Feedback and comment on this item page - and in particular the PHM comment section - would be most appreciated. Please write to editor@phmovement.org

9. Immunisation agenda 2030

Contents

- In focus
- Background
- PHM Comment
- Notes of discussion

In focus

Extract from DG's consolidated report (A77/4):

> The Executive Board at its 154th session noted the report on the Immunization Agenda 2030 (EB154/9). In the discussions, Board members voiced support for the shared action agenda and its six short-term priority areas, and especially the "Big Catch-Up" initiative. They expressed concern over the rising number of outbreaks, particularly measles, and underscored the need for recovery of coverage levels and catch-up of children missed during the COVID-19 pandemic.

Background

IA2030 Global Report 2023

Tracker links to previous discussions of immunisation

PHM Comment

WHA 77 is invited to endorse the report on progress towards global immunization goals and implementation of the Immunization Agenda 2030. The report is the same as that made to the EB and therefore the PHM response remains the same. SeePHM Comment at EB154

In brief the DGs report identifies the impact of the COVID-19 pandemic on immunization, including setbacks in coverage and disruptions in essential services. While some recovery was seen in 2022, progress varied across regions and countries, with challenges in reaching zero-dose children and disparities in coverage persisting, especially in low-income countries and the African Region. Challenges persist in eliminating polio and measles and there are outbreaks of a number of diseases especially measles and cholera. The report stressed the urgent need for coordinated action, emphasizing six priority areas (strengthening national programs, promoting equity, control of measles, advocacy for integration into primary health care, vaccine introduction, and papillomavirus vaccination in adolescence) and a "Big Catch-Up" initiative aimed to bridge gaps caused by missed vaccinations during the pandemic years and restore immunization trajectories.

PHM had made the following observations with regard to the report and IA 2030:

1. For national immunization strategies, robust public primary healthcare, centered on communities and territories, is of pivotal importance. These strategies demand a high level of state capacity for planning and collecting vaccination data, which is hindered by both privatization and the erosion of public health systems. The current UHC strategy, as implemented de facto with its focus on strategic purchasing from private sector is not fit for this purpose. Its failure is particularly evident when it comes to reaching marginalised communities or when the systems comes under stress like what happened during the pandemic.
2. Also, community-centered primary health care is necessary in evaluating new technologies to be incorporated into immunization programs. Often, a technology-centered approach leaves behind a broader view of the health systems and the social and economic factors that frame what is possible.Immunization never succeeds in isolation from other public health interventions. Yet, the emphasis on immunizations more often than not substitutes for all the other public health interventions that are required. No mention is made of this concern in the report.
3. Immunization coverage is highly dependent on an adequate density of trained motivate health workers in the public health services with an optimal geographic distribution. The report's lack of emphasis on health workers and their role within the Immunization Agenda needs correction.
4. The challenges associated with lack of health workers and supply chains is worst in conflict zones, where barriers to vaccination coverage are exacerbated by war and conflict. Understanding the interplay between war and health within a larger geopolitical framework is essential.
5. The DG's report does not address issues concerning corporate power and vaccine affordability and availability. Vaccine production has increasingly fallen under the control of major pharmaceutical companies primarily based in Western Europe, the USA, Japan, and more recently, China and India. The monopolistic strategies employed by these companies - utilizing intellectual property rights, including patents and industrial secrecy, restricting access to biological samples, and advocating for data exclusivity in clinical trials - result in high prices and shortages. The Covid-19 pandemic underscored the limitations of this model, revealing difficulties in scaling up production. The pandemic also made clear that vaccine innovation is heavily funded by public resources and yet the government does not have any rights over the intellectual property created. Measures such as TRIPs waivers, implementation of TRPs flexibilities such as compulsory licensing, transparency regarding innovation and manufacturing costs, technology transfer, including the sharing of biological material samples, are all pivotal for access to vaccines. Strategies like pooled procurement have proven effective in bolstering states' bargaining power and their capacity to support national immunization strategies. For instance, the PAHO Revolving Fund in the Americas serves as a commendable model to strengthen and replicate within the IA 2030 framework. The DGs Report and IA 2030 does not address these issues adequately.

6. PHM calls for transparency on what part of the health budget and within that the primary healthcare budget is now going to vaccines and whether the WHO targets on introduction of more vaccines for both children and adults are cost-effective and scientifically prioritized within the current and projected budgets. There is a concern that with the currently constrained public health budgets, money spent on vaccines profits private pharmaceuticals while also displacing other essential clinical care into the private sector. The failure to introduce some of the vaccines approved and promoted by WHO may indeed be rational decisions for many countries, given the lack of financial support they have. In the above context it is important to ensure capacity-building for National Immunization Technical Advisory Groups (NITAGs) and its regional counterparts (RITAGs), including in particular, methodologies for estimating the opportunity costs of introducing new vaccines, considering social and economic factors of the country and the region;

Notes of discussion