



Global vaccine action plan

Report by the Secretariat

1. The attached document EB136/25 was considered and noted by the Executive Board at its 136th session.¹

ACTION BY THE HEALTH ASSEMBLY

2. The Health Assembly is invited to note the report.

¹ See summary records of the 136th session of the Executive Board, second meeting.

Global vaccine action plan

Report by the Secretariat

1. In May 2012, the Sixty-fifth World Health Assembly endorsed the global vaccine action plan¹ 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 2013, and prepared the 2014 Assessment Report of the Global Vaccine Action Plan.⁶
4. A summary of the 2014 Assessment Report by the Strategic Advisory Group of Experts on immunization is included in the Annex.

¹ The global vaccine action plan can be found at: http://www.who.int/immunization/global_vaccine_action_plan/en/ (accessed on 19 November 2014).

² Resolution WHA65.17.

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.

⁶ The 2014 Assessment Report of the Global Vaccine Action Plan is posted at: http://www.who.int/immunization/global_vaccine_action_plan/sage_assessment_reports/en/ (accessed on 24 November 2014).

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 2014 ASSESSMENT REPORT OF THE GLOBAL VACCINE ACTION PLAN BY THE STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION

1. The Global Vaccine Action Plan (GVAP) has two great ambitions, to make 2011–2020 the Decade of Vaccines:
 - To deliver vaccination to all – and through this: to end inequity in vaccination, eradicate polio globally, eliminate maternal and neonatal tetanus globally, and eliminate (guided by regional targets) measles and rubella.
 - To unleash vaccines’ vast future potential – because their impressive history is nothing in comparison to what they could yet achieve.
2. The Strategic Advisory Group of Experts on immunization noted that there has been success in introducing new vaccines, and positive achievements in numerous countries in several areas, including the establishment and strengthening of National Immunization Technical Advisory Groups. However, progress is far off-track. Five of the six goals set by the GVAP with deadlines at the end of 2014 or 2015 still require substantial progress to get the goals on track (poliovirus transmission interruption, maternal and neonatal tetanus, measles and rubella elimination, and DTP3 coverage targets). Indeed, most have seen very little progress. Some have been missed multiple times before.
3. To get the Action Plan back on track, the Strategic Advisory Group of Experts on immunization recommends that action focus particularly on addressing five priority problems. Each problem is major, but each can be tackled, with a reasonable expectation that doing so will improve progress considerably. Each problem is detailed in the full 2014 Assessment Report of the Global Vaccine Action Plan¹ of the Strategic Advisory Group of Experts on immunization, and is summarized below.

Weak GVAP implementation

4. Three years after its start date, implementation of the GVAP is patchy and slow. All countries and organizations that have committed to this endeavour should re-examine the level and nature of their contributions, and urgently make the improvements necessary to achieve results.
5. The Strategic Advisory Group of Experts on immunization recommends that:
 - The Director-General of WHO, during the Sixty-eighth World Health Assembly in 2015, convene side meetings in collaboration with the GVAP secretariat agencies for countries with routine vaccination (DTP3) coverage of less than 80%, to which each Minister of Health is asked to report on the challenges, plans and timelines to improve coverage to meet the GVAP goals.

¹ http://www.who.int/immunization/global_vaccine_action_plan/en/.

- Partners are called upon to lead a concerted effort to fill the funding gap and scale up advocacy efforts to achieve the neonatal (and maternal) tetanus elimination target by end 2015.
- Regions and countries rapidly finalize their own vaccine action plans based on the GVAP, using this assessment report as a further guide and establishing bodies to guide and monitor implementation.
- Following adoption of the GVAP and subsequent revision and adoption of regional and national plans, countries have the responsibility to ensure that immunization goals are shared, discussed and fully adopted by health care workers.
- Countries give civil society organizations substantially more formal involvement in the delivery and improvement of vaccination services, establishing clear responsibilities for which they are accountable.
- After consulting with the respective Regional Technical Advisory Group, every region establishes a regional verification commission, and after consulting with the respective National Immunization Technical Advisory Group, every country explores options for establishing a national verification commission, to scrutinize and monitor progress towards the measles elimination targets.
- The heads of the GVAP secretariat agencies (the Bill & Melinda Gates Foundation, GAVI The vaccine alliance, the National Institute of Allergy and Infectious Diseases, WHO and UNICEF) meet to consider this report and to agree on specific corrective actions.
- The heads of GVAP secretariat agencies report to the 2015 World Economic Forum in Davos on the plan's establishment, its lack of progress so far and what forum participants – who supported the Decade of Vaccines concept in 2010 – can do to help its implementation.
- The SAGE's GVAP assessment reports remain as standing items at the World Health Assembly until 2020.

Poor data quality and use

6. Poor quality and use of data is substantially impeding programme management and improvement.
7. The Strategic Advisory Group of Experts on immunization recommends that:
 - Countries invest in improving data quality at the local level, and use data to strengthen accountability and to improve understanding of what the programmatic issues are.
 - Technical agencies further develop and deploy tools to help countries with the practical task of improving the quality and use of data, with limited personnel available to do so.

Vaccine affordability and supply

8. The affordability and supply of vaccines need to be urgently examined. Each may be causing a significant problem for a large number of countries, and the current lack of proper information hinders understanding and corrective action.

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9. The Strategic Advisory Group of Experts on immunization recommends that:
- Technical agencies conduct urgent assessments of (i) the extent to which the reported national-level stock-outs are affecting local vaccine supply and delivery, and (ii) the root causes of these stock-outs.
 - Countries are requested to change the rules of the game on vaccine affordability, to create transparency which is in their interest. They can do this by making pricing information publicly available, and by collaborating with WHO and all technical agencies to develop solutions.
 - Technical partners support countries to improve the transparency of vaccine pricing. Technical agencies themselves should do everything possible to share pricing data.

Failures of basic integration

10. Failures of basic integration mean that health care workers are repeatedly missing easy opportunities to offer vaccinations when people attend clinics with other problems.

11. The Strategic Advisory Group of Experts on immunization recommends that:
- Countries conduct studies to understand how opportunities to vaccinate people are being missed by health care workers and their systems, and act to reduce the incidence.
 - WHO discusses and develops guidelines on how to fully integrate vaccination into the operation of all aspects of the health care system and to reduce missed opportunities to vaccinate.
 - Countries ensure that health care workers understand and follow WHO or national guidelines on what does, and does not, contraindicate vaccination, particularly in relation to childhood febrile illness, so that vaccination is not avoided unnecessarily.

Situations disrupting immunization

12. Vaccine delivery is impeded by disruptive situations, including war and major disease outbreaks (such as Ebola, currently). Such situations will always exist. Vaccines must be delivered despite them.

13. The Strategic Advisory Group of Experts on immunization recommends that WHO expand its existing guidance on immunization in humanitarian emergencies to detail how routine and other immunization services are best maintained despite disruptive situations, such as war and disease outbreaks.

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