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**The Global Vaccine Action Plan 2011–2020:
monitoring progress and preparing a
Regional vaccine action plan**

The immunization landscape in the WHO European Region today

1. Immunization has helped drive a remarkable reduction in child mortality in the European Region over recent decades. This progress has been bolstered by an increase in efforts to meet the Millennium Development Goals (MDGs) as a high priority for Member States, supported by the direction and guidance of the new European policy framework for health and well-being, Health 2020. Furthermore, great advances have been made in developing and introducing new vaccines and expanding the reach of immunization programmes to reduce both mortality and morbidity. More people than ever before are being vaccinated and access to and use of vaccines for age groups other than infants is broadening. New and increasingly sophisticated vaccines that have become available in the last decade, including pneumococcal conjugate vaccine and vaccines against infection with rotavirus and human papillomavirus, are currently being rolled out across the Region.

2. Despite generally strong national immunization programmes and high routine immunization coverage, the Region has experienced outbreaks of vaccine preventable diseases over the past four years and the 2015 measles and rubella elimination goal is under threat. Over the past three years more than 90 000 cases of measles and 70 000 cases of rubella have been reported by Member States in the European Region. The Region also faces challenges reaching marginalized populations and older populations not traditionally targeted by routine immunization programmes. Responding to negative public sentiment, vaccine scares and addressing a significant minority of health workers who do not actively promote vaccination is also proving to be a challenge. A new WHO European package for accelerated action to achieve measles and rubella elimination by 2015 has been developed to show how WHO and its partners intend to assist Member States in overcoming the challenges they face. The package was developed in line with Health 2020 and the Global Vaccine Action Plan 2011–2020 (GVAP).

The Global Vaccine Action Plan 2011–2020

3. The GVAP was developed through a global consultative process and was discussed by Member States during the Sixty-fifth World Health Assembly in May 2012, during which all 194 Member States voted to endorse the GVAP (agenda item 13.12, documents A65/22, A65/22 Add.1 and EB130/2012/REC/1 and resolution EB130.R12).

Reporting

4. The World Health Assembly resolution requires the WHO secretariat to monitor progress and report annually, through the Executive Board, to the World Health Assembly. A monitoring and accountability framework, to monitor and report progress, was presented to and noted by the Sixty-sixth World Health Assembly (document A66/19). In order not to over-burden Member States, the WHO/United Nations Children's Fund Joint Reporting Form (JRF) process (a well-established mechanism) will serve as the primary data-collection method through which progress against GVAP indicators will be monitored. It is therefore essential that JRF reporting by Member States takes place in a timely and complete fashion. The Secretariat of the WHO Regional Office for Europe will prepare annual progress reports on GVAP implementation in the Region, based on JRF data, which will be reviewed by the European Technical Advisory Group of Experts on Immunization (ETAGE) and submitted to the World Health Assembly.

A Regional vaccine action plan

5. The ultimate success of the GVAP depends on Member States and partners in all regions being committed to the common goal of achieving universal access to the benefits of immunization. Furthermore, achieving the vision and goals of the Decade of Vaccines (2011–2020) will only be possible if all stakeholders regularly monitor and evaluate progress towards strategic objectives and goals using GVAP indicators. The GVAP proposed goal-level indicators and targets are attached (see Annex).

6. Since the endorsement of the GVAP in May 2012, the WHO regional offices have initiated a process to identify region-specific challenges and goals and outline how the GVAP and the accompanying monitoring and accountability framework may be used at national and regional levels to overcome challenges and bottlenecks and stay on track to meet established global and regional goals. The European vaccine action plan will interpret the GVAP and highlight the components most appropriate and valuable for the WHO European Region, at the same time aligning European Member States with the monitoring and reporting requirements, and harmonizing policy, strategy and action at Regional level with Health 2020. A special emphasis will be placed on drawing up the most applicable and Region-specific indicators and targets of the monitoring and accountability framework in order for the Region to sustain close alignment with the monitoring process for women's and children's health.

Seeking Member State input

7. The Regional action plan will be developed through a consultative process, in which input will be gathered from Member States, partners, donors and stakeholders, and presented to ETAGE for technical feedback and endorsement. A meeting with Member States will take place to elicit feedback on a preliminary draft of the Regional plan. Although the Regional action plan will already be completed in February 2014, and shared with National Immunization Programme managers shortly thereafter, it is proposed that the plan be formally presented and launched at the Regional Committee's sixty-fourth session in September 2014.

8. Areas that might be expected to be given increased weight the Regional action plan may include strengthening commitment and overcoming challenges to achieve the measles and rubella elimination goal, improving national immunization registries, strategies for adult immunization, tailoring immunization programme services to risk-group needs, adequately mobilizing resources for immunization systems, increasing immunization and vaccine awareness and knowledge among younger populations and future generations, engaging health service providers and frontline practitioners and addressing anti-vaccination sentiment and public vaccine safety concerns.

Issues for the Regional Committee's consideration at its sixty-third session

9. The Regional Office is seeking the Regional Committee's guidance on the proposed consultative process for developing the Regional vaccine action plan in order to ensure that country-specific issues are taken into account.

10. The Office also wishes to know whether the Regional Committee agrees to the presentation of the Regional action plan at its next session, in 2014.

ANNEX

SUMMARY OF PROPOSED INDICATORS

Goal-level indicators and targets¹

Goal	Target by 2015	Target by 2020
Achieve a world free of poliomyelitis	<ul style="list-style-type: none"> • Interrupt wild poliovirus transmission globally (by 2014) 	<ul style="list-style-type: none"> • Certification of poliomyelitis eradication (by 2018)
Meet global and regional elimination targets	<ul style="list-style-type: none"> • Neonatal tetanus eliminated in all WHO regions • Measles eliminated in at least four WHO regions • Rubella/congenital rubella syndrome eliminated in at least two WHO regions 	<ul style="list-style-type: none"> • Measles and rubella eliminated in at least five WHO regions
Meet vaccination coverage targets in every region, country and community	<ul style="list-style-type: none"> • Reach 90% national coverage and 80% in every district or equivalent administrative unit with vaccines containing diphtheria-tetanus-pertussis 	<ul style="list-style-type: none"> • Reach 90% national coverage and 80% in every district or equivalent administrative unit with all vaccines in national programmes, unless otherwise recommended
Develop and introduce new and improved vaccines and technologies	<ul style="list-style-type: none"> • At least 90 low- and middle-income countries have introduced one or more new or underutilized vaccines 	<ul style="list-style-type: none"> • All low- and middle-income countries have introduced one or more new or underutilized vaccines • Licensure and launch of vaccine or vaccines against one or more major currently non-vaccine preventable diseases • Licensure and launch of at least one platform delivery technology
Exceed the Millennium Development Goal 4 target for reducing child mortality	<ul style="list-style-type: none"> • Reduce by two thirds, between 1990 and 2015, the under-five mortality rate (Target 4.A) 	<ul style="list-style-type: none"> • Exceed the Millennium Development Goal 4 Target 4.A for reducing child mortality

¹ The working group of the Strategic Advisory Group of Experts on immunization on the Decade of Vaccines that will review the annual report of progress made in putting the global vaccine action plan into practice will also consider the development and addition of indicators that measure equity in access to vaccines between countries and an indicator to

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Strategic objective-level indicators

Global vaccine action plan's strategic objective	Indicators
All countries commit themselves to immunization as a priority	<ul style="list-style-type: none"> • Domestic expenditures per person targeted • Presence of an independent technical advisory group that meets defined criteria
Individuals and communities understand the value of vaccines and demand immunization both as a right and a responsibility	<ul style="list-style-type: none"> • Percentage of countries that have assessed (or measured) confidence in vaccination at subnational level¹ • Percentage of unvaccinated and under-vaccinated people in whom lack of confidence was a factor that influenced their decision
The benefits of immunization are equitably extended to all people	<ul style="list-style-type: none"> • Percentage of districts with 80% or greater coverage with three doses of diphtheria-tetanus-pertussis-containing vaccine • Reduction in coverage gaps between lowest and highest wealth quintile and another appropriate equity indicator
Strong immunization systems are an integral part of a well-functioning health system	<ul style="list-style-type: none"> • Dropout rate between first dose and third dose of diphtheria-tetanus-pertussis-containing vaccines • Sustained coverage with diphtheria-tetanus-pertussis-containing vaccines $\geq 90\%$ for three or more years • Immunization coverage data assessed as high quality by WHO and UNICEF • Number of countries with case-based surveillance for vaccine-preventable diseases that meets quality standards
Immunization programmes have sustainable access to predictable funding, quality supply and innovative technologies²	<ul style="list-style-type: none"> • Percentage of doses of vaccine used worldwide that are of assured quality²
Country, regional and global research and development innovations maximize the benefits of immunization	<ul style="list-style-type: none"> • Progress towards development of vaccines against HIV infection, tuberculosis and malaria • Progress towards a universal influenza vaccine (protecting against drift and shift variants) • Progress towards institutional and technical capacity for conducting vaccine clinical trials • Number of vaccines that have either been re-licensed or licensed for use in a controlled-temperature chain at temperatures above the traditional 2–8 °C range • Number of vaccine-delivery technologies (devices and equipment) that have received WHO prequalification compared to 2010

¹ Provisional indicator to be finalized in light of the outcomes of pilot assessments in selected regions.

² The report on progress will also narrate advances in vaccine supply, pricing and procurement.