


QUESTIONS & ANSWERS
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WHO/UNICEF Global Immunization Vision and Strategy

1. What is GIVS ?

In response to challenges to immunization, including the need to protect more people and introduce new vaccines, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), in consultation with other partners, have developed the Global Immunization Vision and Strategy (GIVS) for the period 2006-2015. GIVS is a framework that offers policy-makers and other stakeholders a unified vision of immunization and a set of strategies from which countries can select those most suited to their specific needs.

2. What is new in GIVS?

- Unprecedented attention is given to reaching "hard-to-reach" people who are socially marginalized and/or living in remote or underserved geographic areas, such as urban slums and remote rural areas.
- Child health and survival will be improved through the delivery of a package of key health interventions such as insecticide-treated nets against malaria, and nutrition, at immunization contacts, especially for the "hard to reach".
- Countries are empowered to decide on and plan for the introduction and widespread future use of new vaccines and technologies.
- Immunization is taken beyond infants to other age groups.

3. Where does global immunization now stand?

It is estimated that more than 2 million child deaths were averted through immunization in 2003, as well as an additional 600 000 hepatitis-B-related deaths that would otherwise have occurred in adulthood (from liver cirrhosis and cancer).

Outstanding progress has been made towards polio eradication, and in the reduction of measles and neonatal tetanus mortality. The incidence of polio across the world has been reduced by 99% since 1988; the Americas, Western Pacific and European Regions are certified polio-free. Global measles deaths have plummeted by 39%, from an estimated 873 000 in 1999 to 530 000 in 2003. By 2004, neonatal tetanus was eliminated in all countries except 52,

as compared to 122 countries that had not eliminated the disease in 1980.

Global immunization coverage with three doses of diphtheria-tetanus-pertussis (DTP) vaccine increased from 20% in 1980 to 78% in 2003. Nevertheless, immunization coverage stagnated in the 1990s during which time it did not exceed 70-78% on the global level. Sub-Saharan Africa attained only 60% immunization coverage by 2003. Worldwide, an estimated 27 million infants and 40 million pregnant women were not immunized in 2003. This lack of protection results in millions of annual deaths; for instance, an estimated 2.1 million deaths occurred in 2002 in all age groups from diseases preventable by vaccines currently recommended by WHO. Of the 2.1 million, children under five accounted for an estimated 1.4 million deaths.

4. What challenges face immunization today ?

- Meeting increasing demand for immunization;
- Providing equitable access for all people to new vaccines (such as vaccines for pneumococcal disease or rotavirus) and to the most modern technologies (such as delivery systems which do not require a syringe);
- Obtaining sustainable financing for introducing costly new vaccines and technologies and increasing coverage with existing vaccines;
- Increasing vulnerability to global epidemics and other health emergencies; and
- Weak immunization infrastructure and health systems.

5. What is the new vision presented in GIVS ?

GIVS aims for a world in 2015 in which:

- Immunization is high on all health agendas;
- Every child, adolescent and adult has equal access to immunization;
- More people are protected against more diseases;
- Immunization and related interventions are sustained under changing conditions;
- Vaccines exert the maximum impact on global health and security; and
- Equitable access to needed vaccines is guaranteed for all people by the global community.



6. What are GIVS' strategic areas ?

- Protecting more people, through immunization – especially the hard to reach and wider age groups – in a changing world.
- Enabling countries to decide on the introduction of new vaccines and technologies according to their needs.
- Integrating immunization with other life-saving health interventions, such as malaria control and nutrition, to achieve a more rapid reduction in child mortality and strengthen the overall health system.
- Ensuring vaccines and the necessary funds for immunization are available on an equitable basis to all countries, especially in the face of global epidemics.

7. How much will GIVS cost and who will pay for activities carried out under it ?

Preliminary estimates of current spending on immunization and the cost of scaling up immunization efforts between the years 2006 and 2015 in 117 of the poorest countries were calculated. By 2006, costs are expected to have doubled compared to more than US \$1 billion that was spent on routine immunization for the delivery of basic vaccines in 2000. This will be mainly because of the introduction of new vaccines and acceleration towards further mortality reduction with existing vaccines. Because new life-saving vaccines will cost considerably more than those currently available, by 2015, the annual costs of reaching all the goals outlined in the study are estimated to be three times those of 2006. Such an investment will yield an excellent return in terms of lives saved and illness and disability avoided.

8. What will be the human and economic returns of the investment in GIVS activities ?

Huge returns are expected as a result of GIVS, especially in fulfilling the Millennium Development Goal on child mortality reduction (Goal 4). By 2015, immunization could be preventing 4-5 million child deaths per year. At an average cost per death averted of under US\$ 1000, immunization continues to be one of the most cost-effective health investments available.

9. What will GIVS achieve ?

GIVS spells out the contribution of immunization to Millennium Development Goal 4 – a two-thirds or greater reduction in global childhood deaths and illness due to vaccine-preventable diseases by 2015 compared to the 2000 level.

GIVS also provides specific goals for immunization, such as:

- achieving at least 90% national vaccination coverage and at least 80% vaccination coverage in all districts by 2010 or earlier, or;
- reducing measles mortality by 90% by 2010, as compared to the 2000 level.

10. What next ?

Once Member States have endorsed GIVS, WHO, UNICEF and other partners will encourage and support them to incorporate GIVS strategies while planning, financing and implementing their immunization activities.

11. Who has been involved in the development of GIVS ?

GIVS has been presented and discussed at WHO and UNICEF meetings at global, regional and country levels, as well as during meetings of Member States, immunization partners (including Australian Aid, Canadian International Development Agency, Centers for Disease Control and Prevention of the United States Health and Human Services Department, United Kingdom Department for International Development, Ministry of Foreign Affairs of France, Bill & Melinda Gates Foundation, Global Alliance for Vaccines and Immunization/Vaccine Fund, Government of the Netherlands, Norwegian Agency for International Development, Programme for Appropriate Technology in Health, Federation of Red Cross and Red Crescent Societies, United Nations Foundation, United States Agency for International Development, World Bank) and WHO's Strategic Advisory Group of Experts on Immunization.