged populations**, including those affected by humanitarian emergencies

Nurturing individual and community **demand for immunization** should be given high priority within countries

III. The contributions of research to immunization should be enhanced and expanded:

Strengthened connections between vaccine **R&D** and **field use** and **programmatic challenges** should be encouraged to realize the full benefits of immunization

More research should be undertaken to improve the performance of national immunization systems, including **implementation and operational research as well as innovations in service delivery** to reach underserved populations

Immunization research capacity in **low- and middle-income** countries should be developed across all these areas

Conclusions



- More people than ever benefited from immunization in 2017
- GVAP designed to be ambitious – will not achieve by 2020 but complacency and falling back will be worse
- In final years of DOV – time to assess lessons learned and how can do even better
- Next chapter must be one of integration with immunization as a pillar in UHC and primary health care, contributing to a safer, healthier and more prosperous world envisioned in the SDGs

Suggested next steps

- Report targeted to be used beyond the immunization community
- Report will be promoted via a widened and extended communication and advocacy campaign
- Task DoV working group to review the GVAP monitoring and evaluation process to inform post 2020 strategy development