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## **Global vaccine action plan**

### **Report by the Secretariat**

1. In May 2012, the Sixty-fifth World Health Assembly adopted resolution WHA65.17, in which it endorsed the global vaccine action plan<sup>1</sup> and requested the Director-General, *inter alia*, 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. In May 2013, the Sixty-sixth World Health Assembly considered and noted the report by the Secretariat,<sup>2</sup> 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.

3. In accordance with the monitoring, evaluation and accountability process,<sup>3</sup> 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 2015,<sup>4</sup> and prepared the 2016 Assessment Report of the Global Vaccine Action Plan.<sup>5</sup> A summary of the Assessment Report is included in the Annex.

#### **ACTION BY THE EXECUTIVE BOARD**

4. 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.

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<sup>1</sup> The global vaccine action plan is available at: [http://www.who.int/immunization/global\\_vaccine\\_action\\_plan/en/](http://www.who.int/immunization/global_vaccine_action_plan/en/) (accessed 9 November 2016).

<sup>2</sup> Document A66/19; see also document WHA66/2013/REC/3, summary record of the tenth meeting of Committee A, section 2.

<sup>3</sup> See document A66/19, paragraphs 16 and 17.

<sup>4</sup> Global Vaccine Action Plan Monitoring, Evaluation & Accountability: Secretariat Annual Report 2016 ([http://www.who.int/entity/immunization/global\\_vaccine\\_action\\_plan/gvap\\_secretariat\\_report\\_2016.pdf?ua=1](http://www.who.int/entity/immunization/global_vaccine_action_plan/gvap_secretariat_report_2016.pdf?ua=1), accessed 10 November 2016).

<sup>5</sup> The full 2016 SAGE Assessment Report of the Global Vaccine Action Plan is available at: [http://www.who.int/entity/immunization/global\\_vaccine\\_action\\_plan/SAGE\\_GVAP\\_Assessment\\_Report\\_2016\\_EN.pdf](http://www.who.int/entity/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2016_EN.pdf) (accessed 10 November 2016).

ANNEX

**A SUMMARY OF THE 2016 ASSESSMENT REPORT OF THE GLOBAL  
VACCINE ACTION PLAN BY THE STRATEGIC ADVISORY GROUP  
OF EXPERTS ON IMMUNIZATION<sup>1</sup>**

1. At the midpoint of the Global Vaccine Action Plan, or GVAP (2012–2020), the Strategic Advisory Group of Experts on Immunization (SAGE) remains gravely concerned that progress toward the goals to eradicate polio, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to life saving vaccines is too slow.
2. Despite improvements in individual countries and a strong global rate of new vaccine introduction, global average immunization coverage has increased by only 1% since 2010.
3. In 2015, 68 countries fell short of the target to achieve at least 90% national coverage with the third dose of diphtheria-tetanus-pertussis vaccine. Not only that, 26 countries reported no change in coverage levels and 25 countries reported a net decrease in coverage since 2010.
4. The 16 countries that have made measurable progress since 2010 are to be commended for reaching more people, especially vulnerable and marginalized members of society with immunization. Some of the countries with the highest numbers of unvaccinated people have made the most progress, including the Democratic Republic of the Congo, Ethiopia and India, and even though coverage targets have not been achieved in these countries, they are moving forward in the right direction.
5. The 111 countries that entered the decade with high immunization coverage and sustained it through 2015 are already setting their sights on more aggressive goals, additional vaccines, and more equitable coverage. Immunization programmes in these countries can lead the way by increasing access to other public health interventions and providing a platform for the delivery of preventive health services throughout the life course. Vaccine research and development is progressing rapidly, and an expanding pipeline of new vaccines underscores the need to build health systems that can reliably reach new target age groups.
6. The members of the SAGE are steadfast and passionate believers in the power of immunization to give individuals and their families a better start in life and to protect people from a growing array of debilitating illnesses. Immunization is one of the world's most effective and cost-effective tools against the threat of emerging diseases and has a powerful impact on social and economic development. Recognizing the role that immunization plays in ensuring good health and the role that good health plays in achieving sustainable development, the SAGE has supported the inclusion of immunization indicators to measure progress toward the Sustainable Development Goals.
7. The next four years present unprecedented opportunities for countries to leverage the attention and support that immunization receives and apply it for the benefit of people everywhere. Strident efforts on the part of all countries and immunization stakeholders are required to catch up and achieve GVAP goals by 2020.

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<sup>1</sup> [http://www.who.int/entity/immunization/global\\_vaccine\\_action\\_plan/SAGE\\_GVAP\\_Assessment\\_Report\\_2016\\_EN.pdf](http://www.who.int/entity/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2016_EN.pdf) (accessed 10 November 2016).

8. The Strategic Advisory Group of Experts on immunization recommends that Member States demonstrate stronger leadership and governance of national immunization systems through the following actions:

(a) Ministers at all levels should be strong immunization advocates within their countries and regions. These high-level officials should be able to convey the high return on investment, the urgency and value of investing more in and sustaining immunization programmes as an integral part of government-supported Universal Health Coverage packages.

(b) Governments are encouraged to enact laws that guarantee access to immunization, establish National Immunization Technical Advisory Groups (NITAGs) or equivalent groups, ensure that sufficient budgets are allocated to immunization each year and create mechanisms to monitor and efficiently manage funds at all levels (including those from the private sector).

(c) National leaders must take courageous decisions to upgrade systems, protocols and policies that are necessary to achieve and sustain high immunization coverage. Such upgrades might require redesigning supply chains, information systems and procurement policies, and reassessing roles and responsibilities in case the government decides to implement the decentralization of the health system.

(d) National immunization programme managers should report each year to their NITAGs or equivalent groups on progress made, lessons learned and remaining challenges toward implementing National Immunization Plans and show how these plans are aligned to Regional and Global Vaccine Action Plan goals.

9. The Strategic Advisory Group of Experts on immunization recommends that Member States Prioritize immunization system strengthening through the following actions:

(a) Countries should expand immunization services beyond infants and children to the whole life course, and determine the most effective and efficient means of reaching other age groups within integrated health service provision. New platforms are urgently needed to reach people during the second-year-of-life, childhood, adolescence, pregnancy, and into later adulthood.

(b) The 34 countries with DTP3 national coverage levels below 80% should accelerate the implementation of proven interventions to strengthen immunization systems as part of integrated health services. Countries, with advice from the NITAGs or equivalent, should identify and implement priority interventions, including human resource development, increase of domestic funding for immunization and improved quality and use of data.

10. The Strategic Advisory Group of Experts on immunization recommends that Member States secure necessary investments to sustain immunization during polio and Gavi transitions through the following actions:

(a) All countries should mitigate any risk to sustaining effective immunization programmes when polio funding decreases. Countries with large numbers of staff and resources issued from the Global Polio Eradication Initiative are requested to describe, in their polio transition plan, how they propose to maintain and fund critical immunization, laboratory and surveillance activities that are currently supported with polio funding and staff.

(b) In all countries transitioning from Gavi support, national and global immunization partners must advocate strongly and persistently for increased domestic financing to sustain immunization gains over time.

(c) Immunization donors must also look beyond their investments in Gavi to ensure that Gavi-transitioning and self-supporting countries as well as countries facing large decreases in polio funding have the necessary capacity, tools and resources to sustain immunization over the long term.

11. The Strategic Advisory Group of Experts on immunization recommends that Member States improve surveillance capacity and data quality and use through the following actions:

(a) All countries should strengthen and sustain their surveillance capacity by investing in disease detection and notification systems, routine analysis and data reporting systems, stronger laboratory capacity; establishing a clear process for investigating and confirming cases of vaccine preventable diseases; and responding to and preventing outbreaks.

(b) Decision-makers at all levels of the immunization programme are requested to use up-to-date data (i.e., disease surveillance, coverage, and programme delivery data) to guide programmatic and strategic decisions that reduce disease and protect at-risk populations.

12. The Strategic Advisory Group of Experts on immunization recommends that Immunization Partners enhance accountability mechanisms to monitor implementation of Global and Regional Vaccine Action Plans through the following actions:

(a) The leaders of GVAP secretariat agencies and global immunization partners should advocate forcefully and consistently in national and international fora for the urgency and value of accelerating the pace of global progress toward achieving the GVAP goals by 2020.

(b) WHO Regional Directors should make sure the progress towards the Global and Regional Vaccine Actions Plans is reviewed annually at Regional Committee meetings as requested in resolution WHA65.17. Reports prepared at the country level to review and discuss the progress made should be the basis of the discussion.

(c) Civil society organizations should describe how their work maps against different national immunization plans in their 2017 GVAP report, so that the geographic and programmatic scope of their work is more visible. Where possible, CSOs should also measure and share the impact of their work.

13. The Strategic Advisory Group of Experts on immunization recommends that Immunization Partners achieve elimination targets for maternal and neonatal tetanus, measles, rubella and congenital rubella syndrome. The Maternal and Neonatal Tetanus and Measles and Rubella Initiatives are each requested to develop an investment case that specifies the additional funding required to achieve and sustain elimination targets in routine immunization programmes and use the investment case to solicit necessary support from donors and national governments by the end of July, 2017.

14. The Strategic Advisory Group of Experts on immunization recommends that Immunization Partners resolve barriers to timely supply of affordable vaccines in humanitarian crisis situations. International agencies, donors, vaccine manufacturers and national governments must work together to alleviate the financial burden placed on countries to buy and deliver vaccines for displaced populations

at high risk of vaccine-preventable diseases and ensure a timely supply of affordable vaccines in humanitarian crisis situations.

15. The Strategic Advisory Group of Experts on immunization recommends that vaccine research and development partners support vaccine R&D capacity in low- and middle-income countries:

(a) R&D partners must continue supporting the expansion of regulatory capacity and clinical trial capacity by building upon models like the African Vaccine Regulatory Forum and the Developing Country Vaccine Regulators' Network, accelerating regulatory pathways for vaccines in emergency settings, and insisting on compliance with the existing WHO position to register clinical trials and report results in a timely manner.

(b) WHO and the Product Development for Vaccines Advisory Committee (PDVAC) should continue developing global consensus-based strategic goals and prioritizing R&D for vaccines and delivery technologies that address unmet needs in low- and middle-income countries.

(c) Researchers should support the development of high-quality, standardized animal models, standardized assays and human challenge models to streamline product development and provide better-quality information for product advancement decisions.

16. The Strategic Advisory Group of Experts on immunization recommends that vaccine research and development partners accelerate the development and introduction of new vaccines and technologies:

(a) Researchers and investigators, worldwide, should accelerate the development of priority new vaccines and technologies from R&D to full-scale use.

(b) Implementation research must occur at the earliest possible stage of the clinical development process to reduce the delay between market authorization, financing and implementation of vaccines activities.

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