



# WORLD HEALTH ORGANIZATION

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## **Draft global immunization strategy**

### **Report by the Secretariat**

1. Against the background of mounting demand, fast-developing technologies and expanding opportunities for partnerships, the need to elaborate a new global strategy on immunization with early and full participation of all stakeholders is urgent. In response to these developments and trends, the secretariats of WHO and UNICEF have agreed to draw up a global immunization strategy for the period 2006-2015, seeking the commitment of Member States, international and nongovernmental organizations, the private sector and other stakeholders to devote unprecedented attention to immunization at all levels.

2. Immunization and related interventions will make an important contribution to achieving the Millennium Development Goals, and also facilitate the attainment of the immunization-related goals set by the United Nations General Assembly special session on children in 2002 and the goals set by the Global Alliance for Vaccines and Immunization. They will also support implementation of resolution WHA56.19 which urged Member States to establish and implement strategies to increase vaccination coverage against influenza in all people at high risk.

### **GOALS, GUIDING PRINCIPLES AND OBJECTIVES**

3. Building on the achievements of the Expanded Programme on Immunization, the Global Poliomyelitis Eradication Initiative and the Global Alliance for Vaccines and Immunization, the proposed strategy aims to protect more people against more vaccine-preventable diseases and to ensure the sustainability of immunization programmes and related interventions in diverse social contexts and against a background of changing demographics and economies, and evolving disease patterns. It will foster greater international solidarity to guarantee equitable access for all to needed vaccines.

4. Key principles underlying the proposed strategy include: equity and gender equality; ownership, partnership and responsibility; accountability; high quality of products and services; existence of strong immunization systems at district level; and sustainability through technical and financial capacity-building. Objectives of the strategy will be expressed in terms of vaccination coverage, mortality and morbidity rates, sustainability, and systems strengthening. At current levels of coverage, vaccines and immunization avert the death of between two and three million children each year, and an additional one to two million deaths could be prevented annually by 2015 if countries substantially increased coverage with both current vaccines and those in the late stages of development, such as new pneumococcal and rotavirus vaccines.

5. Although most children who are unreached by immunization programmes live in least-developed countries, every country has underserved populations and experiences failures in its immunization systems. Special strategies are needed for programmes to contact hard-to-reach populations on a regular basis and to reach those affected by, or vulnerable to, outbreaks of vaccine-preventable diseases and emergency situations. Furthermore, expanding the benefit of immunization to population groups other than infants and women of child-bearing age – older children for booster doses, and adolescents and adults for epidemic prevention and control – has the potential to prevent even more morbidity and mortality and increase global security against impending pandemics.

6. Research and development is generating an unprecedented array of candidate vaccines and potential new technologies that might be introduced in the decade 2006-2015. Rational decisions about their introduction into national immunization programmes need evidence, including disease burden, and resolution of regulatory issues.

## **COMPONENTS OF THE PROPOSED STRATEGY**

7. The proposed strategy has five areas, three relating to immunization and related interventions, and the others to the synergy between immunization programmes and health systems and to global interdependence.

### **Strategic area 1 – Protecting more people in a changing world**

8. The main reasons for continued low or falling rates of vaccination coverage in some countries include the lack or weakness of multi-year, national and district plans giving priority to underserved populations. Insufficient financial resources, poor budgetary and financial planning and management, and inadequate planning, training, deployment and support of human resources result in coverage rates remaining suboptimal, outreach services being cancelled, and available data not being used appropriately to guide strategies and activities or measure impact.

9. The approach will be to tackle ways of reaching underserved populations, with the aim of providing all infants a minimum of four immunization contacts and extending services to school-age children, adolescents and adults as appropriate. This goal will be attained through a district approach, based on fixed sites, outreach, mobile teams, and repeated mass vaccination, where needed, with the engagement of the private sector and a strong focus on hard-to-reach populations.

10. The proposed strategy envisages strengthening, on the basis of existing systems, field and laboratory surveillance, data collection and analysis (including investigation of cases and outbreaks, specimen collection, and regular reporting within an integrated disease-surveillance framework), and the use of management information to guide implementation. The results of regular performance evaluation and operational research will be applied in order to improve the coverage, efficiency and effectiveness of immunization programmes.

### **Strategic area 2 – Introducing new vaccines and technologies**

11. In the coming decade, a revolution is expected in the ways that vaccines are designed, manufactured, delivered and administered. It is crucial that research priorities and financial investments take into account the needs of all countries and populations that are the most vulnerable to ill-health, disability and premature death.

12. Concurrently, new methods, devices and other products to enhance the ease, safety and efficacy of vaccine delivery are in development. Once approved, these new methods and devices will have to be brought to the market at affordable cost and introduced widely and systematically in ongoing immunization programmes.

13. The proposed strategy will urge that vaccine research and development should be based on disease burden, in order to ensure that future vaccines of public health importance become available to those who need them most. Another core component will be empowering governments to decide to expand immunization programmes and providing support to translate that commitment into policies and programmes that apply new products in a cost-effective and sustainable manner.

### **Strategic area 3 – Linking vaccination to other interventions**

14. Immunization contacts create opportunities to deliver additional, potentially life-saving interventions. Vitamin A has been successfully distributed through routine immunization activities and campaigns such as those against poliomyelitis or measles. Several countries have distributed insecticide-treated bednets to prevent malaria during supplementary immunization activities against measles. The routine delivery of micronutrients, anthelmintics, malaria prophylaxis and other health interventions at regular immunization contacts has also been considered. Clear policies, tested strategies and proven logistics for including such interventions in immunization contacts are, however, generally lacking. Information is needed on how different interventions can be efficiently and cost-effectively combined and about possible adverse interactions.

15. The proposed strategy will seek to increase efficiency, cost-effectiveness, sustainability and impact by linking immunization to other interventions aimed at reducing morbidity and mortality, in particular through collecting the evidence needed to inform policy and programme development.

### **Strategic area 4 – Synergy between immunization programmes and health systems**

16. Immunization services are confronted by the barriers and challenges faced by the health sector as a whole. Major constraints relate to health providers: they are too few, insufficiently motivated, trained or supervised, and often work in unfamiliar, difficult or even life-threatening environments. Financing of immunization programmes has weak links with other health-sector financing. Poor quality and lack of analysis or use of surveillance and management information are compounded by inadequate training on effective use of data for planning and action.

17. Complex emergencies present governments with multifaceted problems that need urgent and skillfully designed system-wide responses. Access to immunization services may be abruptly lost, but their restoration often serves the dual purpose of protecting people at enhanced risk of illness and death and of providing a cornerstone for reconstruction of health services.

18. The proposed strategy will contribute to removing sector-wide barriers through closer links with health-sector reforms, in particular in such domains as human resources, financing, disease surveillance and strengthening of laboratory networks and management information systems. Such linkage will maximize the synergy between immunization and other health-sector services even in situations of conflict.

## **Strategic area 5 – Operating in the context of global interdependence**

19. At least three important elements of immunization programmes are interlinked: vaccine procurement, financing, and information sharing. Successful programmes depend on a sustainable and reliable supply of quality-assured and affordable vaccines, but the divergence of the vaccine markets remains a concern. Vaccine producers in developed countries increasingly provide vaccine antigens or formulations that differ from those needed in developing countries. Institutional and financial barriers, partly due to a breakdown in communication between countries and agencies that provide technical support or funding, severely constrain continued access to existing and new vaccines. Furthermore, as vaccine-preventable diseases recede and not only information but misinformation spreads rapidly across the world thanks to the dramatic changes in global communication, the value relative to other public health interventions and safety of immunization are increasingly questioned.

20. In response, the proposed strategy will aim to raise awareness about and tackle the consequences of global interdependence for vaccine supply, financing, and communication. It will strengthen partnerships at all levels to allow immunization programmes to perform optimally in a well-informed, participatory and supportive environment, with the roles, responsibilities and accountability of partners clearly defined.

### **CONSULTATIVE PROCESS**

21. The secretariats of WHO and UNICEF are jointly formulating the proposed strategy, working in close collaboration with key partners. A preliminary draft was reviewed technically by the Strategic Advisory Group of Experts at a meeting in Geneva in October 2004, and further comments will be invited from the Global Alliance for Vaccines and Immunization at its 14th Board meeting (Abuja, 2-3 December 2004) and from the Executive Board of UNICEF in January 2005. Further input will be gathered during regional and intercountry meetings sponsored by WHO and/or UNICEF. The draft strategy will subsequently be submitted to the governing bodies of both WHO and UNICEF.

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

22. The Board is invited to note the report and provide guidance.

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