

WHA58.15 Global immunization strategy

The Fifty-eighth World Health Assembly,

Having considered the report on the draft immunization strategy;¹

Alarmed that globally and in some regions immunization coverage had increased only marginally since the early 1990s, and that in 2003 more than 27 million children worldwide were not immunized during their first year of life;

Recognizing that each year 1.4 million children under five years of age die from diseases preventable by currently available vaccines;

Further recognizing that each year an additional 2.6 million children under five years of age die from diseases potentially preventable by new vaccines;

Acknowledging the contributions of WHO, UNICEF, the Global Alliance for Vaccines and Immunization (GAVI) and all partners in their efforts to strengthen immunization services, expand immunization coverage and introduce new and underused vaccines in developing countries;

Welcoming the achievements of the accelerated disease-control initiatives against poliomyelitis, measles, and maternal and neonatal tetanus in immunizing previously unreached populations, and noting that these initiatives have established extensive networks on which surveillance for other disease and health trends can be built or expanded;

Concerned that, owing to financial, structural and/or managerial constraints, national immunization programmes fail to reach all who are eligible for immunization, particularly children and women, underuse many existing vaccines, and are not widely introducing new vaccines;

Emphasizing the need for all countries to strive towards achieving the internationally agreed development goal contained in the United Nations Millennium Declaration of reducing by two-thirds, between 1990 and 2015, the under-five child mortality rate;

Recalling the target adopted at the United Nations General Assembly's twenty-seventh special session on children (2002) to ensure full immunization of children under one year of age, at 90% coverage nationally, with at least 80% coverage in every district or equivalent administrative unit;²

Recognizing that resolution WHA53.12 highlights immunization as a major factor in promoting child health;

Having considered the draft global immunization vision and strategy,³

1. WELCOMES the Global Immunization Vision and Strategy;

¹ See Annex.

² United Nations General Assembly resolution S-27/2, Annex.

³ Document WHO/IVB/05.05.

2. URGES Member States:

(1) to meet immunization targets expressed in the United Nations General Assembly special session on children;

(2) to adopt the Global Immunization Vision and Strategy as the framework for strengthening of national immunization programmes between 2006 and 2015, with the goal of achieving greater coverage and equity in access to immunizations, of improving access to existing and future vaccines, and of extending the benefits of vaccination linked with other health interventions to age groups beyond infancy;

(3) to ensure that immunization remains a priority on the national health agenda, and is supported by systematic planning, implementation, monitoring and evaluation processes, and long-term financial commitment;

3. REQUESTS the Director-General:

(1) to mobilize resources to promote the availability and affordability in countries of future new vaccines based on evidence of epidemiological profiles;

(2) to work closely with UNICEF, the Global Alliance for Vaccines and Immunization (GAVI) and other partners to provide support to Member States in implementation of the Global Immunization Vision and Strategy;

(3) to strengthen relations at global, regional and subregional levels with UNICEF, GAVI and other partners in order to mobilize the needed resources for countries, in particular developing countries, to implement the Global Immunization Vision and Strategy;

(4) to report every three years to the Health Assembly on progress towards achievement of global immunization targets, including that adopted at the United Nations General Assembly special session on children.

(Ninth plenary meeting, 25 May 2005 –
Committee A, fifth report)