

# 9.3 Global vaccine action plan

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## In focus

The Executive Board will consider the third report of the Strategic Advisory Group of Experts (SAGE) on immunization on implementation of the Global Vaccine Action Plan ([GVAP](#)). The Secretariat report ([EB138/32](#)) reproduces the recommendations of the [SAGE Assessment Report](#).

WHA66 in 2013 endorsed the Secretariat's proposed [Framework for Monitoring, Evaluation and Accountability](#) for the GVAP.

Delegates need to read the original [SAGE Assessment Report for 2015](#) because the extract included in EB138/32 includes only the SAGE Recommendations. In particular, delegates should be aware of the overall SAGE conclusions:

*In recommending what needs to change, this report focuses on two major problems that are holding back progress in the Decade of Vaccines:*

- *The elimination strategies for maternal and neonatal tetanus, and for measles and rubella, and their implementation, are in urgent need of change and adequate resourcing;*
- *The monitoring and accountability framework for the Global Vaccine Action Plan has gaps in its mechanisms for accountability, undermining the translation of the plan's goals into reality.*

These conclusions are backed up by the evidence presented in the main report.

## Background

See GVAP home page for the [GVAP](#) and SAGE assessment reports from [2013](#) and [2014](#) including for [2015](#) (en) and [monitoring framework](#).

# PHM comment

The SAGE report for 2015 is a very useful report. It sets out clearly the current shortfalls against the GVAP and offers practical suggestions to address these. Its blunt speaking is appreciated. The focus of the SAGE report is on the shortfalls in maternal and neonatal tetanus, the shortfalls in measles and rubella, and the shortfalls in monitoring, planning and accountability.

The report:

- reviews basic immunisation coverage (based on national DTP3) and identifies the countries where because of weak health systems or conflict and disruption coverage is low;
- reviews specific diseases and highlights maternal and neonatal tetanus and measles and rubella as being well behind the GVAP targets;
  - SAGE comments that *“The funding gap to rid the world of maternal and neonatal tetanus is estimated at \$130 million, which is miniscule compared with the \$1.1 billion spent in 2014 by Gavi, the Vaccine Alliance on its new and underused vaccine programmes.”*
- comments on the speed with which new vaccines against Ebola were developed;
- comments on the introduction of new and ‘under-used’ vaccines, noting the vulnerability of GAVI ‘graduates’; (PHM has previously commented ([here](#)) on the importance of countries having robust capacity to evaluate the need for new vaccines in relation to their specific circumstances; this requires a functioning NITAG );
  - The SAGE report for 2015 comments: *“Progress towards outcomes set out in plans should be reviewed annually by an independent body with technical expertise such as the country’s national immunization technical advisory group (NITAG) and a body with management expertise such as an inter-agency coordinating committee (ICC). In 2014, 123 countries reported having a NITAG, and only 25 of these were Gavi-eligible countries. Only 81 countries had a NITAG that met WHO criteria for functionality, and only 15 of these were Gavi-eligible countries.”* This is clearly something that both WHO regional offices and global partners should be supporting!
- improved data on vaccine pricing
- success factors
  - data quality
  - community ownership
  - vaccine supply (and “moribund procurement systems”)
- leadership (in country) and accountability (country, region, global partners)
  - need for national immunisation plans and national immunisation technical advisory groups (NITAGs)
  - importance of functioning health systems and effective equitable health care delivery
  - SEARO singled out for being behind in its planning
  - global partners *“...should align their efforts and contributions to achieving the GVAP’s goals going forward, both in relation to specific disease targets and to*

*the broader immunization agenda. They can best do this by supporting countries towards better healthcare systems and improved accountability.”* (presumably they are not doing so at this time).

Many but not all of the shortfalls against the targets set in the GVAP are due to poverty, conflict and displacement. Weak health systems, funding anomalies and accountability failures also need to be attended to.

See earlier PHM comment from [WHA68 \(Item 16.4\)](#) on the 2nd GVAP Assessment Report ([here](#)) including commentary on vaccination and:

- [health systems](#)
- [fragmenting impact of vertical funding programs](#)
- [WHO reform](#)
- [pricing, affordability, procurement and logistics](#)
- [introduction of new vaccines](#)
- [data quality and use](#)
- [clinical trial data reporting](#)
- [rubella](#)

See also [PHM commentary](#) on the first GVAP Assessment Report ([here](#)) at WHA67

## Notes of discussion at EB138

Consideration of this item commenced Ninth Meeting (pm of Day 4)

Docs: [EB138/32](#)

**CHAIR:** The Executive Board is invited to take note of the report and to consider the recommendations for actions to be taken by the various stakeholders of the global vaccine action plan, in particular by Member States.

**CANADA :** progress made toward global vaccine action plan target. India free from maternal and neonatal tetanus. America no rubella; despite excellent progress, concerns the development of giva

we like to discuss this gap much earlier in 2016 to address this mis opportunity to eliminate this disease

lastly after polio initiative eradication . GVAP should follow polio progress. data quality and vaccine availability is important.

**DRC:** on behalf of AFRO. Vaccines are a priority. High health intervention and we need to do it. We worked in vaccinations, progresses are there but not enough. 90% were wanted but not reached. Implementation programs: education, campaign, and no polyo virus and this is an achievement. There are challenges: we need to find money. Difficult to buy vaccines, if

we want to achieve that we need a lot of things to be done. Leadership and help of countries from WHO. Sinergies and resource mobilization, need to talk to stakeholders, more donors, more money, found vaccines. Need to help countries that can not be helped enough by GAVI. Support for innovative founding program and technical assistance. Promotion of networks. Need to keep talking as vaccination as priority economically

**ARGENTINA:** Congatulations for those countries where able to eliminate diseases . cong for 86 countries introducing 180 vaccines

problem of supply and accessibility. we have monitoring system for biological .

we congratulate america for eliminating rubella .we They agree that we need a system of accountability at all level

**REPUBLIC OF KOREA:** detailed recommendations are in the document. will be hard to achieve. Life for all: 13 developing countries will have to be helped. We want to continue working with partners. They implemented an initiative, and the purpose is to ensure access to vaccine.

**PAKISTAN:** The world is not in track to ward global plan of vaccine although some success stories . more than 95% of unvaccinated children are in these countries . countries of the region are working in implementing the plan utilizing the national immunization technical group . The regional action plan has been adopted by the regional offices in order to take into account the regional specificities. We need to invest on the improvement of the data. Supporting the recommendations of the SAGE to present the report to the WEF . country of the region support to present the 2016 report . in order to highlight activities done and mobilize resources to follow the plan. more financial resources needed, raise awarneess and educated health staff educated persons at national and subnational level

**JORDANY:** Wish to point out that in 2015 we committed for vaccination of all the children also HPV virus. MBut it is really expensive, since we are middle income country now we have higher prices of vaccines. Difficult solution: we need to go back with the vaccination program. Segretatiat please take seriously the recommendation in particular 7 and 8. Prices of vaccines, new vaccine candidates are also needed.

**CHINA :** action plan has a long implementation cycle . it required us to review achievements made and difficulties . we recommend WHO to strengthen technical support,

with regards for areas need to eliminate rubella and measles they need to strengthen the capacity extend the dates needed for elimination

**SAUDI ARABIA:** supports the statement of Pakistan. including vaccination means full coverage, that is not done now. Bad situation and high prices. Data system to decide the level of prices. Prices public in a transparence way. Free pricing policy.

**RUSSIA:** Russian delegation welcome the report that includes global vaccine action plan that gives recommendation to countries.

area we know about them in past but we were not able to resolve the problem. inadequate data, limited action for vaccine for some population esp migrants. Russian delegation support recommendation. We need to strengthen partnership. Looking at recommendation, we support recommendation made by CEWG. It is important that WHO plays leadership role for implementing program because of conflict and the risk of cross borders and low access of vaccines in some area. We strengthen effort. We need to work against lobbies! AMR: we need to fight this in the framework of this strategy.

**BRASIL:** Knowledge the importance of GVAP Global Vaccination Action Plan. Reiteration of importance of vaccines, R&D are in consideration:

- US production of vaccine
- other delivered by ...
- partnership to develop vaccines is also important.

Reiterating the importance to create new vaccines. Vaccine against Dengue: on the way to be approved. Other vaccines will be available. Working on a new vaccine against Zika. At the last WHA: adoption of a resolution on the prices of vaccines: hoping that there will be progress on this issue. Regulatory support is important. We approved the resolution on GVAP Global Vaccination Action Plan. Implementation of it! Goals of GVAP Global Vaccination Action Plan are not reached. Rubella elimination is important

**USA:** thanks. Achievement of GVAP target not in track: Urging all MS to support efforts to analyse the problems. We need to learn the lessons that comes from the elimination of polio. a good implementation and intensification of efforts for new medicines will be useful for the health sector

We need to develop partnership in order to help States and implement the plan. In spite of some failures, there is progress in the field of the implementation of the plan: India, Nigeria, etc. The implementation of good infrastructures is necessary

**THAILAND:** Challenges to stress:

- immunization for all children. Continue support in strengthening immunization program in national level.
- Financial sustainability and affordability and security in the developing countries.

Range of incentive mechanism to have affordable price, deals with intellectual propriety (she talks about resolution) and make it work with the resolution on vaccines of WHA68

**UK:** thanks. UK fully support accelerated implementation of Global action plan of vaccine. UK is like to contribute in that to ensure all children reached safely by vaccine. UK call all countries to check that global plan in track

**SURINAME:** welcomes report. Countries of English and Dutch speaking committed themselves to report annually. We have not achieved the 95% that was minimum. It was reached only for 3 vaccines. All the countries have maintained the eradication and

elimination, but remember that those are diseases that could be imported. Improve data qualities.

**EGYPT:** Thanks for report. Egypt align the position of pakistan . I support my colleagues the proposal of jordan to include MIC in the Plan in GAVI Alliance. Egypt is in the first line in the MIC , and it is unfair not to consider them we urge to include all those countries

**COLOMBIA:** thanks. We increased our coverage, we are working in quality in line with the WHO recommendation but need to look at the prices, this is a main challenge for recombinant vaccines (very high prices). Information system in which there is a vaccination sharing and supply system. Recommendation has to be effective, in order to be effective a national level. LMIC are the ones in which we need to focus. R&D is also crucial. Regional mechanism for negotiation pricing must be improved. Colombia gain information and share it with high prices, it is a disaster when one has to guarantee the accessibility of vaccines.

**MOROCCO:** Thanks . We like to align to statement with pakistan . the report is optimistic, but the fulfillment of the purposes included in the plan are far away. There are inequities within the country. Vaccination has supported the enhancement of the lifestyle . we didn't reach the goals yet. morocco consider vaccination as priority , it is important to train personnel, cold chain, there is differences between regions . morocco made good progress to reach objective technically speaking

: urging: affordable prices for the vaccines, collection of data of good quality and sharing to those data, strengthening and development of research and cooperation.

**MEXICO:** problems of vaccine for children is a high priority that can not be postponed. Pneumococcus and Rotavirus and vaccination of pregnant women with tetanus are now insert like others. Continue working for children. In 2017 we planned to substitute the polyo trivalent to bivalent as recommended by WHO. Vaccination is essential and we must maintain our aims to have improvements to stop communicable diseases in all fields.

**Item suspended at end of Ninth Meeting (pm of Day 4, Thurs 28 Jan); recommenced at commencement of Tenth Meeting (evening of Day 4, Thurs 28 Jan)**

**Bangladesh :** purchasing MR and others from national resources, we have achieved almost all the aims. We eliminated polyo 2006 and maternal tetanus 2008. Vaccines were developed in a small time. We happy to note that Ebola vaccine to be tested after short time; Africa doesn't have wild polio virus since Aug 2104 but report about vaccine derived polio is scary

**India :** we draw your attention DG annual report should take attention. Technical report and resources , technical assistance to local manufacture is important . we urge the board to request DG to ask report on progress made in may 2016

but it is still off track. Mission aims to universal immunization. WHA 68.6 resolution has to be taken as important. Implementation to resolution.

**Indonesia** : monitoring and evaluation and accountability . poli free certification and introduction new vaccine . during 2016 we will introduce new one for infants .one of key success is accessibility of vaccine to everyone . we urge WHO to proper mechanism . To ensure best quality of life.

Encourages WHO to facilitate vaccine transfert and make facilities. progressing and proceeding. GVAP is important to all the population in the world. Take action for a proper mechanism. To have the best quality we can call the stakeholders

## NGOs

· Medicus Mundi International - International Organisation for Cooperation in Health Care (MMI)

**MMI & PHM:** *The resolution on Global Vaccine Action Plan adopted at the WHA68 (WHA68.6) provides a comprehensive framework to address issues regard access to vaccines. The resolution reports on progress made (OP2.9) since the resolution was adopted. The report fails to address several issues identified in the Resolution. We urge MS to ask for a comprehensive and systematic report on the implementation of the Resolution.*

*Data regarding introduction of new vaccines cannot be the sole or even principal measure of success of the global vaccine action plan. Introduction of new vaccines should be determined by countries on the basis of burden of disease, public health capacity, local manufacturing capacity -within the country or the region- and affordability.*

*The Resolution provided for WHO to develop a vaccine prices database (OP2.2) as well as monitor vaccine prices (OP2.3). We welcome that 40 MS have shared pricing data and encourage all other MS to do so.*

*The Resolution stressed on the necessity of reporting about “technical, procedural and legal barriers that may undermine the robust competition that can enable price reduction for new vaccines”. In addition, improved coordination and funding of R&D is required to introduce new vaccines at affordable prices. We urge MS to demand for reporting on this important issue.*

*Pooled regional procurement as reflected in the resolution is the key for 24 middle income countries that have graduated from GAVI support. WHO can provide valuable data and technical assistance to support both local manufacturing and pooled procurement, as provided by the Resolution (OP2.4, OP2.5).*

**Respond** : this is the third year we have global vaccine action plan report. we appreciate strategic advisory group .so we reach this discussion we had. since report last year some improvement and we are proud of eliminating maternal and neonatal tetanus. massive progress . america third region eliminate rubella. we remark goals remain loosing

in response to last year . Africa and east mediterranean region hosting meeting . in 40 countries have revised year plan in collaboration with gavi alliance and partners . Following 68 resolution we now receive 40 countries share price vaccine. we urge other MS to share their information.

we finally finalizing our framework of work on immunization in

Item concluded