

Global vaccine action plan

Report by the Secretariat

1. The Executive Board, at its 138th session, noted an earlier version of this report.¹ The report has been amended to take account of the requests by Board members for additional information on progress made to date in implementing resolution WHA68.6 (2015) on the global vaccine action plan.
2. In May 2012, the Sixty-fifth World Health Assembly endorsed the global vaccine action plan² and requested the Director-General to monitor progress and report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets, as a substantive agenda item, using the proposed accountability framework to guide discussions and future actions.³
3. In May 2013, the Sixty-sixth World Health Assembly noted the report by the Secretariat,⁴ including the proposed framework for monitoring and evaluation and accountability, as well as the process for reviewing and reporting progress under the independent oversight of the Strategic Advisory Group of Experts on immunization.⁵
4. In accordance with the monitoring, evaluation and accountability process,⁶ the Strategic Advisory Group of Experts on immunization reviewed progress against each of the indicators for the goals and strategic objectives of the global vaccine action plan, based on data from 2014,⁷ and prepared the 2015 Assessment Report of the Global Vaccine Action Plan.⁸
5. A summary of the 2015 Assessment Report by the Strategic Advisory Group of Experts on immunization is included in Annex 1.

¹ See document EB138/32 and the summary records of the Executive Board at its 138th session, ninth and tenth meetings, (document EB138/2016/REC/2).

² The global vaccine action plan is available at: http://www.who.int/immunization/global_vaccine_action_plan/en/ (accessed on 10 March 2016).

³ See resolution WHA65.17 (2012).

⁴ Document A66/19.

⁵ See document WHA66/2013/REC/3, summary record of the tenth meeting of Committee A, section 2.

⁶ See document A66/19, paragraphs 16 and 17.

⁷ The Global Vaccine Action Plan Monitoring, Evaluation and Accountability: Secretariat Annual Report 2015 is available at: http://www.who.int/immunization/global_vaccine_action_plan/gvap_secretariat_report_2015.pdf?ua=1 (accessed on 10 March 2016).

⁸ The 2015 Assessment Report of the Global Vaccine Action Plan is available at: http://www.who.int/immunization/global_vaccine_action_plan/sage_assessment_reports/en/ (accessed on 10 March 2016).

6. Between March and October 2015, the Strategic Advisory Group of Experts on immunization reviewed progress made in the implementation of the global vaccine action plan. As the data taken into consideration were those available prior to the period under review, the review did not cover progress made in the implementation of resolution WHA68.6, which was adopted in May 2015 by the Sixty-eighth World Health Assembly. A preliminary report summarizing progress made to date in the implementation of that resolution is provided in Annex 2 to the present report. The final report, duly reviewed by the Strategic Advisory Group of Experts on immunization, will be included in the Secretariat's next report on progress towards the achievement of the global vaccine action plan targets.

7. Resolution WHA68.6 was adopted by Member States in response to the fact that limited access to an affordable and timely supply of vaccines is a major barrier to sustainable immunization programmes. WHO has been conducting a range of activities to increase the availability of an affordable and timely supply of vaccines, including activities to: promote vaccine research and development in developing countries; facilitate technology transfer; revise the prequalification process; streamline in-country registration procedures; strengthen procurement processes; promote price transparency; and provide information and technical support to identify the determinants of vaccine shortages. Annex 2 provides a detailed description of these efforts. Nevertheless, it should be noted that the resources available for this work are very limited and unpredictable, preventing a more systematic and comprehensive approach.

8. In April 2015, the Strategic Advisory Group of Experts on immunization endorsed a shared partner strategy to enhance sustainable access to vaccines in middle-income countries. This strategy proposes a comprehensive approach to addressing the challenges identified by countries in implementing sustainable immunization programmes, particularly with regard to access to supply.

9. It should be noted that supply-side interventions should be matched with demand-consolidation activities relating in particular to strengthening national decision-making and the national financing of immunization programmes. Furthermore, immunization should be considered as one part of a package of interventions for health care delivery aimed at preventing, protecting against and treating diseases. Such an integrated approach has already been taken for the prevention of maternal and neonatal tetanus and in the integrated global action plan for the prevention and control of pneumonia and diarrhoea.¹

ACTION BY THE HEALTH ASSEMBLY

10. The Health Assembly 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.

¹ See http://www.who.int/woman_child_accountability/news/gappd_2013/en/ (accessed on 23 February 2016).

ANNEX 1

A SUMMARY OF THE 2015 ASSESSMENT REPORT OF THE GLOBAL VACCINE ACTION PLAN BY THE STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION¹

1. The Global Vaccine Action Plan (GVAP) set ambitious but achievable goals, to save thousands of lives through vaccination in this Decade of Vaccines to 2020. However The Decade of Vaccines is not on course to achieve its true potential.

2. Performance against key immunization targets remains off-track, though there have been some success stories. These isolated improvements in countries and at the global level as highlighted below will have to become the norm if the plan is to get back on track.

- The GVAP target for introduction of new or under-utilized vaccines is on track worldwide, with 86 low and middle-income countries introducing a total of 128 vaccines since 2010.
- The Ebola candidate vaccines were developed and tested within a short timeframe and showed the potential to protect against a high mortality disease.
- Following the resolution by the World Health Assembly on vaccine pricing,² the WHO secretariat has worked with countries to share pricing data. To date, 40 countries have shared information with WHO compared with only one country last year.
- India has been declared free of maternal and neonatal tetanus, demonstrating that it is possible to eliminate this disease even in challenging circumstances.
- Africa has not had a case of wild poliovirus since August 2014 – an enormous achievement. Nigeria is no longer a polio-endemic country.
- Polio resources were utilized in containing the outbreak of Ebola virus in Africa.
- The Americas became the first region to eliminate rubella and congenital rubella syndrome, a major achievement.

3. This assessment report focuses on the need for leadership and accountability systems at all levels, particularly within countries to put progress with the GVAP back on track.

4. Based on countries' achievements, the following common factors that would lead to success are highlighted: improving quality and use of data; community involvement; improved access to immunization services for the marginalized and displaced populations; strengthening health systems; securing and sustained supply of vaccines at all levels; leadership and accountability.

¹ http://www.who.int/immunization/global_vaccine_action_plan/sage_assessment_reports/en/ (accessed on 10 March 2016).

² http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R6-en.pdf (accessed on 10 March 2016).

5. At this critical midpoint of the Decade of Vaccines, **SAGE makes nine recommendations**, focusing squarely on the major issues.

To improve accountability to achieve the GVAP goals, SAGE recommends that:

- Countries have annual plans for immunization consistent with the GVAP and relevant regional vaccine action plans. The Ministries of Health, Finance and other pertinent ministries demonstrate leadership by establishing an annual process for monitoring and accountability at national and subnational levels. Monitoring should be through an independent body, for example the National Immunization Technical Advisory Group (NITAG). Each country should share, every year, with WHO regional offices, its monitoring report which should include monitoring progress towards achievement of outcomes but also sharing of best practices.
- Once regional vaccine action plans are finalised (by December 2015), WHO regional offices establish a process of annual progress review through their regional technical advisory groups and report to the respective Regional Committees. The first annual review should take place in the first half of 2016 for countries already having annual plans consistent with the GVAP. WHO Regional Committees' reports should be made available annually to SAGE as part of the global review process.
- Global, regional and national development partners align their efforts to support countries in strengthening their leadership and accountability frameworks and in implementing their national plans. This should include establishing and/or strengthening partner coordination mechanisms at each level.
- Decade of Vaccines secretariat agencies report to SAGE in 2016 on their supporting activities conducted in the 10 countries where most of the unvaccinated and under-vaccinated children live. This annual reporting mechanism should include discussion of those reports in regional technical advisory groups.

To address the shortfalls in disease-specific areas of the Global Vaccine Action Plan's implementation, SAGE recommends that:

- Given poor progress with elimination of maternal and neonatal tetanus and the relatively small funding gap to achieve this goal, WHO and UNICEF convene a meeting of global partners and the remaining 21 countries to agree on an action plan, resources and respective responsibilities so that the goal is achieved no later than 2017 and thereafter strategies are in place to sustain elimination in all countries.
- Global, regional and national development partners support countries in securing the required resources and in implementing their measles and rubella elimination or control strategies and plans. The recommendations of the mid-term review of the global measles and rubella strategic plan to be conducted in 2016, once endorsed by SAGE, should be taken into account in refining plans and for monitoring and enhancing quality of plan implementation.

To improve immunization coverage especially where many unvaccinated and under-vaccinated children live, including those affected by conflict and crisis, SAGE recommends that:

- Global, regional and country development partners should coordinate and align their efforts to support countries to immunize more children by strengthening their health-care delivery systems, combined with targeted approaches to reach children consistently missed by the routine delivery system, particularly in the countries where national vaccination rates, or subnational rates in larger countries, are below 80%, and to provide services to populations displaced due to conflict (both internally displaced persons and refugees).
- WHO should provide guidance for countries and partners on implementation of immunization programmes and immunization strategies during situations of conflict and chronic disruption.

The 2016 GVAP assessment report will also serve as a mid-term review of progress in the Decade of Vaccines and SAGE recommends that:

- This report should be presented at the World Economic Forum in Davos where the Decade of Vaccines was launched. The 2016 report should also aim to highlight those activities that were game-changers at global, regional and country levels.

ANNEX 2

ACTIVITIES BEING CONDUCTED BY WHO TO ADDRESS THE CHALLENGES COUNTRIES ARE FACING IN RESPECT OF ACCESS TO VACCINE SUPPLIES**1. VACCINE RESEARCH AND DEVELOPMENT IN DEVELOPING COUNTRIES**

1. The global vaccine action plan's monitoring, evaluation and accountability framework reviews research capacity in low- and middle-income countries in each region on a biennial basis. The Secretariat's 2014 progress report on the action plan¹ includes data on the number of registered vaccine clinical trials by region.

2. In 2015, WHO convened a broad coalition of experts to develop a research and development blueprint for action to prevent epidemics.² The blueprint presents options for reducing the time lag between the identification of a nascent outbreak and the approval of the most advanced products that can be used to save lives and prevent the escalation of crises. Its third workstream, on global coordination and expansion of capacity, includes activities to increase the involvement of low- and middle income countries in vaccine research and development.

3. The development processes for vaccines that specifically target diseases prevalent in developing countries, such as malaria, epidemic meningococcal A meningitis and Ebola virus disease, have been taken as an opportunity to strengthen research and development capacities in low and middle-income countries.

2. TECHNOLOGY TRANSFER

4. WHO has been providing technical and financial support and facilitating technology transfer to 14 countries since 2006 to establish or enhance their capacity to produce influenza vaccines. These countries are Brazil, China, Egypt, India, Indonesia, Islamic Republic of Iran, Kazakhstan, Republic of Korea, Mexico, Romania, Serbia, South Africa, Thailand and Viet Nam. Five manufacturers have achieved licensure of their influenza vaccines as a result of this support. For the period 2015–2016, support is being focused on helping those manufacturers with influenza vaccines that are already at the clinical development stage to advance towards licensure, as well as on providing the adjuvant technology to allow for the development of dose-sparing strategies for pandemic response. As a result of these activities, it is anticipated that, by the end of 2016, this support will have resulted in an

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