

Draft global vaccine action plan: update

Report by the Secretariat

1. This document summarizes progress in the development of the global vaccine action plan that was initially discussed by the Sixty-fourth World Health Assembly in 2011 as part of the progress report on the implementation of the Global Immunization Vision and Strategy.¹ The final version of the action plan will be presented to the Sixty-fifth World Health Assembly in May 2012.

THE GLOBAL VACCINE ACTION PLAN – AN IMMUNIZATION AGENDA FOR THE DECADE OF VACCINES

2. The Decade of Vaccines (2011–2020) envisages a world in which all individuals and communities enjoy lives that are free from vaccine-preventable diseases. Its purpose is to extend, by 2020 and beyond, the full benefits of immunization to all people, regardless of where they are born, who they are, or where they live.

3. In May 2011, the Sixty-fourth World Health Assembly noted the report on the Global Immunization Vision and Strategy 2006–2015, the first 10-year strategic framework to realize the potential of immunization in addressing morbidity and mortality from vaccine-preventable diseases. It has been a global rallying point, enabled the design of regional strategies, and guided the development of comprehensive, fully costed, multi-year national plans for immunization. The report to the Health Assembly included a description of the start of the collaborative process to develop a global vaccine action plan that builds on the success of the Global Immunization Vision and Strategy. The action plan aims to go further, integrating all aspects of immunization, including research and development, delivery, access to quality vaccines that are affordable, and public and political support. The action plan will also include projections of financial resource availability and requirements, and a clear process to define an accountability framework, arrived at through a comprehensive global, regional, and in-country consultation process.

CONTEXT AND INTRODUCTION

4. Remarkable progress has been made in immunization over the last 10 years. Country programmes are stronger; coordination has improved among local, national, regional and international partners; international resources dedicated to immunization have risen worldwide, and the proportion

¹ Document A64/14.

of governmental funding allocated to immunization programmes has grown. Consequently, coverage with the initial six antigens included in the Expanded Programme on Immunization (diphtheria-tetanus-pertussis combination vaccine, oral poliovirus vaccine, measles and BCG vaccines) has increased steadily and the global average coverage with three doses of diphtheria-tetanus-pertussis (DTP3) vaccine is now above 80%. Many countries have added new antigens in their national immunization programme – contributing to a dramatic reduction in the mortality of children under the age of five years.

5. In spite of this progress there continues to be important, unmet need. Vaccine-preventable diseases remain a major cause of mortality and morbidity. Coverage gaps persist between high-, middle-, and low-income countries, as well within countries, often varying within populations according to income level, and geographical location. Average coverage levels with the routine first dose of measles vaccine in the regions of the Americas, Western Pacific, and Europe are still 14–21% higher than the levels in the regions of Africa and South-East Asia, and of the estimated 19.3 million children each year who are not reached by DTP3 vaccination, 64% are in low- and middle-income countries.

6. The coming decade will bring new opportunities and challenges. Many new and improved vaccines may potentially become available during this decade. Economic growth, particularly in emerging economies, will create opportunities for the funding and manufacturing of affordable vaccines, enabling the introduction of newer vaccines into the national immunization programmes of an increasing number of low- and middle-income countries. In some areas, the economic benefits of immunization will contribute to overall growth. In addition, increasing availability of information could play an essential role in boosting public demand for immunization and facilitating delivery, monitoring and evaluation. Challenges to be overcome include already-burdened supply and logistics systems that will suffer additional pressures from the scale-up of immunization activities and the introduction of new vaccines. Additional challenges during the decade will be a funding gap, driven by the increase in immunization programme costs in parallel to the efforts to increase coverage and introduce new vaccines; and the potential hurdles faced by development partners in sustaining their contributions in the context of struggling economies and competing priorities.

A VISION OF SUCCESS AT THE END OF THE DECADE

7. The vision for the decade 2011–2020 is that a number of goals will have been achieved within the period: polio will have been eradicated, and progress accelerated towards the elimination of measles, rubella, and neonatal tetanus. In every country, most vaccine-preventable diseases will no longer be public health problems. These goals will have been achieved through consistent application of the following guiding principles:

- to uphold immunization as a component of the right to the highest attainable level of health;
- to develop immunization systems capable of meeting the challenges posed by ambitious goals;
- to achieve equity in the use of vaccines;
- to seek synergies with other programmes and re-establish immunization as a core component of primary health care and a pivotal component of health systems;

- to continue to strive for innovation;
- to bolster and sustain national ownership, self reliance and partnerships.

8. Specific indicators and outcomes will be further developed through a broad consultation process.

REQUIRED ACTIONS

Individuals and communities understand and demand immunization

9. Immunization programmes have made great progress in the supply of vaccines. In the coming decade, dramatic improvements in coverage and programme sustainability are possible if individuals and communities understand the benefits of immunization, and demand it, both as their right, and as their responsibility. Individuals' and communities' awareness of their rights to immunization, the benefits of the programme, and the logistics of carrying it out, will promote their participation in immunization activities, thereby increasing coverage. Community and civil society demand for immunization will hold governments and programmes accountable to their commitments, thereby improving programme sustainability.

10. To achieve the necessary transformation, mechanisms are needed to improve the linkages between technical experts and advocates so that they are better able to construct messages that highlight the ways in which immunization supports equity and economic development. In addition, research is needed into the most appropriate form of communications for each social context in order to determine the most effective strategies for delivering these messages and stimulating demand. Strategies should incorporate planned application of the latest techniques, social media tools, and lessons from commercial and public marketing efforts. Strategies could potentially include population-based incentives for vaccine demand, provided that they respect the autonomy and informed consent of programme beneficiaries.

11. New and stronger advocates are needed to implement these strategies. The participation of in-country civil society organizations in this is critical. Civil society organizations can amplify the voices of current advocates and recruit new voices, including educators, religious leaders, media and other prominent figures. Researchers and technical experts will also have an important role in identifying the most promising strategies and providing guidance to civil society organizations.

Equity drives the integration of immunization programmes into broader health systems

12. Today, four out of every five children receive at least a basic set of vaccinations and are consequently able to lead healthier, more productive lives. In the coming decade, the benefits of immunization can be more equitably extended to even more people, including the remaining unimmunized children, adolescents and adults. The achievement of such an extension will require more comprehensive national immunization programmes, greater integration of immunization with other health care systems, and new infrastructure investments to support these changes. A comprehensive national immunization programme is needed: one that adopts strategies for reaching underserved and marginalized populations, focuses explicitly on reaching individuals across their life-course, and strengthens immunization services within the context of the broader health care system.

13. Data are needed to inform the design, implementation and monitoring of comprehensive national immunization programmes. Investments are therefore needed to maintain and strengthen disease surveillance systems, post-marketing surveillance for adverse events and the conduct of epidemiological studies to document vaccination impact and monitor changes in disease trends. Operational research can generate empirical evidence by exploring new delivery strategies to improve supply chain efficiency and increase recipient outreach. New tools are also needed to support more efficient and effective surveillance, epidemiology, programme monitoring, supply chains and programme management, all within the context of the broader health care system. In addition to new data and tools, a sustained focus on the training, motivation, and support of adequate human resources for service management and implementation will be critical, as will the expansion and maintenance of infrastructure and supply systems.

14. Making change happen will first and foremost require the commitment of governments to developing appropriate policies and implementing more comprehensive and integrated programmes. Governments must retain full ownership of these programmes, but harness the support of civil society organizations (in order to reach underserved and marginalized populations), global and regional organizations (so as to access technical expertise and guidance), the scientific community (in order to benefit from new tools and the results of operational research), and development partners (in order to access supplemental financial resources where required).

Achieve sustainable long-term financing and quality vaccine supply

15. In recent years, several components of an effective vaccine marketplace – sustainable financing, diverse and high-quality vaccine supply, and affordable pricing and procurement mechanisms – have each been strengthened. In the coming decade, further steps can be taken to align these three components in order to further expand access to affordable, high-quality, appropriate vaccines.

16. Alignment between suppliers and buyers of vaccines requires an ongoing dialogue. This exchange is not currently taking place. The establishment of a “vaccine access forum” could improve communication and coordination among countries, public sector organizations and vaccine manufacturers. This forum would help build a broad consensus on mechanisms to identify important product attributes and generate estimates of demand for essential vaccines. Countries would have a channel through which to communicate potential demand for innovations, along with desired product profiles, in order to reduce suppliers’ development risk. Countries could also improve the transparency and accuracy of demand forecasts through national and international forecasting tools. In order to ensure the best possible affordability at all income levels, additional pricing and procurement models, including differential pricing and pooled procurement, will also be explored.

17. In addition, several actions are required to sustain sufficient levels of funding and supply of vaccines of assured quality. On the funding side, the financial components of the in-country health planning process should be strengthened to ensure budget prioritization decisions are well informed, plans developed to engage new potential funding partners, and innovative financing mechanisms such as the International Finance Facility for Immunization (IFFIm) and Advance Market Commitments (AMCs) are improved and continue to be leveraged. A “fair share” financing pledge could also help ensure that vaccine needs are sufficiently funded, with an emphasis on self-funding by countries where possible. Supply-side actions include disseminating best practices in manufacturing and quality control and supporting supply base diversification, potentially through investment in research and development capabilities, technology transfer, co-development agreements, and talent development in emerging economies.

18. Sustainable financing will require renewed commitments from governments and development partners as well as additional countries joining as development partners. Sustainable supply will likewise require governments to create an enabling environment in order for suppliers to strengthen their capabilities. Emerging economies have a particularly important role to play in both these cases, given their high economic growth and the rapid expansion of their supply base. Achieving greater market alignment will require the commitment of both countries and manufacturers to maintain dialogue, as well as the commitment of global and regional organizations to maintain this dialogue through a vaccine access forum.

19. A critical building block in achieving sustainable access to long-term financing and ensuring quality supply is an understanding of what it will cost to accomplish the key objectives of the next decade and therefore what are the funding requirements. A team of immunization experts from WHO, UNICEF, the GAVI Alliance and other institutions are collaborating to identify the anticipated costs and available financial resources over the decade and thus the estimated gap in resources to achieve the goals of the Decade of Vaccines. This work will be incorporated in the final version of the global vaccine action plan presented to the Sixty-fifth World Health Assembly.

Maximize the benefits of immunization through global research and development efforts

20. Collaborative approaches to research and development in the next decade will accelerate the development of new and improved vaccines, and lead to advances in basic research that lay the groundwork for impact in future decades. In the near term, research into new approaches will also contribute to optimize vaccine delivery and immunization programme logistics. Innovations will be predominantly driven by the specific needs of low- and middle-income countries.

21. Collaboration across the broader immunization community in new organizational models will be required to foster innovation. Dialogue at local, regional and international levels between researchers, developers, regulators, communities and funders will accelerate development of new vaccines and improve access to innovative immunization technologies. Evolved and new organizational structures involving different stakeholders will contribute to increased research and development productivity, accelerated timelines of research and reduced costs by improving coordination, better aligning incentives and wider sharing of information.

22. The research and development agenda will cover a broad spectrum of fields, from basic science research to operational research to inform delivery strategies. Priorities will include basic research to enable rational and systematic design of effective vaccines (in areas such as immunology, microbiology and host responsiveness); translational research targeting the development of more efficacious, safer, and less expensive vaccines (in fields such as adjuvants, combination vaccines and thermostability); and operational research to improve delivery programmes by, for instance, seeking synergies and better integration with other health interventions, extending reach to age groups other than childhood or expanding the use of information technologies.

23. Country needs will drive action across all research and development activities. New approaches will increase the engagement of end users to ensure that technologies and innovation are prioritized according to their real demand and the value they add. The research agenda will be aligned to local and regional needs, particularly in the fields of operational research (i.e. targeted epidemiological studies and context-specific analysis of herd immunity) and product development (i.e. development of combination vaccines with suitable characteristics that align with regional needs).

Countries commit to immunization as a priority

24. Country ownership is crucial to the long-term sustainability of programmes. In recent years, the proportion of government funding allocated to immunization programmes has increased and more countries have a specific budget line item for immunization. Sixty-two countries now have comprehensive multi-year plans and 114 countries have a National Immunization Technical Advisory Group – a body of national experts that supports and advises the health ministry on all technical and scientific topics related to vaccines and immunization.

25. The global vaccine action plan is intended to provide a perspective, developed through global consultation, of the priority set of actions required over the next decade to improve immunization outcomes and achieve health and economic impact. It is not intended to be a prescriptive plan. Ultimately, success relies on countries embracing the outcomes, setting country-specific targets, developing country-specific plans that are guided by the global vaccine action plan, and mobilizing resources in order to achieve those targets. Success further relies on robust decision-making. Country decision-making can be strengthened through better availability and use of information, further support for National Immunization Technical Advisory Groups, and improvements to structures and processes for developing immunization policy, regulations and laws.

26. Ultimately, these actions rely on governments committing to immunization as a priority. Civil society organizations can advocate for the prioritization of immunization and help to hold governments accountable to their commitments. Global actors can provide guidance and help to coordinate sharing of information and best practices among countries.

27. Given that country ownership is crucial to the success of the global vaccine action plan, the ongoing consultation process will be used to further develop this section and ensure that actions are identified that align well with countries' needs.

Hold all actors accountable

28. Throughout the decade, progress must be tracked in order to hold stakeholders accountable for their commitments and ensure that the actions to which stakeholders have committed, produce the intended outcomes. An accountability framework for monitoring and evaluating progress against key objectives and milestones over the course of the decade will be developed. It will include global and national accountability mechanisms, building on existing accountability measures where appropriate.

ACTION BY THE EXECUTIVE BOARD

29. The Executive Board is invited to take note of the report and provide further guidance to support the preparation of the final draft of the global vaccine action plan.

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