1 Recent successes
2 Challenges and sustainability
3 Conclusion
Introduction

- Strong progress and contribution to the health MDGs
- Gains fragile, unfinished agenda and new opportunities
- Immunization remains one of the best buys in health: "Nothing on the planet saves children's lives more effectively and inexpensively than vaccines", Bill Gates, Annual Letter 2009
- GIVS provides the strategic framework covering 117 countries
- Purpose of this meeting: To take stock, review remaining challenges, and discuss way forward to achieve the common goals of the Global Immunization & Vision Strategy (GIVS)
Role of Partners

- WHO is the lead technical agency providing support to all WHO Member States

- UNICEF leads on supporting country scale-up of integrated essential high impact maternal and child services including immunization through policy and programme support

- GAVI Alliance is a public-private health partnership that provides support to the poorest countries for the introduction of new vaccines and strengthening of health systems. GAVI also has helped to pilot innovative financing mechanisms
Trends in Global Under 5 Mortality

Number of <5 deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of &lt;5 deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>20</td>
</tr>
<tr>
<td>1970</td>
<td>18</td>
</tr>
<tr>
<td>1980</td>
<td>16</td>
</tr>
<tr>
<td>1990</td>
<td>14</td>
</tr>
<tr>
<td>2000</td>
<td>12</td>
</tr>
<tr>
<td>2007</td>
<td>10</td>
</tr>
<tr>
<td>2015</td>
<td>4</td>
</tr>
</tbody>
</table>
Coverage Along the Continuum of Care

Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000–06) Source: Lancet Countdown Coverage writing group, Lancet Countdown special issue, 2008
Cause of Deaths Among Under Fives

Source: 2005 World Health Report
Successes in Increasing Coverage


193 WHO Member States. Date of slide: 15 February 2008
Countries Sustaining ≥80% DTP3 Coverage During 3 Consecutive Years, 2005-2007

Green: ≥80% (138 countries or 72%)
Red: < 80% (55 countries or 28%)

193 WHO Member States. Date of slide: 10 February 2009
The Reach Every District (RED) Strategy for Routine Immunization Strengthening

- Re-establishment of outreach services

Launched in 2002, RED strategy is being implemented in 53 countries

Sudan RED experience

- Fixed sites
- Outreaches
- Mobile units
Examples of Success: Increased Coverage in GAVI Eligible countries

Examples of success:
Countries Conducting Child Health Days

Countries conducting CHD in 2007 twice a year (UNICEF)
Number LLINs Distributed and Projected, 2004-2010

Note: Data from 2008 – 2010 is estimated and/or being confirmed
Coverage with EOS/CHDs VS Routine EPI
By Region in Ethiopia, UNICEF 2006

Admn DPT3 coverage  Vit A coverage  Deworming coverage  Measles SIA coverage
Examples of Success: Decrease in Measles Deaths

2000: 750,000 deaths

2007: 197,000 deaths

Data source: WHO/IVB, November 2008

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Examples of Success:
Protection at Birth For Tetanus

Source: WHO

[Graph showing the percentage of target group and women with TT2+ in TT SIAs over years from 1980 to 2009.]

Legend: WCBA SIA Protected, Reported TT2+ cov, PAB Estimates
Success with New Vaccine Introduction
Countries Introducing Hib Vaccine
1997 to 2007

1997
26 countries introduced

2007
112 countries introduced
3 countries partially introduced

Source: WHO/IVB database, September 2008
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
Countries Using Hep B and Hib Vaccines in Routine Infant Immunization Schedules

Status of HepB (containing) vaccines

- **In Routine Immunization Schedule in 2008** – 176 countries (91%)
- **In Routine Immunization Schedule in 2008 Part of the Country** – 2 countries (1%)
- **Introduction planned from 2009** – 1 countries (1%)

Status of Hib (containing) vaccines

- **In Routine Immunization Schedule in 2008** – 136 countries (70%)
- **In Routine Immunization Schedule in 2008 Part of the Country** – 1 countries (1%)
- **Introduction planned from 2009** – 29 countries (15%)

Source: WHO/IVB database, 193 WHO Member States, 09 February 2009 – Provisional data
Pneumo Vaccine Introduction in Routine Infant Immunization Schedule

- In routine immunization schedule in 2007 (18 countries or 9%)
- Applied for GAVI support and not approved (2 countries or 1%)
- Applied for GAVI support and were approved (3 countries or 2%)
- Expressed interest for introduction (26 countries or 13%)

Source: WHO/IVB Database as of February 2008
For 2007, the data is provisional

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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Rotavirus vaccines

Vaccine prequalification status:

- GSK’s Rotarix: 2 doses
- Merck’s RotaTeq: 3 doses

WHO/SAGE Recommendation and GAVI support; low mortality

No WHO/SAGE Recommendation or GAVI support; high mortality
Trends in DTP-Hepatitis B Vaccine Price and Number of Vaccine Manufacturers

Source/credits: UNICEF Supply Division, 2007
1. Recent successes
2. Challenges and sustainability
3. Conclusion
Number of Unvaccinated Children (DTP3) by Year and WHO regions, 2000-2007

Major Concern: Lack of progress to reduce the number of un-reached

Coverage Along the Continuum of Care

Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000–06) Source: Lancet Countdown Coverage writing group, Lancet Countdown special issue, 2008
And poorest have least access ...

Bangladesh: Equity in Pneumonia Interventions

Between poorest and wealthiest quintiles

- Excl BF 0-5 mos
- Measles vaccine
- Full vaccine coverage
- Vit A supp (within last 6 mos)
- Handwashing
- Careseeking behavior
- Amoxicillin for pneumonia

Source: MICS 3, 2006
Other Critical Challenges

- Overcome perception that global immunization is well funded or taken care off by GAVI
- Overcome & manage potential impact of financial crisis
- Maintain existing gains
- Optimize & broaden funding streams and allocation – mobilize support from additional donors
GIVS – Total Costs for 2009-2015

<table>
<thead>
<tr>
<th></th>
<th>Delhi 2005</th>
<th>New York 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 poorest</td>
<td>$35.5 bn</td>
<td>$27.9 bn</td>
</tr>
<tr>
<td>45 LMIC</td>
<td>$40.6 bn</td>
<td>$30.6 bn</td>
</tr>
<tr>
<td>117 countries</td>
<td>$76.1 bn</td>
<td>$58.5 bn</td>
</tr>
</tbody>
</table>

In 72 poorest countries:
- Campaign costs (Vaccines and Operational): 3%
- Traditional vaccines (Routine): 7%
- New vaccines (Routine): 15%
- Underused vaccines (Routine): 15%
- Systems costs to maintain current routine coverage: 40%
- Scaling-up costs to increase coverage to reach routine targets: 20%

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- Scaling-up costs to increase coverage to reach routine targets: 20%
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## Funding the Unfinished Mandate

<table>
<thead>
<tr>
<th>Funding Scenario (2009-2015) ²</th>
<th>Worst Case ³</th>
<th>Best Case ³</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$ Bn</td>
<td>US$ Bn</td>
</tr>
<tr>
<td>National Governments ¹</td>
<td>$11.0</td>
<td>$13.5</td>
</tr>
<tr>
<td>GAVI Fund ¹,⁴</td>
<td>$4.6</td>
<td>$7.4</td>
</tr>
<tr>
<td>Multilaterals (WHO &amp; UNICEF) ¹</td>
<td>$0.6</td>
<td>$1.8</td>
</tr>
<tr>
<td>Other</td>
<td>$0.4</td>
<td>$0.9</td>
</tr>
<tr>
<td><strong>Funding Gaps</strong></td>
<td><strong>$11.3</strong></td>
<td><strong>$4.4</strong></td>
</tr>
<tr>
<td><strong>Unmet needs (% of requirements)</strong></td>
<td><strong>40.6%</strong></td>
<td><strong>15.6%</strong></td>
</tr>
</tbody>
</table>

1. - Includes contributions from bilateral agencies
2. - For the 72 poorest countries. Extrapolated from the funding scenarios of 50 of the 72 countries based on their 5 year multi-year plan for immunization (cMYP)
3. - Worst case = assuming only committed funds. Best case = assumes optimal resource mobilization and needed funds are secured
4. - Includes only GAVI funds expected to go directly to countries that are immunization specific (excludes support for HSS, agency overheads and vaccines not included in the original GIVS costing exercise).
Where are the Greatest Gaps?

- Business as usual funding scenario the greatest funding gaps are for:
  - New vaccines
  - Routine systems
  - Campaigns

- Needs of middle income countries make the picture bleaker

---

* incl. all non-vaccine costs for human resources, operation costs, cold chain and logistics, programme management, surveillance, training, social mobilization etc...
** incl. Polio, Measles, MNT, Yellow Fever and Meningococcal campaigns
Gaps for Routine Immunization in the Poorest Countries, 2009-2015

Worst case Scenario for Funding ($11.3 Bn Gap)

- Logistics (Cold Chain, Vehicles...) 35%
- Vaccines and Injection Supplies 32%
- Human Resources and Operational Costs 33%

Best case Scenario for Funding ($4.4 Bn Gap)

- Human Resources and Operational Costs 40%
- Logistics (Cold Chain, Vehicles...) 55%
- Vaccines and Injection Supplies 5%

* Extrapolated from the funding scenarios of 50 of the 72 countries based on their 5 year multi-year plan for immunization (cMYP)
## Specific Program Funding gaps

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Requirement</th>
<th>GAVI Funding</th>
<th>Current Funding Gap</th>
<th>Carried by GAVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNT</td>
<td>US$ 281 million</td>
<td></td>
<td>US$ 241 million</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>US$ 2.1 billion</td>
<td></td>
<td>US$ 875 million</td>
<td></td>
</tr>
</tbody>
</table>
1. Recent successes
2. Challenges and sustainability
3. Conclusion
Priority: Optimize the Immunization Financing Architecture

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UNICEF Expenditures for Immunization 2002-2008

OR: Donor funds
RR: UNICEF regular resources
Resources for WHO's Immunization Activities (Excluding Polio Eradication Initiative)

Trend of Global Resources for WHO Immunization Work (Excluding Polio Eradication Initiative)

* Does not include WHO Partnership budget and income (UNF measles, MNT, meningitis and yellow fever investment cases)
Challenges - Significant Future Increase in GAVI Budget

Year

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015

US$ (millions)

- Pneumococcal vaccine
- Pentavalent vaccine
- Rotavirus vaccine
- New vaccine investment portfolio*
- Yellow fever vaccine campaign
- Meningitis vaccine campaign
- Other vaccines**
- Health system strengthening & immunisation support
- Vaccine introduction support
- Administration

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Conclusions

- Focus on sustaining gains and reaching the unreached to achieve existing goals
- Continue to pursue linkages with child survival interventions through pro-poor outreach and facility-based strategies
- Use introduction of new vaccines as a major opportunity to revitalize programming for pneumonia and diarrhoea
- Utilize RED approach and EPI planning, supply chain management and monitoring tools for broader systems strengthening goals
- Integrate with national planning and budget cycles as part of revitalization of PHC
Discussion
Links

- WHO Immunization: http://www.who.int/immunization/en/
- WHO Immunization Funding: http://www.who.int/immunization/funding/en
- GIVS cost & impact study: http://www.who.int/bulletin/volumes/86/1/07-045096.pdf
- Polio funding: http://www.polioeradication.org/fundingbackground.asp#FRR
- GAVI: www.gavialliance.org
- IFFIm: www.iffim.com
- AMCs: http://www.vaccineamc.org