

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 and requested 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, using the proposed accountability framework to guide discussions and future actions.
2. In May 2013, the Sixty-sixth World Health Assembly noted the Secretariat's report with its proposed framework for monitoring, evaluation and accountability as well as the process for reviewing and reporting progress under the independent oversight of the Strategic Advisory Group of Experts on immunization.¹
3. An executive summary of the Global Vaccine Action Plan Assessment report² of the Strategic Advisory Group of Experts on immunization follows.

EXECUTIVE SUMMARY OF THE REPORT OF THE MEETING

4. Vaccines and immunization have created a healthier world. Progress is being made towards polio eradication. Measles and neonatal tetanus deaths are on the decline and new vaccines are being introduced into the national programmes of low- and middle-income countries with associated reductions in morbidity and mortality. Still, national governments, development partners and international agencies must invest more to meet the Decade of Vaccines' goals of disease eradication or elimination and to reduce mortality and morbidity from vaccine-preventable diseases.

Data quality improvement

5. Accurate immunization coverage and disease surveillance data are critical for making better programmatic decisions, meeting immunization targets and monitoring progress toward disease reduction. Hence, data quality improvement is selected as the theme for the progress report of the global vaccine action plan in 2013. In many countries, the quality of currently available data are inadequate to inform the proper management of the immunization programmes and often programme managers in these situations lack confidence in the available data for decision making. High quality data provide the cornerstone for accountability at all levels. National governments must take the

¹ Document WHA66/2013/A/SR10, summary record of the tenth meeting of Committee A, section 2.

² http://www.who.int/immunization/global_vaccine_action_plan/sage_dov_gvap_progress_report_2013.pdf.

responsibility to have the right data available at the right time and at the right places for the effective and efficient implementation of their national programmes by making greater investments for the improvement of data quality as well as enhance data transparency.

6. Improvement of data quality has to become the highest priority for all stakeholders. Priority should be placed on improving immunization coverage and vaccine-preventable disease surveillance data. Development partners and technical agencies must collaborate to establish a step-by-step, country-tailored approach to strengthen data quality at all administrative levels and provide guidance to countries on validating coverage and surveillance data. National Immunization Technical Advisory Groups should play an important role to independently monitor progress and data quality at the national level. Regional Immunization Technical Advisory Groups should support and catalyse activities of the National Immunization Technical Advisory Groups.

7. The availability of new information and communications technologies provide an opportunity for improving the recording, reporting and analysis of immunization data at all administrative levels. National programmes should develop plans to make use of these tools to improve their immunization information systems and improve data quality on vaccine coverage and disease surveillance.

8. In order to improve data quality, the Strategic Advisory Group of Experts on immunization recommends that:

- countries should conduct regular, timely reviews of data, including data quality, at all administrative levels, including the district level, to monitor programme performance
- all countries should establish systems to monitor subnational data (district level) and report subnational coverage estimates to WHO by 2015
- technical agencies should promote and provide guidance on the use of new information and communication technologies to improve the recording and reporting of data
- technical agencies should review, revise and standardize the methodology for collection and analysis of vaccine-coverage survey data, including the use of sero-surveys.

Improving immunization coverage

9. Currently, only 59 (30%) of countries were assessed to be meeting the coverage target of at least 90% nationally and 80% in every district (or similar administrative level) with three doses of diphtheria, tetanus and pertussis-containing vaccines (DTP3) in children ≤ 12 months of age. Many countries – mainly in the African, South-East Asia and Eastern Mediterranean regions – will not meet routine immunizations coverage targets by 2015. Even more worrying is that immunization coverage has remained low, stagnant or even decreasing in several of these countries. These countries should urgently intensify efforts to improve programme performance, utilizing administrative and survey data to direct their corrective actions. Civil society needs to be meaningfully engaged in policy dialogues so that reasons for low coverage are better understood and interventions are tailored to address identified problems. Countries, agencies and all development partners must engage with the vaccine industry to closely monitor the global supply of vaccines and ensure sufficient supply into the future. They should anticipate and take timely actions to mitigate the risks of vaccine supply shortfalls that contribute to low coverage.

10. In order to improve immunization coverage, the Strategic Advisory Group of Experts on immunization recommends that:

- countries falling short of reaching coverage targets should urgently identify barriers and bottlenecks and implement targeted approaches to increase and sustain coverage based on a systematic review of community and district levels data
- countries with a DTP1-DTP3 drop-out rate greater than 10% should review programme policies and performance and urgently implement measures to reduce dropout
- all countries should establish or strengthen capacity for vaccine pharmacovigilance to detect and respond to adverse events to enhance confidence in immunization programmes.

Accelerating efforts to achieve disease eradication or elimination

11. As the world nears the final stages of the polio eradication effort, the challenges to achieve success have increased. It is imperative that all stakeholders now redouble their efforts to complete the job, as failure would represent a failure not only for the immunization community but for public health. Efforts toward meeting this goal should also strengthen immunization programmes and health systems, using the polio eradication initiative's assets and knowledge.

12. All countries are urged to establish national action plans to introduce at least one dose of inactivated poliovirus vaccine (all countries endemic for poliomyelitis should establish such a plan by mid-2014 and other high-risk countries by the end of 2014) and switch from the use of trivalent oral polio vaccine to bivalent oral polio vaccine once absence of all circulating vaccine-derived poliovirus 2 has been confirmed globally for at least six months.

13. Although the Decade of Vaccines' 2012 milestone for neonatal tetanus elimination was met (10 additional countries eliminated neonatal tetanus by 2012, defined as less than one case per 1000 live births in each district), the goal of neonatal tetanus elimination is one that has been long delayed. As this is a relatively easy goal to achieve, it is crucial that all future milestones are met and the verification of elimination in all remaining countries is achieved by 2015.

14. Measles and rubella/congenital rubella syndrome elimination, while long accomplished in the Region of the Americas, is a new challenge for other regions. Currently, in addition to the Region of the Americas, only the Western Pacific Region is on track for reaching the regional measles elimination target; the African, European and Eastern Mediterranean regions are not on track and the South-East Asia Region has only just established an elimination goal and target year. Political commitment at all levels is needed to secure the investments required to achieve measles and rubella/congenital rubella syndrome elimination. Ninety-five per cent coverage with two doses of measles-containing vaccines is required in all districts and nationally (through routine immunization and/or supplementary immunization activities) to achieve measles elimination. Furthermore, it is essential that measles and rubella surveillance is increased to meet verification standards, monitor progress and take timely action.

15. To accelerate progress towards achieving elimination of measles and rubella/congenital rubella syndrome, the Strategic Advisory Group of Experts on immunization recommends that all countries should:

- establish or update their national plans to accelerate measles and rubella/congenital rubella syndrome elimination; these should include details for strengthening overall health and immunization systems in order to ensure that the 95% vaccination coverage targets nationally and in all districts are met
- strengthen case-based surveillance for measles and rubella and ensure timely and complete reporting, and establish or strengthen surveillance for congenital rubella syndrome.

Enhancing country ownership of national immunization programmes

16. Optimal performance requires that countries take ownership of their national programmes, establish good governance and invest the required resources. This requires that countries have processes to track immunization expenditures, identify resource gaps and take measures to fill the gaps.

17. The global vaccine action plan calls upon countries to report their national immunization expenditures (on per person basis). However, the data quality on immunization expenditures is inadequate to draw conclusions about expenditure trends.

18. National Immunization Technical Advisory Groups provide a means for national governments and other stakeholders to receive unbiased, critical advice on policy recommendations and for monitoring the successes and failures of the programmes. Even though the number of such Technical Advisory Groups that meet the functionality criteria has increased significantly in recent years, it is noted that many countries are still lagging behind in the establishment of such a body, particularly in the African and Western Pacific regions. The capacities of National Immunization Technical Advisory Groups to use evidence-based approaches need to be further strengthened with the support of all technical agencies and development partners.

19. To improve country ownership, the Strategic Advisory Group of Experts on immunization recommends that countries should: improve processes to track and report immunization expenditures using the System of Health Accounts¹ and establish and/or strengthen National Immunization Technical Advisory Groups and use them to advise on policy recommendations.

ACTION BY THE EXECUTIVE BOARD

20. The Board is invited to take note of the report.

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¹ The System of Health Accounts is a framework developed through collaboration between the Organisation for Economic Co-operation and Development, the European Union and WHO for the systematic description of financial flows related to health care. The aim of the System is to describe the health care system from an expenditure perspective both for international and national purposes (http://www.who.int/nha/sha_revision/en/).