
Global vaccine action plan

Report by the Secretariat

1. In May 2012, the Sixty-fifth World Health Assembly endorsed the Global vaccine action plan in resolution WHA65.17. The plan provides the strategic framework to realize the full potential of immunization during the Decade of Vaccines 2011–2020.¹

2. Four sets of activities are essential to put the plan into practice and to turn the actions into results: (1) development of guidance for putting the plan into practice; (2) completion and implementation of a mechanism for evaluation and accountability in alignment with the accountability framework for the United Nations Secretary-General's Strategy for Women's and Children's Health;² (3) securing commitments from stakeholders; and (4) publicizing the opportunities, while acknowledging the challenges, offered by the Decade of Vaccines. This report summarizes the progress made in these areas.

OPERATIONALIZING THE GLOBAL VACCINE ACTION PLAN

3. During the past few months, all regions have held technical meetings to review the strategies proposed in the action plan and the actions required at regional level. Progress in immunization activities and in implementing regional multi-year strategies and plans for immunization in alignment with the global plan will be reported to the respective regional committees in 2013.

4. WHO/UNICEF's guidance for developing multi-year and annual national immunization plans³ is being updated in order to facilitate alignment with the global action plan's goals and strategic objectives. The updated guidance will set out how the different elements of health systems can be used to ensure that multi-year immunization plans align better with broader national health sector plans. Guidance for Member States to develop national monitoring, evaluation and accountability processes that align with the corresponding regional and global processes will also be included in the update.

¹ Document WHA65/2012/REC/1, Annex 4.

² Commission on Information and Accountability for Women's and Children's Health. *Keeping promises, measuring results*. Geneva, World Health Organization, 2011 (http://www.who.int/woman_child_accountability/en/; accessed 13 December 2012).

³ WHO-UNICEF *guidelines for developing a comprehensive multi-year plan (cMYP)*. Geneva, World Health Organization, 2005.

PROPOSED FRAMEWORK FOR MONITORING, EVALUATION AND ACCOUNTABILITY

5. In resolution WHA65.17, the Health Assembly urged Member States to report every year to the regional committees on lessons learnt, progress made, remaining challenges and updated actions to reach the national immunization targets. The proposed framework for monitoring, evaluating and accountability in the implementation of the global vaccine action plan is intended to guide the content of annual progress reports submitted to the regional committees and the Health Assembly through the Executive Board.

6. Following the guidance of the Strategic Advisory Group of Experts on immunization, the proposed framework will be applied to: (1) monitoring results (defined as progress towards the action plan's goals and strategic objectives); (2) documenting and monitoring stakeholders' commitments to the action plan; (3) tracking resources invested in vaccines and immunization; and (4) inclusion of independent oversight and review of progress, through the Strategic Advisory Group of Experts, in the reporting to the governing bodies.

7. This proposed framework is designed to be aligned with the Accountability Framework for the United Nations Secretary-General's Global Strategy for Women's and Children's Health¹ and also to provide for reporting to the independent Expert Review Group². The Accountability Framework refers to a cyclical process of monitoring, review and remedial action, in which progress is assessed, success documented, problems that need to be rectified identified, and prompt action taken as and where needed. It is structured around the 10 recommendations made by the Commission on Information and Accountability that are categorized as: (1) better information for better results; (2) better tracking of resources for women's and children's health; and (3) better oversight of results and resources. A similar cyclical process of monitoring, review and action is proposed for the framework for the global vaccine action plan.

Monitoring results

8. Progress towards the goals and strategic objectives of the action plan as measured by the respective indicators will serve as the basis for monitoring results throughout the decade.

9. Following the endorsement of the action plan by the Health Assembly, its monitoring indicators were reviewed, with consideration being given to the comments made by Member States during the Sixty-fifth World Health Assembly.³ Relevant disease-control programmes and technical experts were consulted in order to review and refine the existing indicators, develop operational definitions for each indicator, define the source(s) of data if they exist or how data may be collected, and to establish baselines, milestones and targets, as appropriate. Additional consultations were held by in person, by telephone or online, and feedback on the draft indicators was elicited from more than 600 people, representing different stakeholders, including representatives of civil society organizations and vaccine manufacturers. The indicators revised through this process were in turn reviewed and approved by the Strategic Advisory Group of Experts on immunization at its most recent meeting (Geneva, 6–8 November 2012). The updated list of indicators is annexed to this report.

¹ Commission on Information and Accountability for Women's and Children's Health. *Keeping Promises, Measuring Results*. World Health Organization 2011 (http://www.who.int/woman_child_accountability/en/; accessed 13 December 2012).

² <http://www.everywomaneverychild.org/resources/independent-expert-review-group> (accessed 28 November 2012).

³ Document WHA65/2012/REC/3, summary record of the third meeting (section 6) and fourth meeting (section 2) of Committee B.

10. Progress, as measured by the indicators, except those for research and development, will be reported annually to the Health Assembly through the Board. Progress towards the research and development goals and strategic objectives will be reported biennially.

Documenting and monitoring commitments for immunization

11. For monitoring commitments made to immunization activities, it is proposed to take advantage of the process used for the commitments to the Global Strategy for Women's and Children's Health. However, to enable the commitments earmarked for immunization to be tracked, they have to be explicit. Following the guidelines used for making commitments towards the Global Strategy for Women's and Children's Health, the Secretariat has formulated specific guidelines for making commitments related to immunization; these exemplify the types of commitment that could be made towards the Decade of Vaccines.

12. The types of commitment could include financial pledges, policy and service delivery. The ideal commitment to the Decade of Vaccines would be aligned with the goals and strategic objectives of the global vaccine action plan and/or its six guiding principles: country ownership, shared responsibility and partnership, equity, integration, sustainability, and innovation. Efforts will be made to secure commitments from a broad range of stakeholders, including national governments, development partners, global agencies, civil society organizations, academia and professional societies, vaccine manufacturers and the private sector.

Monitoring resources invested in immunization

13. Two components of this monitoring exercise are under consideration: retrospective analyses and improved quality of financial reporting. The first component will generate retrospective estimates of the resources devoted to immunization, by geographical entity and year, and will cover short-term and mid-term periods. These estimates will be derived from analysis of data reported by Member States through the WHO and UNICEF Joint Reporting Form, plus other sources of data, and additional financial data gathered from international development partners, civil society organizations, the national immunization multi-year plans and annual progress reports to the GAVI Alliance.

14. The second component, which will be initiated in parallel, involves establishing a process to improve the quality and reporting of data on immunization expenditures and sources of funding by countries, territories and areas. This process will aim to foster consistent and timely provision and use of high-quality data on national expenditures for immunization, and to develop and support an effort to collect and analyse data on donor financing for immunization. This work will also draw on existing resource-tracking efforts, such as those being undertaken on national health accounts, for the Commission on Information and Accountability for Women's and Children's Health, for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other initiatives or priority interventions. This exercise will not only ensure regular reporting of good-quality data as part of the monitoring process, but also promote accountability and sustainability for immunization financing.

15. Activities to track resources will focus on evaluating funding flows to support immunization programmes from national governments, development partners and, to the extent possible, civil society organizations at the global, regional and country levels. Findings will be reported for the 94 countries,

territories and areas identified in the costing and financing analysis of the global vaccine action plan.¹ These countries, territories and areas include those classified as low-income or lower-middle-income at the time of the analysis or that will continue receiving support from the GAVI Alliance for part of the Decade of Vaccines. Sources of data for the resource-tracking exercise include government reports, development partner agencies and civil society organizations engaged in immunization activities or programmes. Funding flows will be evaluated both in total and, to the extent possible, with disaggregated data on the costs of vaccines and delivery. Other possible disaggregation will be explored as the quality and breadth of data are examined more fully.

16. The initial reports of resources invested in immunization will be based on the retrospective analysis. Once the quality of nationally reported data improves, these will form the basis of the annual reports on resource investments.

Oversight and review of progress

17. The regional and global level review will use WHO's existing processes. At the global level the review process will be through the Strategic Advisory Group of Experts on immunization and to the Health Assembly through the Board. The proposed mechanism for the review and reporting at the global level is through the constitution of a working group on the Decade of Vaccines by the Strategic Advisory Group of Experts on immunization. The working group would consist of eight individuals with the technical expertise to review each component of the framework for monitoring, evaluation and accountability and would have the appropriate geographical and gender representation.

18. It is proposed that the Secretariat prepare and transmit annual reports on the Decade of Vaccines to the working group for detailed review, and that the assessment report and any draft recommendations for corrective actions from this working group be submitted to the Strategic Advisory Group for further review, on the basis of which the progress report for the Board and Health Assembly will be prepared.

19. The working group would also be tasked with reviewing the quality of the data on the global vaccine action plan's indicators and making recommendations on changes to the formulation of the indicators or the processes for data collection, as necessary.

20. At the regional level, WHO's regional offices are considering the mechanisms for review and reporting to the regional committees. Member States would need to consider the review and reporting modalities at the country level. It is envisaged that countries will develop a national-level framework to monitor performance of immunization programmes as well as a review process to document best practices, identify problems and make recommendations for corrective action. At the country level, the

¹Afghanistan, Angola, Armenia, Azerbaijan, Bangladesh, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Cuba, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Egypt, El Salvador, Eritrea, Ethiopia, Fiji, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Marshall Islands, Mauritania, Micronesia (Federated States of), Mongolia, Morocco, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Papua New Guinea, Paraguay, Philippines, Republic of Moldova, Rwanda, Samoa, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Tajikistan, Timor-Leste, Togo, Tonga, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uzbekistan, Vanuatu, Viet Nam, Yemen, Zambia, Zimbabwe, and Kosovo (in accordance with Security Council resolution 1244(1999)) and the West Bank and Gaza Strip.

National Immunization Technical Advisory Groups and the Interagency Coordination Committees may have important roles to play in this regard.

Next steps

21. The process for collecting and synthesizing data based on the proposed framework and for the independent review of progress through the Strategic Advisory Group of Experts for immunization will be established in 2013, with the first substantive report to the governing bodies in 2014. The reports, once noted by the Health Assembly, will also be sent with the independent Expert Review Group¹ for inclusion in its report to the United Nations Secretary-General on the Global Strategy for Women's and Children's Health.

COMMUNICATING THE OPPORTUNITIES OF AND CHALLENGES TO THE DECADE OF VACCINES

22. The past few months have resulted in increasingly coordinated advocacy and communication strategies for the Decade of Vaccines. Those two activities have become complementary and coordinated at the global, regional and country levels.

23. The 5th GAVI Alliance Partners' Forum (Dar es Salaam, United Republic of Tanzania, 5–7 December 2012) will provide an opportunity to advocate the Decade of Vaccines and to update the participants about developments since the endorsement of the global vaccine action plan by the Health Assembly. A special session is scheduled to be held to reinforce commitments to the Decade and the action plan, and emphasize continued action on issues such as: country ownership; shared responsibility and partnership; greater coordination between delivery of immunization and other interventions for women's and children's health; vaccine pricing, in particular for lower-middle-income and middle-income countries; and innovation.

24. WHO is working with UNICEF, the National Institute of Allergy and Infectious Diseases in the United States of America, the GAVI Alliance and the Bill & Melinda Gates Foundation to develop a joint multi-year communications strategy for World Immunization Week, the designation of which was requested by the Health Assembly in resolution WHA65.18. The Secretariat is planning to produce a new information pack for World Immunization Week in 2013, which will include a video/public service announcement, toolkit for event organizers, multimedia features and relevant info-graphics. The annual meetings to report progress on the Global Strategy for Women's and Children's Health to the United Nations Secretary-General will also be an opportunity to report on progress made on the global vaccine action plan and to encourage additional stakeholders to make commitments to the Decade of Vaccines.

25. The Global Vaccine Research Forum, which WHO convenes roughly every 18 months, will serve as an opportunity to track progress and to stimulate debate on the research agenda of the global vaccine action plan. The next forum will be held in collaboration with a number of partners including the United States National Institute of Allergy and Infectious Diseases, the Bill & Melinda Gates Foundation and the GAVI Alliance.

¹ The independent Expert Review Group reports regularly to the United Nations Secretary-General on the results and resources related to his Global Strategy for Women's and Children's Health and on progress in implementing this Commission's recommendations (http://www.who.int/woman_child_accountability/about/ierg/en/index.html).

ACTION BY THE EXECUTIVE BOARD

26. The Board is invited to take note of the progress and provide guidance on the proposed framework for monitoring and evaluation and accountability and the plan to implement the global vaccine action plan.

ANNEX

SUMMARY OF PROPOSED INDICATORS**Goal-level indicators and targets¹**

Goal	Target by 2015	Target by 2020
Achieve a world free of poliomyelitis	<ul style="list-style-type: none"> Interrupt wild poliovirus transmission globally (by 2014) 	<ul style="list-style-type: none"> Certification of poliomyelitis eradication (by 2018)
Meet global and regional elimination targets	<ul style="list-style-type: none"> Neonatal tetanus eliminated in all WHO regions Measles eliminated in at least four WHO regions Rubella/congenital rubella syndrome eliminated in at least two WHO regions 	<ul style="list-style-type: none"> Measles and rubella eliminated in at least five WHO regions
Meet vaccination coverage targets in every region, country and community	<ul style="list-style-type: none"> Reach 90% national coverage and 80% in every district or equivalent administrative unit with vaccines containing diphtheria-tetanus-pertussis 	<ul style="list-style-type: none"> Reach 90% national coverage and 80% in every district or equivalent administrative unit with all vaccines in national programmes, unless otherwise recommended
Develop and introduce new and improved vaccines and technologies	<ul style="list-style-type: none"> At least 90 low- and middle-income countries have introduced one or more new or underutilized vaccines 	<ul style="list-style-type: none"> All low- and middle-income countries have introduced one or more new or underutilized vaccines Licensure and launch of vaccine or vaccines against one or more major currently non-vaccine preventable diseases Licensure and launch of at least one platform delivery technology
Exceed the Millennium Development Goal 4 target for reducing child mortality	<ul style="list-style-type: none"> Reduce by two thirds, between 1990 and 2015, the under-five mortality rate (Target 4.A) 	<ul style="list-style-type: none"> Exceed the Millennium Development Goal 4 Target 4.A for reducing child mortality

¹ The working group of the Strategic Advisory Group of Experts on immunization on the Decade of Vaccines that will review the annual report of progress made in putting the global vaccine action plan into practice will also consider the development and addition of indicators that measure equity in access to vaccines between countries and an indicator to monitor integration of immunization systems into broader health systems.

Strategic objective-level indicators

Global vaccine action plan's strategic objective	Indicators
All countries commit themselves to immunization as a priority	<ul style="list-style-type: none"> • Domestic expenditures per person targeted • Presence of an independent technical advisory group that meets defined criteria
Individuals and communities understand the value of vaccines and demand immunization both as a right and a responsibility	<ul style="list-style-type: none"> • Percentage of countries that have assessed (or measured) confidence in vaccination at subnational level¹ • Percentage of unvaccinated and under-vaccinated people in whom lack of confidence was a factor that influenced their decision
The benefits of immunization are equitably extended to all people	<ul style="list-style-type: none"> • Percentage of districts with 80% or greater coverage with three doses of diphtheria-tetanus-pertussis-containing vaccine • Reduction in coverage gaps between lowest and highest wealth quintile and another appropriate equity indicator
Strong immunization systems are an integral part of a well-functioning health system	<ul style="list-style-type: none"> • Dropout rate between first dose and third dose of diphtheria-tetanus-pertussis-containing vaccines • Sustained coverage with diphtheria-tetanus-pertussis-containing vaccines $\geq 90\%$ for three or more years • Immunization coverage data assessed as high quality by WHO and UNICEF • Number of countries with case-based surveillance for vaccine-preventable diseases that meets quality standards
Immunization programmes have sustainable access to predictable funding, quality supply and innovative technologies²	<ul style="list-style-type: none"> • Percentage of doses of vaccine used worldwide that are of assured quality²
Country, regional and global research and development innovations maximize the benefits of immunization	<ul style="list-style-type: none"> • Progress towards development of vaccines against HIV infection, tuberculosis and malaria • Progress towards a universal influenza vaccine (protecting against drift and shift variants) • Progress towards institutional and technical capacity for conducting vaccine clinical trials • Number of vaccines that have either been re-licensed or licensed for use in a controlled-temperature chain at temperatures above the traditional 2–8 °C range • Number of vaccine-delivery technologies (devices and equipment) that have received WHO pre-qualification compared to 2010

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¹ Provisional indicator to be finalized in light of the outcomes of pilot assessments in selected regions.

² The report on progress will also narrate advances in vaccine supply, pricing and procurement.