Sustaining the Gains with Essential Immunization
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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
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.

"Immunization Agenda 2030"
"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"

**Gavi 5.0**

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

1. Linking to larger PHC and UHC agendas
2. Expanding to other age groups along the life-course
3. Better use of subnational data
4. Country-driven and tailored approaches
5. 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

- **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

- **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

Launch
- Co-Creation Forum
- Draft Zero

Co-creation & co-development
- Review by anyone...anywhere...at any time using offline/online methods
- Dedicated events with countries, regions, partners (CSOs, ROs, COs)

Endorsement
- Draft One
- Draft Two
- SAGE
- WHO Executive Board
- World Health Assembly
Strengthening Immunization and VPD Surveillance to reach and sustain polio eradication
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),

**Data in WHO HQ as of 04 Jun. 2019**

**Mozambique**
- 1 cVDPV2 outbreak
- 1 cVDPV2 case

**DRC**
- 4 outbreaks
- 41 cVDPV2 cases

**Nigeria**
- 3 cVDPV2 outbreaks:
  - 42 cVDPV2 cases
  - 84 cVDPV2 in ES
- 11 cVDPV2 cases linked to Nigeria

**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

**CAR**
- 1 outbreaks
- 1 cVDVP2 case

**Cameroon**
- 1 cVDVP2 in ES linked to Nigeria

**Niger**
- 11 cVDPV2 cases linked to Nigeria

**PNG**
- 1 cVDPV1 outbreak:
  - 26 cVDPV1 cases
  - 7 cVDPV1 in ES

**DTP3**
- Red: 25 - 69
- Green: 70 - 89
- Blue: 90 - 100
- Gray: missing

**cVDPV**
- Type 1 - ES
- Type 2 - ES
- Type 3 - ES

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

*from 1 Jan 2017 to 31 Aug 2019*
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

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<td>Measles</td>
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<td>Neonatal tetanus</td>
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<td>Yellow Fever</td>
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<td>Cholera</td>
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<td>Cerebral spinal meningitis</td>
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<td>Bloody diarrhea</td>
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<td>Rabies / animal bite</td>
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Expansion of WHO AFRO Disease Surveillance (1997-2014)
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

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<thead>
<tr>
<th>Stage</th>
<th>Country capacity</th>
<th>Disease burden</th>
<th>Demographic profile</th>
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<tbody>
<tr>
<td>Stage 1</td>
<td>Limited capacity; relies heavily on external funding for basic health services</td>
<td>Communicable diseases</td>
<td>Very high fertility rate, very short life expectancy</td>
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<tr>
<td>Stage 2</td>
<td>Some technical capacity, but relies on external funding for basic health services</td>
<td>Communicable diseases with evidence of nascent epidemiological transition</td>
<td>High fertility rate, short life expectancy</td>
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<td>Stage 3</td>
<td>Strong technical capacity, with minimal reliance on external funding for health</td>
<td>Non-communicable diseases and communicable diseases</td>
<td>Low fertility rate, high life expectancy</td>
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<tr>
<td>Stage 4</td>
<td>Advanced technical capacity, no reliance on external funding for health</td>
<td>Non-communicable diseases</td>
<td>Very low fertility rate, very high life expectancy</td>
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Table 2 – Tier classification of countries

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<tr>
<th>Disease-specific risk (polio)</th>
<th>Very low</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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<tbody>
<tr>
<td>Tier 1</td>
<td>Tier 1</td>
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<td>Tier 2</td>
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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 ever

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 2017¹

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

19M+ Children still under-vaccinated

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

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

Source: 2018 Assessment Report of the GVAP (WHO); GVAP – Secretariat Annual Report 2018

1. Afghanistan, Pakistan, Nigeria; 2. Afghanistan, Angola, Central African Republic, Chad, Democratic Republic of Congo, Guinea, Mali, Nigeria, Pakistan, Papua New Guinea, Somalia, South Sudan, Sudan, Yemen
"Immunization Agenda 2030" will include two components

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

Living throughout 2021-2030

- 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)
Draft Zero document is structured in two main sections:

### Vision
3 pages

**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

### 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

[Diagram showing the strategic framework with sections and sub-sections]
"IA2030" will encompass both existing targets and new goals.
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