TURNING THE CORNER: IA2030 UPDATE
BRIEFING TO MEMBER STATES

April 16, 2024
Geneva, Switzerland
TURNING THE CORNER: IA2030 UPDATE

16 APRIL 2024 | 14:30 – 15:30

AGENDA

1. Opening Remarks
   Dr Bruce Aylward, ADG

2. Turning the Corner: IA2030 Update
   Dr Kate O'Brien, Director
   Immunization, Vaccines and Biologicals

3. Questions and Answers
   Moderator: Dr Bruce Aylward, ADG

4. Closing Remarks
   Dr Kate O'Brien
1. OPENING REMARKS

Dr Bruce Aylward, ADG
2. TURNING THE CORNER: IA2030 UPDATE

Dr Kate O’Brien, Director
TURNING THE CORNER:
IA2030 UPDATE

Content of today’s session:

1. IA2030: The status of immunization in the context of EPI 50th anniversary and current challenges
2. IA2030 Partnership action agenda and IA2030 Global Report at WHA in May 2024
The Twenty-seventh World Health Assembly,

Having considered the statement on immunization against the childhood diseases and the allocation of funds for an integrated programme on immunization contained in the proposed programme and budget estimates for 1975;

Recognizing the immense contribution immunization has made to the control of many of the common communicable diseases in the countries where it has been effectively applied;

Noting that in extensive regions of the world immunization is available for only a small proportion of children in the susceptible age-groups;

Aware of the potential for disease control when a well-planned and well-coordinated programme is instituted;

Referring the importance of systematic immunization programmes in all countries; and

Expressing its satisfaction at the readiness of the World Health Organization to further promote measures to assist countries in extending their immunization programmes to cover the greatest possible percentage of the susceptible population,

1. RECOMMEND that Member States develop or maintain immunization and surveillance programmes against some or all of the following diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis, smallpox, and others, where applicable, according to the epidemiological situation in their respective countries;

2. REQUEST the Director-General

   (1) to intensify at all levels of the Organization its activities pertinent to the development of immunization programmes, especially for the developing countries;

   (2) to assist Member States (i) in developing suitable programmes by providing technical advice on the use of vaccines and (ii) in assuring the availability of good-quality vaccines at reasonable cost;

   (3) to study the possibilities of providing from international sources and agencies an increased supply of vaccines, equipment and transport and developing local competence to produce vaccines at the national level;

   (4) to continue to support research on the efficacy of vaccines and on as yet unsolved practical problems encountered in immunization procedures;

   (5) to arrange seminars and other educational activities on the design and execution of programmes; and

WHO to intensify: TA, quality/affordable supply, local vax production, research vax/imm’n, training/education

Voluntary Fund for vax/imm’n & annual WHA progress reporting

Member States recognized

- Immense contribution of immunization
- Lack of access in many parts of the world
- Remaining potential for disease control

Recommended & Requested

1. MS develop/maintain immunization & surveillance against 7 diseases

2. Voluntary Fund for vax/imm’n & annual WHA progress reporting

3. WHO to intensify: TA, quality/affordable supply, local vax production, research vax/imm’n, training/education
50 YEARS OF GAINS
VACCINATION HAS ACCOUNTED FOR 42% OF THE REDUCTION IN INFANT MORTALITY SINCE 1974

Source: Global analysis estimating the impact of vaccination over 50 years.

Final estimates of global and regional deaths averted due to 50 years of vaccination will be released during World Immunization Week (24–30 April 2024)
IA2030 IS KEY TO REACHING GLOBAL HEALTH GOALS

Immunization Agenda 2030

Strategic Priorities
- Coverage & equity
- Life-course & integration
- Outbreaks & emergencies
- Research & innovation
- Commitment & demand
- Supply & sustainability

Core Principles
- People-centred
- Country-owned
- Partnership based
- Data-guided

GPW 14

Sustainable Development Goals – Leaving no one behind

Promote health

Provide health

Protect health

14 linked to vaccines/immunization
IA2030 CO-DEVELOPMENT & PARTNERSHIP

**2019-2020**
Co-development of the Strategy and Vision across partners

- **WHA 73** – Aug 2020
  Member States endorse IA2030

**2020-2021**
Implementation planning, design of architecture

- **WHA 74** – May 2021
  Member States endorse IA2030 Framework for Action

**2021-2022**
Activating operational levels and providing first global report

- **WHA 75** – May 2022
  Member States receive first global report for IA2030

**2022-2023**
Intensification of immunization recovery: catch-up, restore and strengthen

- **WIW** – April 2023
  Launch of IA2030 “Big Catch-up”

**2023-2024**
Implementation of “Big Catch-up” and EPI@50 celebrations

- **WHA 77** – May 2024
  Member States receive second global report for IA2030
PROGRESS TOWARDS IA2030 IMPACT GOALS OFF COURSE

SECONDARY IMPACTS OF PANDEMIC

1. Disease

11. 50mn future deaths averted globally

- 8.08M observed deaths averted (cumulative, 2021-2022)
- 0.82M underperforming goal (2021)

12. All countries achieve VPD control, elimination and eradication targets

- WPV: 192 (2030 target)
- Measles: 83
  +3
- Rubella: 98
  +5
- MNT: 182
  0

13. All selected VPDs have a declining trend in the number of large or disruptive outbreaks

- Ebola
- Measles
- Yellow Fever
- WPV
- cPvCV
- Cholera
- Mening

Trend from baseline (average 2018-2020)

Note on 1.3: Measles baseline for 2018-2020 was very high. Although numbers are lower than baseline, they are high and rising.

2. Equity

21. 50% reduction in the number of zero-dose (ZD) children

- 12.9M 2010 (baseline)
- 14.3M 2022

22. 500 vaccine introductions in low- and middle-income countries

- 237 cumulative
- 47% of target

3. Strong Programmes

31. 90% global coverage for DTP3, MCV2, PCV3 & HPVc

- DTP3: 86%
- MCV2: 71%
- PCV3: 74%
- HPVc: 51%

32. Improve Universal Health Coverage

- Global baseline: 68
  2021 average: 68

- No. of regions
  - Increase: 68
  - No change: 5
  - Decrease: 55

Off-track  Partially on-track  On-track
UNPRECEDENTED VPD OUTBREAKS:
RESILIENT, FAR-REACHING, COMMUNITY TRUSTED
IMMUNIZATION PROGRAMMES ARE KEY FOR GLOBAL HEALTH SECURITY

**Measles**
- In 2023, ~316,000 cases reported and 49 countries had large/disruptive measles outbreaks – tripled the number since 2020

**Polio**
- In 2023, 12 WPV1 cases in 2 countries and 523 cVDPV cases from 23 countries
- In 2024, 3 WPV1 cases in 2 countries and 12 cVDPV cases from 6 countries
- Suboptimal IPV1 coverage and slow introduction of IPV2 poses a risk to polio eradication

**Cholera**
- Since 2023, 825,000 cases and 6,000 deaths reported from 31 countries
- 7 countries currently in “Acute crisis” and 16 additional with active outbreaks

**Diphtheria**
- Since May 2022, ~35,000 cases and 926 deaths reported from 7 African countries

**Yellow fever**
- Since the 2023, 17 countries have documented probable and confirmed cases of yellow fever
CONTEXT FOR THE FUTURE

- Geopolitical changes
- AMR
- Strained country health systems
- Population growth (particularly in Africa)
- Legacy/Sustainability /Future of global health initiatives
- Climate change
- Trust & misinformation
- Engagement with private sector
- Conflict/migration /fragile settings

1 Transition to sunset: the future of foreign aid for basic health services in Africa | Development Today (development-today.com)

and ...
TURNING THE CORNER:
IA2030 UPDATE

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1. IA2030: The status of immunization in the context of EPI 50th anniversary and current challenges
2. IA2030 Partnership action agenda and IA2030 Global Report at WHA in May 2024
IA2030 shared action agenda for 2023-2024 sets out a series of short-term and high-level priorities to align the efforts of countries, regions, global partners and other stakeholders.

1. **Catch-up and strengthening:** Intensify efforts to reach children missed during the pandemic years and strengthen national immunization programmes.

2. **Promoting equity:** Ensure that catch-up and strengthening activities benefit communities currently most left out.

3. **Regaining control of measles:** Enhance measles outbreak responses and intensify prevention.

4. **Making the case for investment:** Strengthen advocacy at national, regional and global levels for increased investment in immunization.

5. **Accelerate new vaccine introductions:** Promote implementation of WHO-recommended vaccines where yet to be introduced.

6. **Advance vaccination in adolescence:** Accelerate introduction of HPV vaccination and increase coverage where it has already been introduced.
THREE KEY PILLARS OF THE "BIG CATCH-UP (BCU)" AIM TO HELP GET BACK ON-TRACK TOWARDS IA2030 TARGETS

1. Catch-up missed children (past)
2. Restore immunization programmes (current)
3. Strengthen immunization programmes (future)

BCU is an accelerated effort designed to support and catalyze ongoing immunization targets that are already priorities for all immunization programmes and efforts at the national, regional and global level.

BCU supports integration and aims to leverage ongoing activities, initiatives, and delivery resources, including flexibility for reprogramming the use of already allocated grants (CDS3, HSS, EAF).

Dec 2023: Gavi Board approved an initial amount of $290M to cover the cost of fully-financed vaccine catch-up doses and other critical gaps in technical assistance and delivery support.

BCU is not a vertical programme or stand-alone initiative.
MEASLES CASES ARE INCREASING

- Measles cases increased by 84% in 2023 versus 2022
- 2024 may be worse than 2023

MEASLES DEATHS DON’T HAPPEN EQUALLY EVERYWHERE

- Estimated 136,216 measles deaths in 2022, mostly in children - 43% increase on 2021
- 92% deaths occurred in 24% of the world’s population
- Deaths in 2023 are likely to have increased further because cases have increased and malnutrition has increased

Percentage of measles deaths per WHO region in 2022

IA2030 RESPONSE

IA2030 Working group M&RP is intensifying prevention via increased campaign quality

IA2030 Partnership Council in Nov 2023 set up a time-limited Outbreak Task Team to review bottlenecks and solutions to outbreak response timeliness.

Task Team recommendations:
- Support countries so that initiation of outbreak response immunization with in-country vaccines, supplies, and funding is the norm whenever possible
- Ensure validated fit-for-purpose diagnostic tests are available to countries to aid timely detection of outbreaks
- Provide middle-income countries with international support for measles outbreak response equivalent to support they receive for Ebola, cholera, meningococcal, and yellow fever

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UNFINISHED HIGH-PRIORITY AGENDAS: WHERE BIG-GAINS STILL ON TABLE

Malaria: 5 countries introduced & 15 more in 2024, and more applications coming

- 5 countries (Malawi, Ghana, Kenya, Cameroon, Burkina Faso) introduced malaria vaccine sub-nationally

HPV: 21% of adolescent girls are vaccinated

- 141 countries introduced HPV vaccine

1-dose: 37 countries
NEAR TERM: NEW VACCINE & IMMUNIZATION RELATED INNOVATIONS

- New, improved TB vaccines against disease
- New combination vaccines, particularly for enteric & diarrheal disease
- Respiratory Syncytial Virus & Group B strep vaccine for pregnant women
- Microarray patches to deliver vaccines esp. for hard to reach populations
- New Intranasal vaccines for self administration & emergency response
2024 IS A PIVOTAL YEAR FOR EPI
50TH ANNIVERSARY (WHA 23 MAY 1974)
FOCUSING ON ACHIEVEMENTS OF EPI AND INSPIRING THE FUTURE

1974-2024
50 years of historic impact provides a unique opportunity...

2024-2030
...to inspire and renew commitment to meet near-term priorities (IA2030 goals, end Polio, Measles elimination, Gavi replenishment, )...

2030-2074
...and inspire the ambition for unlimited innovation in the coming 50 years.

EPI 50th anniversary coordinating partners: WHO, UNICEF, Gavi & BMGF
EPI@50 CAMPAIGN TO BE LAUNCHED DURING WORLD IMMUNIZATION WEEK (24-30 APRIL 2024)

HUMANLY POSSIBLE

• Theme of non-branded/White Label campaign
• Coordinated across partners through IA2030
• Logo, visuals, taglines, videos, social media assets, in production for country, community & partner use
2024 ADVOCACY OPPORTUNITIES
HIGH-LEVEL ADVOCACY & COMMITMENTS TO IMMUNIZATION IN THE CONTEXT OF EPI@50

• World Immunization Week: 24-30 April 2024

• Meningitis High-Level Global Event: 26 April 2024

• WHA77 special strategic roundtable “EPI 50 Years of Progress”: 28 May 2024

• Gavi Replenishment: October 2024

• WHO Financing Case: November 2024

• Regional events: throughout the year
IA2030 Global Report 2023 Outline:

- Status of immunization in 2022 and 2023 (preliminary data)
- Spotlight on key VPDs (e.g., measles, polio)
- Spotlight on the Big Catch-Up and country success stories
- New vaccine landscape
- Update on progress in key disease areas
- Responses to 2022 data: National, regional and global follow up of priority areas

Asks:

• What actions can global partners take to support countries to accelerate progress in the six priority areas highlighted above?

• How can countries strengthen their political and financial commitments to immunization within integrated primary health care systems, which is a key enabler of universal health coverage, improved population health and pandemic preparedness?

WHA73 decision: DG to report biennially as a substantive agenda item to the Health Assembly, through the Executive Board, on the achievements made in advancing towards the global goals of the Immunization Agenda 2030, starting with the Seventy-fifth World Health Assembly.

IA2030 Global Report 2023 will be available on the IA2030 website from 20 May 2024: https://www.immunizationagenda2030.org/ia2030-annual-reports
3. Q&A

Dr Bruce Aylward, ADG
4. CLOSING REMARKS

Dr Kate O’Brien, Director
ADDITIONAL REFERENCE SLIDES
## 2024 IS A BIG POLITICAL YEAR

**OPPORTUNITY FOR HIGH-LEVEL ADVOCACY & COMMITMENTS ON VACCINES/IMMUNIZATION IN THE CONTEXT OF EPI@50**

### Global
- **APR**: World Immunization Week / EPI 50th launch (Global Immunization Week / EPI 50th event)
- **MAY**: EPI 50th High-Level Event
- **JUN**: Gavi launch investment case
- **JUL**: WHA85E Launch
- **AUG**: SAGE meeting
- **SEP**: Gavi replenishment
- **OCT**: WHOF financing case
- **NOV**: Q20
- **DEC**: Global Immunization event / Future of EPI

### AFRO
- **EMRO**
  - **EP1 50th photo exhibition**
  - **Advocacy event for New Vaccine Introductions in MCOs**
  - **Delay/Managers meeting**
  - **Regional Committee meeting**
- **WPRO**
  - **Subregional Committee on Certification of Polio Eradication & Verification (African & Eastern Mediterranean Region)**
  - **Technical Advisory Group on Immunization & VPDs**

### EMRO
- **AFRO**
  - **AVMCI meeting**
  - **African Union Commission for Health, Nutrition, Population and Drugs Control**
  - **EPI Managers meeting**
  - **Regional Committee meeting for Africa**
  - **EPI Managers meeting West Africa**

### EURO
- **PAHO**
  - **Central Asia Health Investment Forum**
- **SEARO**
  - **Regional Committee meeting**
- **WPRO**
  - **Regional Committee meeting**
EPI@50: **Monumental** triumph in the history of human health – smallpox eradication through immunization

From a disease that affected many…

A WHO smallpox recognition card from 1971, showing a patient with a relatively mild case of smallpox

Many bore the pockmarks or like this woman were totally blind

Jet-injector can be used to vaccinate up to 1,000 persons an hour

…to an eradicated disease whose legacy continues to inform outbreak responses (eg Ebola, Mpox)

Ali Maow Malin a cook in Somalia, last case of Smallpox, 26 October 1977
EPI@50: Monumental effort to eradicate the 2\textsuperscript{nd} human disease - polio eradication progress through immunization

More than 99.9% of the world’s population now lives in areas free of endemic Wild Polio Virus (WPV)

- 1955: Salk developed polio inactivated vaccine
- 1961: Sabin develops a "live" oral polio vaccine
- 1974: Launch of unique public-private partnership*
- 1988: Sabin develops a "live" oral polio vaccine
- 1995: WHO Region certified polio free
- 2000: WPPO certified polio free
- 2002: EURO certified polio free
- 2010: SEARO certified polio free
- 2014: AFRO certified polio free
- 2020: AFRO certified polio free

All maps from: https://ourworldindata.org/grapher/progress-towards-polio-eradication?time
* Gavi joined later
EPI@50: Important progress towards achieving and sustaining Maternal & Neonatal Tetanus Elimination (MNTE)

1988 787,000 newborns died of neonatal tetanus
1989 WHA endorsed elimination of neonatal tetanus
1999 Relaunch as MNT Elimination initiative targeting 59 countries

2018 25,000 newborns died of neonatal tetanus
2024 48 of remaining 59 countries achieved MNTE; 11 remaining

https://www.who.int/news-room/fact-sheets/detail/tetanus
https://www.who.int/initiatives/maternal-and-neonatal-tetanus-elimination-(mnte)/progress-towards-global-mnt-elimination

Field demonstration of the use of Open Data Kit (ODK) for data collection during the MNTE validation survey in Guinea (Nov 2023)
EPI@50: Progress towards measles elimination is IA2030 strategy tracer
2000–2022, measles vaccination prevented 57 million estimated deaths worldwide

Measles accounts for 37% of deaths averted among VPDs

~136,000 measles deaths estimated in 2022 compared with ~772,000 in 2000

Sources: