Global vaccine action plan

Report by the Secretariat

1. In May 2012, the Sixty-fifth World Health Assembly endorsed the global vaccine action plan\(^1\) 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, as a substantive agenda item, using the proposed accountability framework to guide discussions and future actions.\(^2\)

2. In May 2013, the Sixty-sixth World Health Assembly noted the report by the Secretariat,\(^3\) including the proposed framework for monitoring and 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.\(^4\)

3. In accordance with the monitoring, evaluation and accountability process,\(^5\) the Strategic Advisory Group of Experts on immunization reviewed progress against each of the indicators for the goals and strategic objectives of the global vaccine action plan, based on data from 2014,\(^6\) and prepared the 2015 Assessment Report of the Global Vaccine Action Plan.\(^7\)


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\(^2\) See resolution WHA65.17 (2012).

\(^3\) Document A66/19.

\(^4\) See document WHA66/2013/REC/3, summary record of the tenth meeting of Committee A, section 2.

\(^5\) See document A66/19, paragraphs 16 and 17.


ACTION BY THE EXECUTIVE BOARD

5. The Executive Board is invited to take note of the report and to consider the recommendations for actions to be taken by the various stakeholders of the global vaccine action plan, in particular by Member States.
ANNEX

A SUMMARY OF THE 2015 ASSESSMENT REPORT OF THE GLOBAL VACCINE ACTION PLAN BY THE STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION

1. The Global Vaccine Action Plan (GVAP) set ambitious but achievable goals, to save thousands of lives through vaccination in this Decade of Vaccines to 2020. However, the Decade of Vaccines is not on course to achieve its true potential.

2. Performance against key immunization targets remains off-track, though there have been some success stories. These isolated improvements in countries and at the global level as highlighted below will have to become the norm if the plan is to get back on track.

   • The GVAP target for introduction of new or under-utilized vaccines is on track worldwide, with 86 low and middle-income countries introducing a total of 128 vaccines since 2010.
   
   • The Ebola candidate vaccines were developed and tested within a short timeframe and showed the potential to protect against a high mortality disease.
   
   • Following the resolution by the World Health Assembly on vaccine pricing, the WHO secretariat has worked with countries to share pricing data. To date, 40 countries have shared information with WHO compared with only one country last year.
   
   • India has been declared free of maternal and neonatal tetanus, demonstrating that it is possible to eliminate this disease even in challenging circumstances.
   
   • Africa has not had a case of wild poliovirus since August 2014 – an enormous achievement. Nigeria is no longer a polio-endemic country.
   
   • Polio resources were utilized in containing the outbreak of Ebola virus in Africa.
   
   • The Americas became the first region to eliminate rubella and congenital rubella syndrome, a major achievement.

3. This assessment report focuses on the need for leadership and accountability systems at all levels, particularly within countries to put progress with the GVAP back on track.

4. Based on countries’ achievements, the following common factors that would lead to success are highlighted: improving quality and use of data; community involvement; improved access to immunization services for the marginalized and displaced populations; strengthening health systems; securing and sustained supply of vaccines at all levels; leadership and accountability.

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5. At this critical midpoint of the Decade of Vaccines, SAGE makes nine recommendations, focusing squarely on the major issues.

To improve accountability to achieve the GVAP goals, SAGE recommends that:

– Countries have annual plans for immunization consistent with the GVAP and relevant regional vaccine action plans. The Ministries of Health, Finance and other pertinent ministries demonstrate leadership by establishing an annual process for monitoring and accountability at national and subnational levels. Monitoring should be through an independent body, for example the National Immunization Technical Advisory Group (NITAG). Each country should share, every year, with WHO regional offices, its monitoring report which should include monitoring progress towards achievement of outcomes but also sharing of best practices.

– Once regional vaccine action plans are finalised (by December 2015), WHO regional offices establish a process of annual progress review through their regional technical advisory groups and report to the respective Regional Committees. The first annual review should take place in the first half of 2016 for countries already having annual plans consistent with the GVAP. WHO Regional Committees’ reports should be made available annually to SAGE as part of the global review process.

– Global, regional and national development partners align their efforts to support countries in strengthening their leadership and accountability frameworks and in implementing their national plans. This should include establishing and/or strengthening partner coordination mechanisms at each level.

– Decade of Vaccines secretariat agencies report to SAGE in 2016 on their supporting activities conducted in the 10 countries where most of the unvaccinated and under-vaccinated children live. This annual reporting mechanism should include discussion of those reports in regional technical advisory groups.

To address the shortfalls in disease-specific areas of the Global Vaccine Action Plan's implementation, SAGE recommends that:

– Given poor progress with elimination of maternal and neonatal tetanus and the relatively small funding gap to achieve this goal, WHO and UNICEF convene a meeting of global partners and the remaining 21 countries to agree on an action plan, resources and respective responsibilities so that the goal is achieved no later than 2017 and thereafter strategies are in place to sustain elimination in all countries.

– Global, regional and national development partners support countries in securing the required resources and in implementing their measles and rubella elimination or control strategies and plans. The recommendations of the mid-term review of the global measles and rubella strategic plan to be conducted in 2016, once endorsed by SAGE, should be taken into account in refining plans and for monitoring and enhancing quality of plan implementation.
To improve immunization coverage especially where many unvaccinated and under-vaccinated children live, including those affected by conflict and crisis, SAGE recommends that:

– Global, regional and country development partners should coordinate and align their efforts to support countries to immunize more children by strengthening their health-care delivery systems, combined with targeted approaches to reach children consistently missed by the routine delivery system, particularly in the countries where national vaccination rates, or subnational rates in larger countries, are below 80%, and to provide services to populations displaced due to conflict (both internally displaced persons and refugees).

– WHO should provide guidance for countries and partners on implementation of immunization programmes and immunization strategies during situations of conflict and chronic disruption.

The 2016 GVAP assessment report will also serve as a mid-term review of progress in the Decade of Vaccines and SAGE recommends that:

– This report should be presented at the World Economic Forum in Davos where the Decade of Vaccines was launched. The 2016 report should also aim to highlight those activities that were game-changers at global, regional and country levels.