20.1 Global vaccine action plan

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In focus

After a brief overview of the development of the Global Vaccine Action Plan (GVAP) A71/39 conveys the Executive Summary of the 2017 Assessment Report by the Strategic Advisory Group of Experts on the implementation of the Global Vaccine Action Plan.

Key points from the SAGE report:

- significant achievements recorded (wild polio, neonatal tetanus, measles, hepatitis B, development of national immunisation technical advisory groups (NITAGs), pricing transparency, Humanitarian Mechanism; see SAGE,2017):
- however progress is too slow; under-performance in some countries and access to vulnerable populations are particular concerns;
- major challenges arise from economic uncertainty, conflicts and natural disasters, displacement and migration;
- weaknesses in immunisation delivery include: growing vaccine hesitancy and shortages and stockouts (causes vary: production, procurement, affordability, distribution; see SAGE,2017);
- phase-out of polio funding with polio transition a big challenge.

Para 9 of Annex 1 of A71/39 summarises the 12 recommendations of the Assessment Report.

A71/39 also provides (in Annex 2) a summary of actions undertaken through WHO to implement resolution WHA70.14 (May 2017) which called on member states to 'demonstrate stronger leadership and governance of national immunisation programs' as well as requesting the DG to continue to work in a range of areas to progress the achievement of the GVAP goals. The report highlights:

- monitoring and accountability;
- advocacy (political, technical, civil society);
- technical and financial support for NITAGs;
- research and development for new vaccines;
- vaccine prequalification (about);
- joint procurement;
- temperature control and improved delivery;

- pricing initiatives.

The Secretariat's GVAP website and the GVAP indicator portal provide access to much very useful information.

The report of the October 2017 meeting of the SAGE (in WER,92,729-748) provides further useful information.

Background

The Global Vaccine Action Plan (GVAP) was adopted by the WHA in WHA65.17 in May 2012.

WHA65.17 requested annual update reports. In A66/19 the Secretariat proposed a draft framework for monitoring, evaluation and accountability for GVAP which was endorsed by the Assembly (in May 2013).

The first update report (A67/12) on the implementation of GVAP was considered by the Assembly in May 2014 in A67/12.

A further report was considered by WHA68 in 2014 in A68/30 and the Assembly adopted a further resolution WHA68.6 which strengthened the GVAP in certain respects including requesting the Secretariat to collect and present data on vaccine pricing.

In May 2016 the Assembly considered A69/34 which included a report on GVAP generally and specifically on the implementation of WHA68.6 which was noted by the Assembly

In May 2017 the Assembly considered (in A70/25) the Executive Summary of the Midterm GVAP (2010−2020) review by the SAGE (full report here). Responding to the SAGE report the Assembly adopted resolution WHA70.14.

(Many of the themes developed in the 2016 Assessment Report / mid term review are reiterated in the 2017 Assessment Report.)

See Tracker links to previous governing body discussions of the GVAP and PHM comments.

PHM Comment

The various SAGE reports are thorough and comprehensive, both with respect to analysis and strategy and need to be fully implemented. However, PHM urges member states to give special priority to the following issues.

Price

Price remains a major barrier to the full achievement of the GVAP goals. This is particularly so for countries transitioning out of GAVI eligibility (SAGE,2017) and for those losing part of their immunisation workforce with the polio transition. A number of countries have experienced the

Gavi ‘graduation trap’: implementation of new and expensive vaccines under GAVI support followed by the need for full funding upon GAVI graduation.

We highlight the call by Gambia, speaking on behalf of the Afro Region at EB140, for WHO to further explore the recommendations of the UN HLP on Access to Medicines with a view to finding new ways to fund vaccine development and production.

See also:

WHO (2017). Vaccine pricing: GAVI transitioning countries

Torreele, E. and M. Mazzucato (2016). "Fair vaccine pricing please, not random acts of charity." BMJ 355.

Editorial (2015). "Global harmonisation in vaccine price." The Lancet Infectious Diseases 15(3): 249.

MSF (accessed 2018). A Fair Shot

Technology transfer

PHM urges MSs to give close attention to the challenges of domestic manufacturing in developing countries including technology transfer and obstacles to obtaining licensure or prequalification status (see submission by the Developing Countries Vaccine Manufacturers Association (DCVMN) to the SAGE October 2017 meeting).

National / regional immunization technical advisory groups (NITAGs)

PHM appreciates the increasing number of countries with functioning NITAGs (or regional bodies). Capacity building for NITAGs is a high priority. Likewise the need for rigorous conflict of interest provisions, transparency with regard to their deliberations and political/parliamentary accountability for the implementation of their recommendations. See Global Nitag Network.

The opportunity costs of adding new or ‘under-used’ (but expensive) vaccines to national schedules need to be considered closely by NITAGs. The decision to introduce new vaccines must be based on country specific epidemiology, health system capability, and financing. For this reason the capacity of NITAGs to undertake these analyses is of critical importance to the implementation of GVAP.

NITAGs also need to monitor community confidence and investigate the causes of growing ‘hesitancy’. Rigorous and systematic post-marketing surveillance is a precondition for community confidence.

NITAGs also need to develop fine grained district and community data to monitor geographic equity in access to immunisation. Under-immunisation of difficult to access populations should not be obscured by averages.

Health system strengthening

Immunisation performance, including geographic equity, is dependent on whole of health system performance. Immunisation coverage is a valid and reliable indicator of health system capacity generally and in particular the implementation of primary health care principles. The paradox is that attempts to boost immunisation coverage through vertical stand alone programs risk weakening the implementation of comprehensive primary health care and thus constitute a limit on immunisation performance. WHO and member states need to continue to focus attention on health system strengthening.

Notes of discussion at WHA71

Fourth meeting of Committee B
The Chairman opened the subitem and invited comments from the floor. The Secretariat responded to issues raised and the Committee noted the report contained in document A71/39.

Member states note the report. Most note the stagnation of vaccination rates and rise of vaccine hesitancy. Colombia underlined the importance of better positioning of vaccination in national policies, while New Zealand mused if the topic of vaccination has “ran out of steam”. Not high income countries also brought up the connection between socioeconomic situation and vaccination rates, saying that it is important to make vaccines accessible to all - “universal access to immunization”, as Brazil put it - as part of UHC.