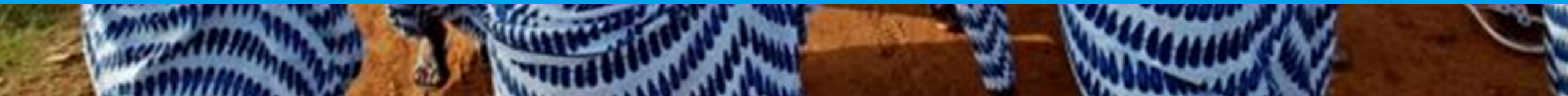# Sustaining the Gains with Essential Immunization

Dr. Katherine O'Brien, Director, Department of Immunization, Vaccines and Biologicals (IVB), WHO
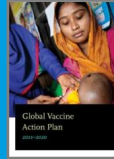
Polio Partners Group Meeting| Geneva | 7 June 2019

Outline
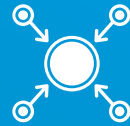
> **Immunization Agenda 2030**

Strengthening Immunization and VPD Surveillance to reach and sustain polio eradication

With GVAP coming to an end in 2020

New vision and strategy for vaccines and immunization is needed

To set a compelling, country-centric vision for the next decade that engages and aligns stakeholders – immunization and beyond – at all levels

To address emerging issues, and harness new solutions for V&I

To re-ignite importance of V&I for broader health & development agendas
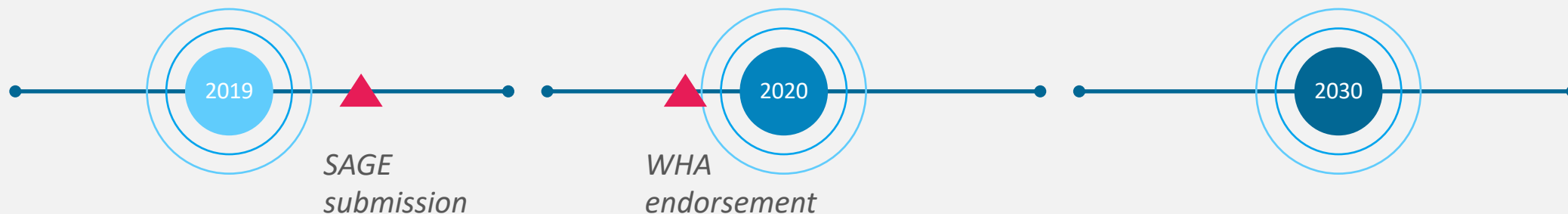
3

Immunization Agenda 2030

Immunization Today and in the next Decade
Developing together the vision and strategy for immunization 2021-2030

Draft Zero for Co-creation by 14 June 2019

Draft zero for the vision and strategic framework was shared for co-creation on 15 May

Vision and Strategic Framework are the first components towards the next decade

2019 — SAGE submission

2020 — WHA endorsement

2030

"Immunization Agenda 2030"

"IA2030"
Vision & Strategic Framework

- Online Resources
- M&E indicators
- Operationalization processes

Implementation

**Co-creation, Advocacy and Communication**

"IA2030" will be closely aligned with Gavi 5.0 and Polio Strategies

Gavi 5.0

- Focusing on specific countries, vaccines, 2021-2025 period

- 'Actioning' specific interventions: market shaping, delivery, demand

- Addressing the Gavi Board priorities

Polio Endgame / Post Certification Strategy

- Focusing on achieving and sustaining polio eradication

- Identifying polio-specific interventions (IPV coverage, AFP surveillance, detecting and responding to polio outbreaks)

- Aligning GPEI partners and "future owners"
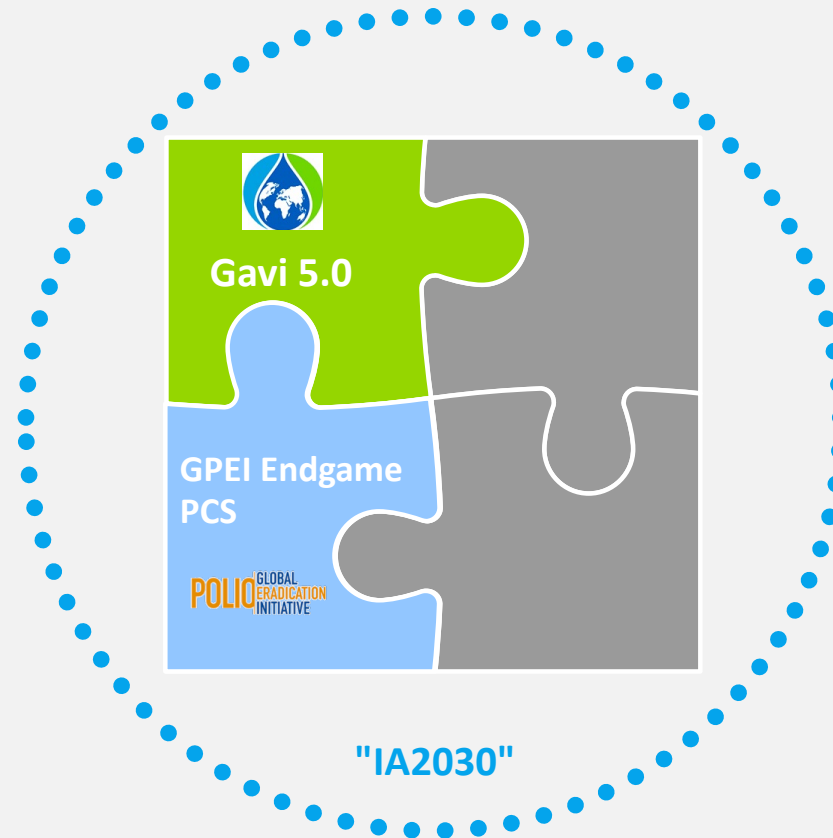
"IA2030"

- Covering all countries, vaccines and areas for intervention, for 2021-2030

- Providing new worldwide vision and strategy

- Aligning all stakeholders (in health & beyond) interested in immunization, at global/ regional/ local levels

Gavi 5.0

GPEI Endgame PCS

POLIO GLOBAL ERADICATION INITIATIVE

"IA2030"

Building on lessons learned from GVAP, "IA2030" brings new emphasis on five concepts for the next decade

Draft Zero

Linking to larger PHC and UHC agendas

Expanding to other age groups along the life-course
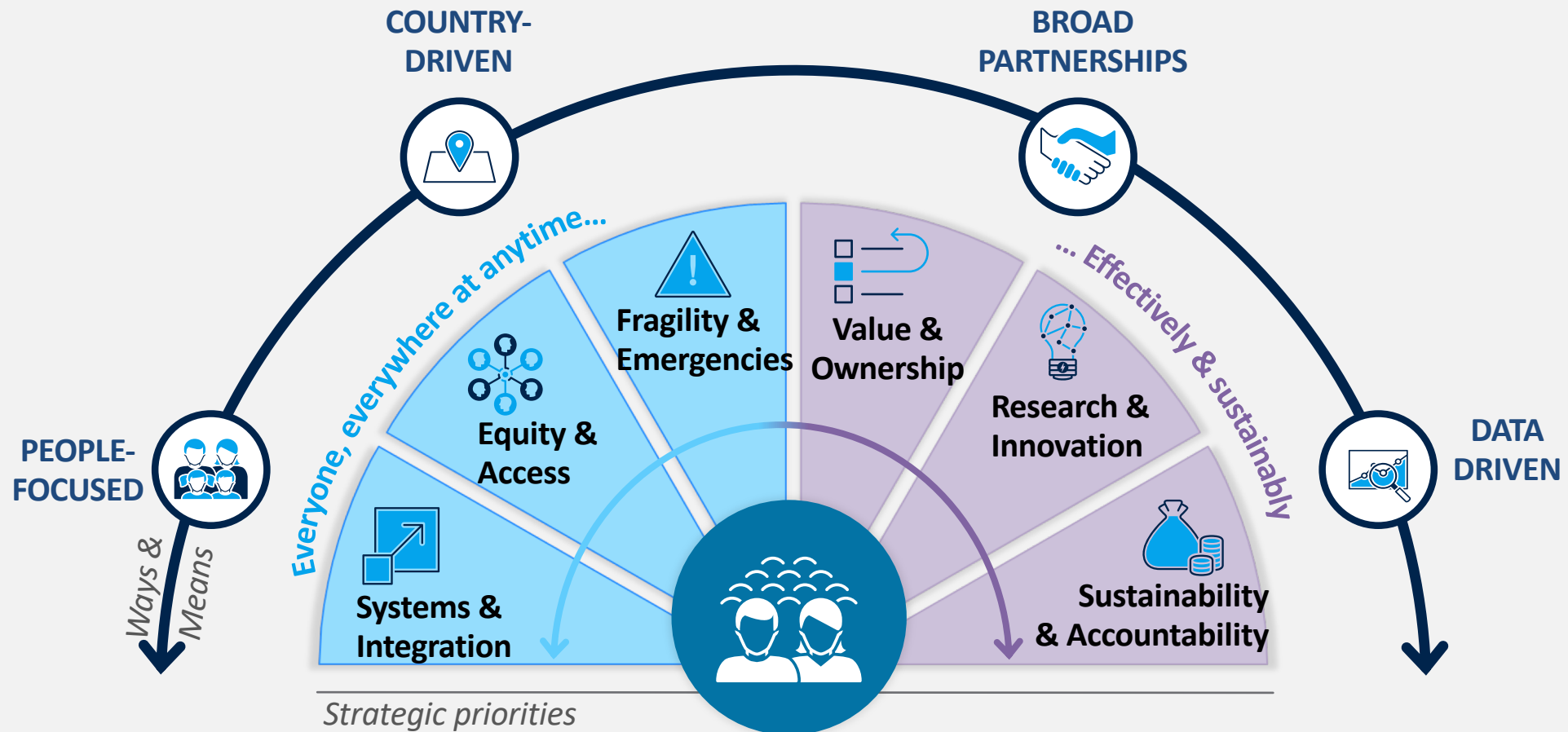
Better use of subnational data

Country-driven and tailored approaches

People & communities at the center of everything

A new strategic framework driven by six interlinked strategic priorities, and four ways and means

All strategic priorities are relevant for reaching and sustaining polio eradication

Everyone, everywhere at anytime…

Systems & integration

Sustaining and building upon **polio core capacities** in high priority countries, including VPD surveillance

Equity & access

Building on polio best practices and lessons-learned to **reach every last child**

Fragility & Emergencies

Delivering **polio vaccines** and sustaining **community based surveillance in acute and chronic emergencies** and minimizing risk of outbreaks

… Effectively & sustainably

Value & Ownership

Ensuring and sustaining **high level commitment to achieve eradication and to keep the world polio free**

Research & innovation

Accelerating **polio-related research** (e.g. nOPV) and building upon the polio innovations (delivery and programmatic innovations)
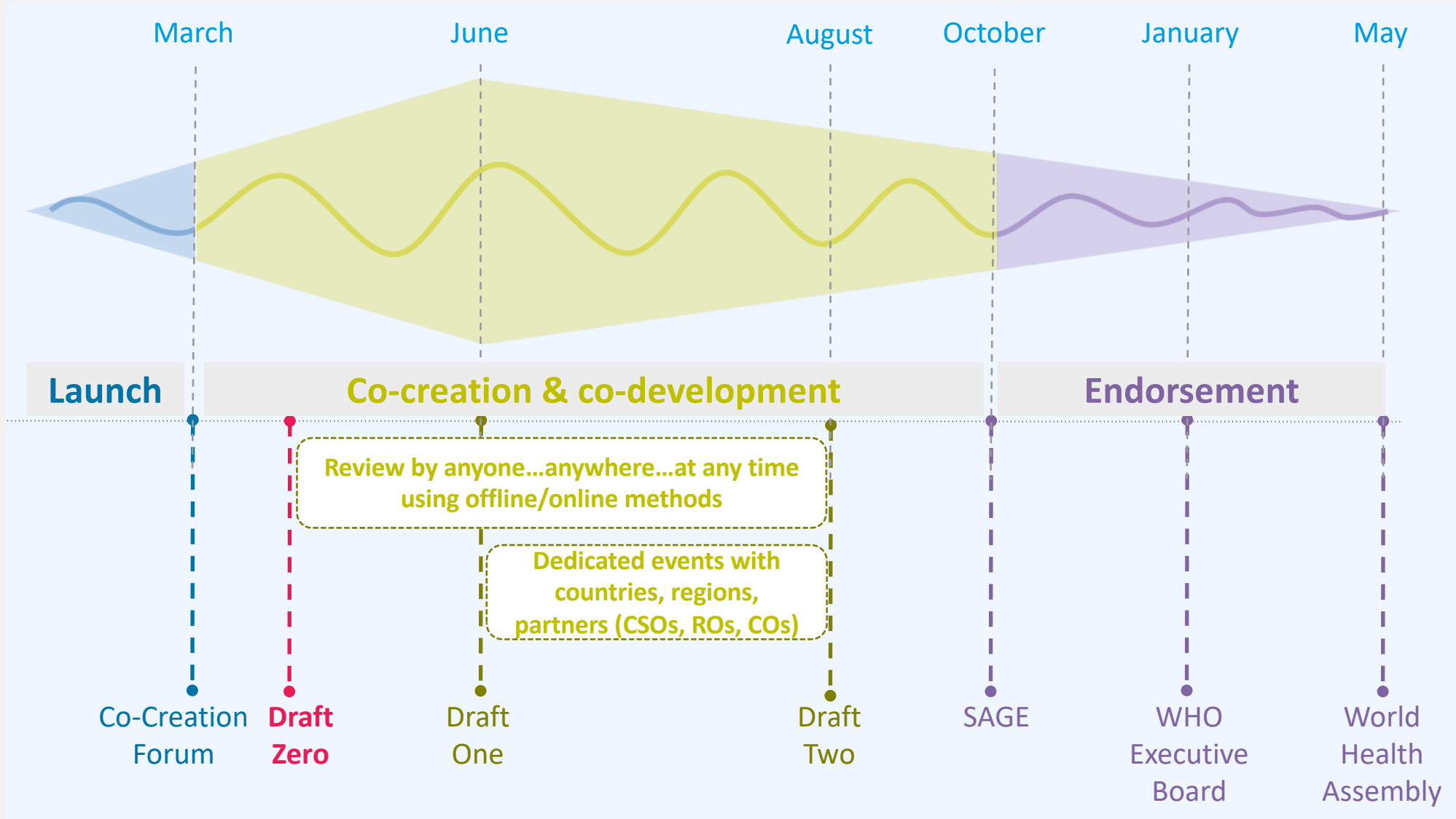
Sustainability & Accountability

Ensuring a **reliable global supply of IPV** containing vaccines, OPV stockpiles; ensure a successful pathway for countries to **transition out of GPEI** support

The way towards WHA endorsement

Outline

Immunization Agenda 2030

> **Strengthening Immunization and VPD Surveillance to reach and sustain polio eradication**

Polio Endgame Strategy 2019-23

Strengthening Immunization and VPD Surveillance

Challenge:

Sustaining eradication in countries with weak of fragile health systems

Solutions:

Improve immunization coverage and strengthen the health system by**:**

- ✓ supporting the EPI programme where GPEI has the largest footprint
- ✓ Focusing on lowest performing districts
- ✓ Pursuing synergies and cost-saving efficiencies between polio SIAs and other immunization campaigns
- ✓ Engaging CSOs to reach out to communities
- ✓ Engaging strategically in country health sector planning processes
- ✓ Capitalizing on synergies with complementary initiatives

Immunization coverage in countries with current cVDPV Outbreaks (WUNEIC 2017),

World Health Organization

Cameroon
1 cVDVP2 in ES linked to Nigeria

CAR
1 outbreaks
1 cVDVP2 case

Somalia
2 outbreaks
7 cVDPV2 cases
21 cVDPV2 in ES
6 cVDPV3 cases
11 in cVDPV3 in ES
1 both type 2 and 3
Kenya
1 cVDPV2 In ES; linked to Somalia

Indonesia
1 cVDPV1 outbreak
1 cVDPV1 case

bOPV rounds*
1
2
3 - 4
5 - 9

Nigeria
3 cVDPV2 outbreaks:
42 cVDVP2 cases
84 cVDPV2 in ES
Niger
11 cVDPV2 cases linked to Nigeria

Mozambique
1 cVDPV2 outbreak
1 cVDVP2 case

PNG
1 cVDPV1 outbreak:
26 cVDVP1 cases
7 cVDPV1 in ES

DRC cVDPV2 OB; 4 outbreaks :
41 cVDPV2 cases

DTP3
25 - 69
70 - 89
90 - 100
missing

cVDPV Type1 - Cases
cVDPV Type2 - Cases
cVDPV Type3 - Cases
cVDPV Type1 - ES
cVDPV Type2 - ES
cVDPV Type3 - ES

mOPV2 rounds*
1
2
3 - 4
5 - 9+

*from 1 Jan 2017 to 31 Aug 2019

Data in WHO HQ as of 04 Jun. 2019

Polio Endgame Strategy 2019-23

Strengthening Immunization and VPD Surveillance

Challenge:
Ensuring polio surveillance sensitivity while integrating it within VPD/communicable disease surveillance

Solutions:
Ensure polio virus sensitivity and further integration by:
- ✓ Implement an appropriate mix of surveillance strategies to achieve and sustain certification standards within the framework of VPD/communicable disease surveillance,
- ✓ Expand environmental surveillance and integrate with other epidemic-prone pathogens,
- ✓ Maintain lab capacity and where feasible integrate with other disease platforms,
- ✓ Increase efficiency of POLIS, and ensure interoperability with WIISE

Integrating polio to VPD surveillance - "One size does not fit all"

- Polio funded surveillance medical officers do more than AFP surveillance

- There is potential to increase the efficiency of using polio surveillance resources

Expansion of WHO AFRO Disease Surveillance (1997-2014)

DISEASES	1997-99	2000-2002	2003-2005	2006-2014
AFP				
Measles				
Neonatal tetanus				
Yellow Fever				
Cholera				
Cerebral spinal meningitis				
Bloody diarrhea				
Rabies / animal bite				

# Integrating polio to VPD surveillance - "One size does not fit all"

- **"Responsible integration"** - WHO is defining parameters to integrate polio to VPD surveillance in targeted countries

- Surveillance system **must adapt to country needs** (technical capacity, disease burden, demographic profile, disease-specific risk)

- WHO is developing a **comprehensive VPD surveillance strategy (with costing)**

Table 1 – Country specific elements

	Country capacity	Disease burden	Demographic profile
Stage 1	Limited capacity; relies heavily on external funding for basic health services	Communicable diseases	Very high fertility rate, very short life expectancy
Stage 2	Some technical capacity, but relies on external funding for basic health services	Communicable diseases with evidence of nascent epidemiological transition	High fertility rate, short life expectancy
Stage 3	Strong technical capacity, with minimal reliance on external funding for health	Non-communicable diseases and communicable diseases	Low fertility rate, high life expectancy
Stage 4	Advanced technical capacity, no reliance on external funding for health	Non-communicable dieases	Very low fertility rate, very high life expectancy

Table 2 – Tier classification of countries

		Disease-specific risk (polio)			
		Very high	High	Medium	Low
Country-specific fundamentals* (Composite index)	Very low	Tier 1	Tier 1	Tier 2	Tier 2
	Low	Tier 1	Tier 2	Tier 3	Tier 3
	Medium	Tier 2	Tier 3	Tier 3	Tier 4
	High	Tier 4	Tier 4	Tier 4	Tier 4
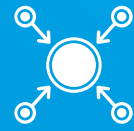
VDP surveillance relies heavily on GPEI funding...we need to allocate more resources to surveillance as GPEI ramps down

We cannot eradicate polio without strong immunization systems

As we move toward certification, integration will be increasingly critical

Our strategies for the new decade should focus on reaching eradication....and ensure its sustainability

Appendix – Background slides

The Decade of Vaccines has achieved significant progress for immunization

117M   Infants received DTP3 in 2017, the most <u>ever</u>

4.6M   Additional infants vaccinated in 2017 (vs. 2010)

1.8M   Fewer children under-vaccinated in 2017 (vs. 2010)

3   Additional countries achieved MNTE in 2017[1]

113   Countries introduced new vaccines since 2010

+140%   Increase in number of NITAGs since 2010

1. Ethiopia, Haiti and the Philippines. Source: 2018 assessment report of the GVAP (WHO)

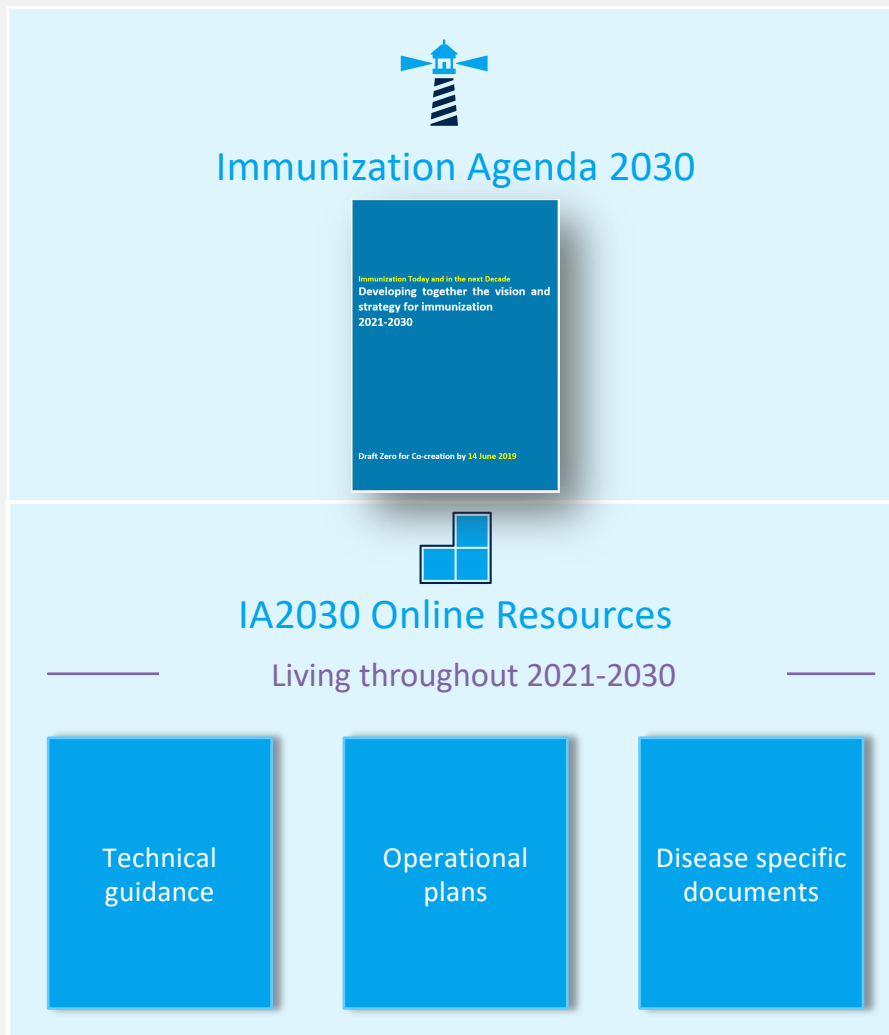# ….yet, most goals set 10 years ago will not be achieved by 2020

3 Countries[1] still polio-endemic

No Region sustains measles elimination

1 Rubella-free region in 2018

14 Countries[2] yet to achieve MNTE

~85% MCV1 coverage stagnation, below 90%+ target between 2010 & 2017

< 30% Countries with DTP3 coverage at 90% national; 80% district

19M+ Children still under-vaccinated

25 LICs & MICs without new vaccines introductions between 2010 & 2016

"Immunization Agenda 2030" will include two components

Immunization Agenda 2030

Immunization Today and in the next Decade
Developing together the vision and strategy for immunization 2021-2030

Draft Zero for Co-creation by 14 June 2019

IA2030 Online Resources

Living throughout 2021-2030

| Technical guidance | Operational plans | Disease specific documents |

"Draft Zero"

Immunization Agenda 2030 Vision & Strategic framework

Vision (1-2 page document, for everybody)
- Vision 2030 and beyond – to inspire and rally
- Values & high-level strategic priorities

Strategic framework (15-20 page document, for immunization community & wider stakeholders)
- Strategic priorities, ways and means to guide development of global, regional, national strategies and plans

Documents to be endorsed at WHA 2020

IA2030 Online Resources

- Technical guidance documents "living" throughout 2021-30
- Existing or new global, regional, country plans & goals (e.g., regional strategies)
- Existing or new disease- and topic-specific technical guidance and best-practice documents (e.g., Measles strategy)

"Living" throughout the decade

Draft Zero document is structured in two main sections

Vision
3 pages

Strategic Framework

Introduction
Create a sense of need and urgency for a new vision and strategy for immunization

The path forward
Provide an overview implementing strategic framework through actions at global, regional and country levels

Goals and targets
Describe the approach to defining immunization goals and targets for the next decade

Ways and means
Showcase how should immunization efforts and investments be done differently in the next decade

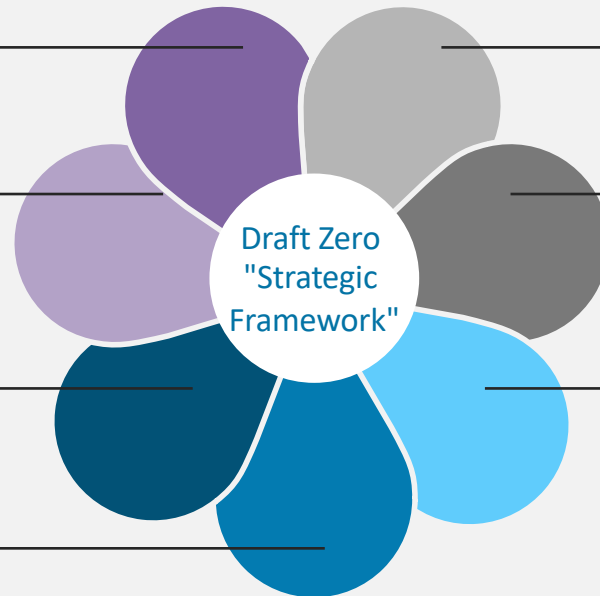Draft Zero "Strategic Framework"

Case for immunization
Showcase importance of immunization within and beyond health

Changing context & emerging challenges
Provide lessons learnt from the past decade and GVAP and highlight emerging challenges for the next decade

Strategic priorities
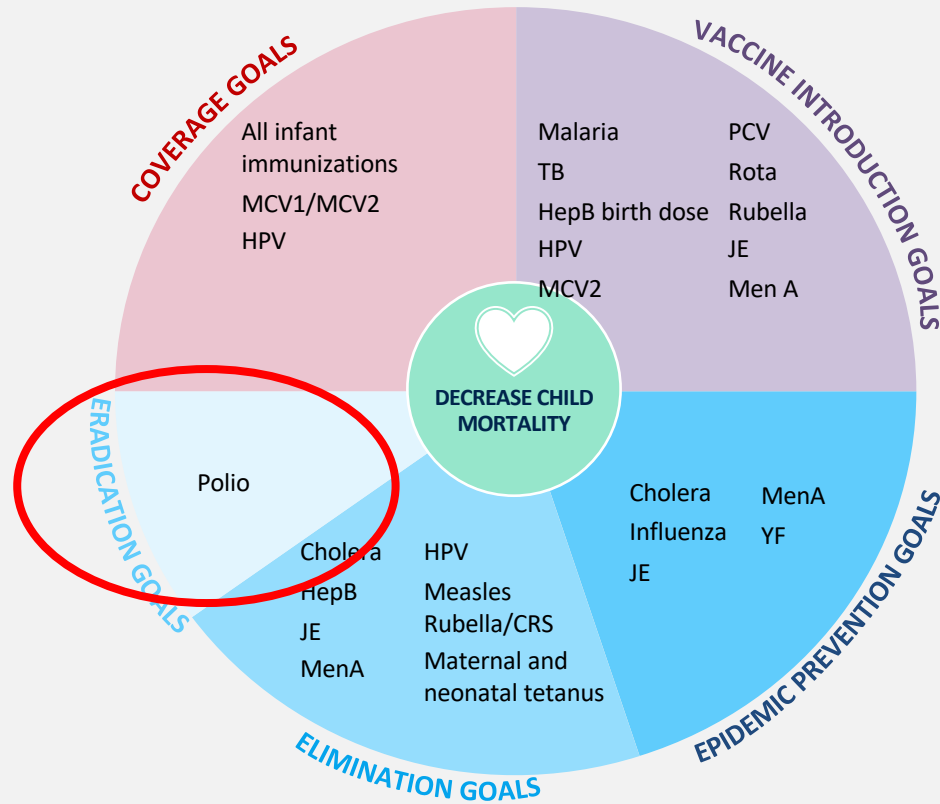Propose a set of strategic priorities to achieve the new vision, their overall objective, and main focus areas
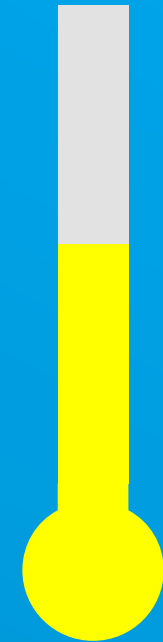
19 pages

"IA2030" will encompass both existing targets and new goals

Draft Zero

COVERAGE GOALS

VACCINE INTRODUCTION GOALS

All infant immunizations
MCV1/MCV2
HPV

Malaria
TB
HepB birth dose
HPV
MCV2

PCV
Rota
Rubella
JE
Men A

Existing disease specific regional and global Goals

DECREASE CHILD MORTALITY

ERADICATION GOALS

Polio

Cholera
HepB
JE
MenA

HPV
Measles
Rubella/CRS
Maternal and neonatal tetanus

Cholera
Influenza
JE

MenA
YF

EPIDEMIC PREVENTION GOALS

ELIMINATION GOALS

New goals

Existing goals

23

Feedback on Draft Zero

Pulse Survey
https://www.surveymonkey.com/r/IA2030

Written comments
immunizationagenda2030@who.int
https://tinyurl.com/ia2030

WebEx Events
31 May, 07 June and 14 June

Integration: Combined bOPV/MCV SIAs

- **Priority** - non polio endemic, non-outbreak countries, with high performance in previous MCV SIAs (Admin ≥90%)

- **Upon country request** (e.g. PNG, DRC, even if outbreak countries)

- **Implemented in 7 countries** (Nepal, Myanmar, Uganda, Sierra Leone, Sudan, PNG, DRC)

Potential to reach more children, with less cost:
- Uganda – 8.5 million children vaccinated, $4M cost savings
- Sudan – 8.1 million children vaccinated, $1.85M cost savings
- Sierra Leone – 1.6 million children vaccinated, $350,000 cost savings

What is comprehensive VPD surveillance?

Country, regional & global systems required to meet the **minimal recommended standards** for surveillance of a **comprehensive** set of **priority** VPDs, with integration of surveillance functions across other diseases where possible

Includes?

- **More VPDs**, based on country priorities
- For most diseases, **individual-level data** & **lab-confirmation**

Design?

- Based on VPD surveillance **objectives**
- **Mix** of nationwide case-based, aggregate & sentinel surveillance

Strategy?

- **Integration/ adaption** of existing systems where possible
- Common **support functions** & **funding**

Use?

- Essential for EPI **decision-making** & **response**
- Program monitoring, emphasis on **data visualization**