Launch of the 3rd edition of the State of the World's Vaccines & Immunization report (SOWVI)

Presentation to the US Government

22 October 2009 – Washington DC
Call for Action for one of the Best Buys In Health

Margaret Chan, WHO - Ann Veneman, UNICEF
Graeme Wheeler, World Bank - SOWVI 2009

"This report is a call to action to governments and donors to sustain and increase funding for immunization in order to build upon the progress made so far in meeting the global goals. The price of failure will be counted in children’s lives"

Bill Gates, Annual Letter 2009

"Immunization remains one of the best buys in health. Nothing on the planet saves children's lives more effectively and inexpensively than vaccines"
The Global Strategy And The Report


- The joint WHO / UNICEF / WORLD BANK State of the World's Vaccines & Immunization report (SOWVI) is issued every 5-6 years.

- SOWVI reports on progress but also on major challenges.
Governmental commitments

World Health Assembly Resolution on GIVS report, 24 May 2008 (WHA61.15)

Concerned that many developing countries are not on track to meet the target of reducing the under-five mortality rate …

URGES Member States :

… to review national strategy and programme performance, …, implement fully the strategy for reducing measles mortality…

… achieve equitable coverage of at least 80% in all districts by 2010;

… stimulate rapid introduction of new vaccines in accordance with national priorities…

… promote and strengthen long-term financial and programmatic sustainability, …

… strengthen surveillance … and monitoring of vaccination programmes, …
Decreasing child mortality

Trends in global mortality in children under five years old

Source: UNICEF Programme Division, 2009
Impact of Immunization upon Under-Five Child Mortality

Source: 2005 World Health Report

IMMUNIZATION POTENTIAL:

~25% CHILD MORTALITY REDUCTION BY 2015
ARE WE ON TRACK TO REACH OUR COVERAGE GOALS?
Global DTP3 coverage 1980-2008 and projections 2009-2010 to reach 90% goal

193 WHO Member States.

7 - SOWVI Launch - Washington DC, 21-22 October 2009
Immunization coverage (DTP3) by countries in 2008

193 WHO Member States. Date of slide: 24 July 2009

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“Developing”* countries with all districts achieving at least 80% DTP3 coverage, 2008

* 155 developing countries and economies in transition per UN World Economic & Social Survey, 2008 classification

193 WHO Member States.

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Progress & Challenges
Reach Every District (RED)

- Re-establishment of outreach services
- Supportive supervision
- Community links with service delivery
- Monitoring and use of data for action
- Planning & management of resources

Launched in 2002, RED strategy is being implemented in 53 countries
Countries conducting CHD in 2007 twice a year (UNICEF)
Immunization Weeks: an approach for increasing further awareness and coverage

**AMRO/PAHO**
- Over 254 million vaccinations since 2003 in all age groups

**EURO**
- 32 participating in countries in 2008
- 2 million supplementary vaccinations administered

**EMRO**
- Gearing towards immunization weeks in 2010

Drs. Al Gezairy (RD-EMRO), Chan (Director-General, WHO), Roses (RD-AMRO/PAHO) and Danzon (RD-EURO) in a video promoting Vaccination Week

→ On the way to World Immunization week in 2011: AFRO, SEARO, WPRO
Status of Elimination of Maternal and Neonatal Tetanus (MNT)

MNT not eliminated (46 countries)

MNT eliminated during 2001-2008 (12 countries & 15 States in India: Andhra Pradesh, Chandigarh, Goa, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Lakshadweep, Maharashtra, Pondicherry, Punjab, Sikkim, Tamil Nadu & West Bengal)


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Polio-reporting districts, last 6 months

Int'l Spread of Polio

- from Nigeria (& Chad, Sudan)
- from India (& Angola)

Polio 'Endemic' Areas

- type 1
- type 3
Progress in Global Measles Control
Global Measles Mortality Estimates*
All Ages, 2000-2008

*Provisional data. Lancet 2007;369:191-200
High-low lines indicate uncertainty bounds

Source: WHO/IVR measles deaths estimates, October 2009
Risk of resurgence, 2009-2013

- Scenario 1: MCV1 increases and follow-up SIAs continue, India does SIAs
- Scenario 2: MCV1 increases and follow-up SIAs continue, **no SIAs in India**
- Scenario 3: MCV1 level, **no follow-up SIAs in other countries**, India does SIAs

Integrated Campaigns:
Measles vaccination campaigns the platform for providing additional child survival interventions

- Vitamin A: >186 million
- Polio Vaccination: >95 million
- De-worming Tablets: >81 million
- Bednets: >37 million

In 2008, 88% of 33 campaigns were integrated with at least one other intervention
Global Action Plan for Prevention and Control of Pneumonia (GAPP)

FRAMEWORK FOR PNEUMONIA CONTROL

PROTECT
- Exclusive breastfeeding
- Adequate nutrition
- Reduce low birth weight
- Reduce indoor air pollution
- Hand washing

PREVENT
- Vaccination
- PMTCT
- Cotrimoxazole prophylaxis
- Zinc supplementation

REDUCE PNEUMONIA MORTALITY

TREAT
- Case management in community, health centres and hospitals
Immunization with other critical health interventions

- **Service Delivery**
  - Routine immunization services reach over 100 million families a year
    - Bednets, intermittent preventive treatment for malaria, preventing mother to child transmission of HIV, Vitamin A, and other interventions are being delivered at the same time
  - Campaigns reach millions of families each year
    - Bednets, Vitamin A, Anti-helminths and other interventions are being delivered at the same time

- **Immunization is a component of comprehensive disease control strategies**
  - Diarrhea (launched October 09)
  - Pneumonia, Cervical cancer (under development)
Partnering across other child survival interventions to improve access

- Bed nets & polio
  Niger

- Vaccination Week - AMRO, EURO

- Polio Drops: 5 million cases of paralysis prevented

- Measles & Polio Campaign
  DR Congo

- Vitamin A in Polio Campaigns
  1.25 million deaths prevented
Projected vaccines pipeline

- Traditional EPI
  - Measles
  - Tetanus
  - Polio
  - Pertussis
  - Diphtheria

- Underutilized Vaccines
  - Hib (conj)
  - Typhoid
  - HepB
  - HPV
  - Mening (conj)
  - Dengue

- Future
  - HIV/AIDS
  - Malaria
  - TB
  - Mening (conj)
  - HPV
  - Rotavirus
  - Pneumo (conj)

1960 1980 2000
In 2000, immunization coverage rates for Hep B and Hib in the poorest countries were 20% and 0%, respectively.

Millions in endemic countries were lacking protection from Yellow Fever outbreaks despite the existence of an effective vaccine.

Time lag between development of a new vaccine and its introduction into developing countries was between 15-17 years.

Financing for immunization was uncertain, lacking predictability.
Countries having introduced Hib vaccine in 1997 and 2008

1997
- 29 countries introduced
- 2 countries partially introduced

2008
- 133 countries introduced
- 3 countries partially introduced

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GAVI Demand Forecast

Actual and Projected Expenditure (US $ Million) 2000-15

Source: GAVI Board – June 2009
New Vaccines Country Uptake and Demand

- Pneumococcal vaccine
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

- Rotavirus vaccine
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

- Health system strengthening
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

- Yellow fever vaccine
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

- Hib vaccine
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

- Immunisation services support
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

- Injection safety support
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

- Hepatitis B vaccine
  - Approved
  - Submitted applications by October 2009
  - Remaining countries

* Funding commenced in 2006
** Funding commenced in 2007
Financing

- Since 2000 immunization programs have seen a boost in external and national financial support

  - But fragile gains and new opportunities to save lives – requires that donors & countries continue and increase support despite financial crisis

  - Biggest financial gaps are for routine immunization system activities and new vaccines

  - Countries remain highly dependent upon external support

  - Additional funding of at least US$ 1 billion per year is required for strengthening immunization programs in poorest countries, including + US$ 400 million to support the introduction of new vaccines in these countries
Immunization In the Forefront of Innovations in Financing

- **International Financing Facility for Immunization (IFFIm)** is an international development financing institution supported by sovereign donors to accelerate the availability of funds for immunization and related health programs. It has raised over US $2 billion for GAVI’s immunization programs.

- **Advance Market Commitments** is an innovative financing mechanism established to ensure that children in the world’s poorest countries will receive lifesaving vaccines 15 to 20 years earlier than might otherwise have been available and at prices their governments can afford. Pneumococcal vaccine AMC piloted in June 2009.

- **Buy-downs** are where donor resources are used to lower the costs of credits and loans for priority health interventions. Use of donor funds is dependent on performance. Used successfully in credits to Nigeria and Pakistan for Polio.
Conclusions

- Immunization is a highly successful program – 4 out of 5 children in the world are immunized but the poorest are still missing out

- New vaccines represent a major opportunity to decrease under 5 mortality further

- Immunization has the potential of "engine" for child survival and maternal health

- Maternal health Achievement of the MDGs will depend on increased financing from national governments and external donors
Examples of specific impact of donor support to immunization

- This support has contributed to the above remarkable results and to the immunization success story.

- US support has in particular contributed to:
  - The improvement of sustainable, integrated strategies
  - The increased quality of services, including vaccine management
  - The increased quality of data
  - Strengthening surveillance to monitor disease impact
  - Enhanced country ownership: multiyear planning, program review
  - Building capacities for countries to be self-reliant (exit strategy)
  - Health systems strengthening
  - The GAVI Success Story

Thank you!
"Vaccines: with the exception of safe water, no other modality, not even antibiotics, has had such a major effect on mortality reduction”