



Global Vaccine Action Plan

2011–2020

<https://www.who.int/publications/i/item/global-vaccine-action-plan-2011-2020>

<https://www.who.int/publications/i/item/the-global-vaccine-action-plan-2011-2020-review-and-lessons-learned-strategic-advisory-group-of-experts-on-immunization>

THE GLOBAL
VACCINE ACTION
PLAN 2011-2020

Strategic Advisory
Group of Experts
on Immunization

REVIEW AND LESSONS LEARNED



Lessons Learned from the Global Vaccine Action Plan

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*in Mi'kma'ki, the ancestral and
unceded territory of the Mi'kmaq
People*

March 28, 2023

Reminder: GVAP at a Glance

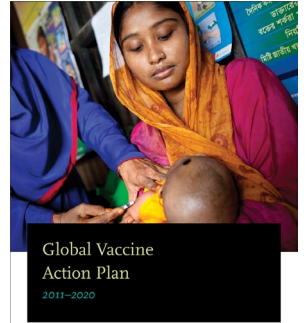
Vision: A world in which all individuals and communities enjoy lives free from vaccine-preventable diseases.

Guiding principles:

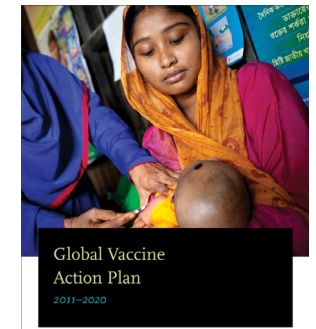
- Country ownership
- Shared responsibility & partnership
- Equity
- Integration
- Sustainability
- *Innovation*

Goals:

- Achieve a world free of polio
- Meet vaccination targets – every region, country & community
- Exceed MDG Goal 4 for reducing in child mortality
- Meet global and regional elimination targets
- *Develop and introduce new and improved vaccines and technologies*



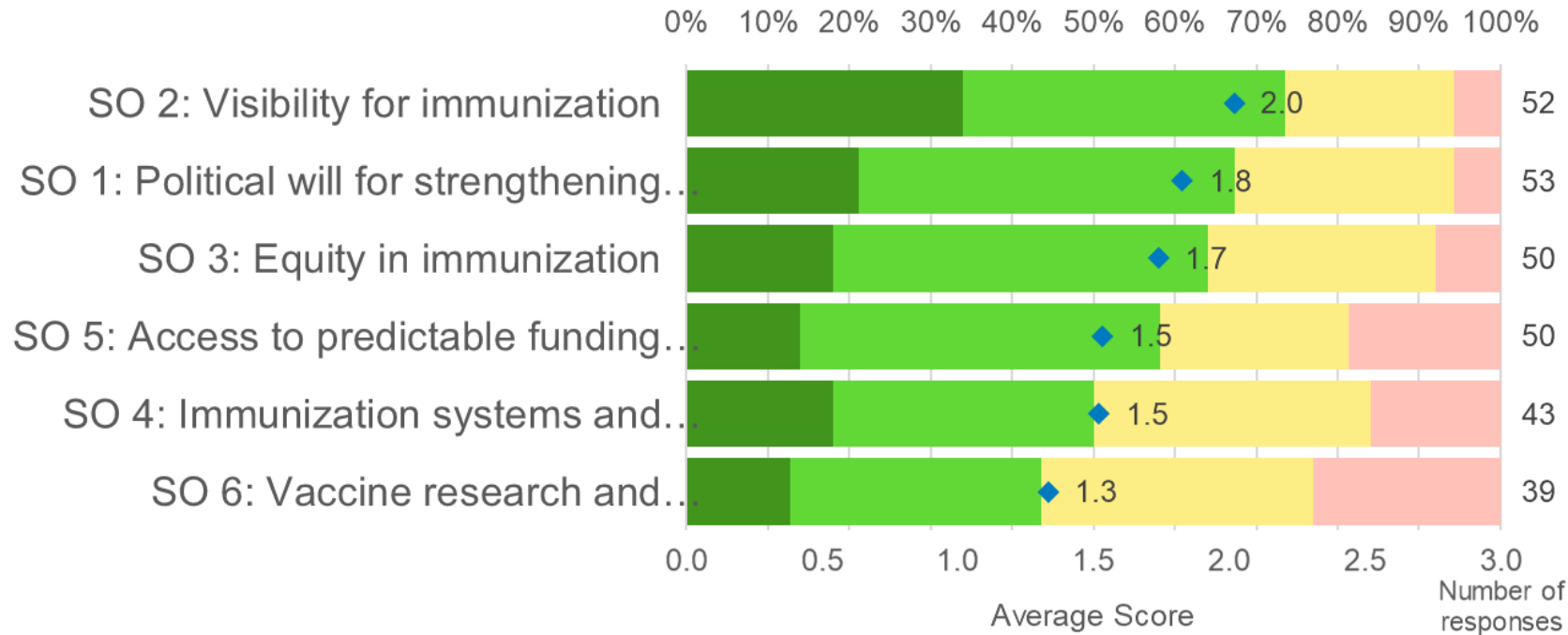
Reminder: GVAP at a Glance



Strategic Objectives:

- All countries commit to immunization as a priority
- Individuals and communities understand value of vaccines and demand imm as their right and responsibility
- Benefits imm equitably extend to all
- Strong imm systems integral to well functioning health system
- *Imm programs have sustainable access to predictable funding, quality supply, and innovative technologies*
- *Country, regional, and global research and development innovation maximize the benefits of immunization*

GVAP contribution to achieving Strategic Objectives



All SO received average scores between 1.0 and 2.0, indicating that GVAP had made *moderate to slight* contributions to achieving each one

Important
 Moderate
 Slight
 None
 Average

Context for immunization changed 2010 – 2018

- **Sustainable Development Goals** (SDG) succeeding Millennium Development Goals (MDG)
- **Demographic changes** – population growth and aging
- **Post-Ebola focus on emerging infectious diseases and epidemic preparedness**
- **Political changes - rising nationalism/populism**
- **Humanitarian crises and population movement**
- Growth in **Gavi** support
- Strengthening of immunization systems and improving **data quality**
- Increase in number of functioning **NITAGs**
- **Additional recommended vaccines**
- **Expanding target groups**
- Reduction of **GPEI** resources
- **Reversal of successes of programs in some countries: role civil strife/wars/natural disasters**
- Increase recognition of **vaccine hesitancy**



SDGs set in 2015

Human Immunization: at center of the broader health & development agendas to achieve SDGs by 2030

Impacts on 14 of 17 SDGs

Decouttere et al. Advancing sustainable development goals through immunization: a literature review. Global Health 2021; 17: 95.

<https://doi.org/10.1186/s12992-021-00745-w>

<https://www.gavi.org/our-alliance/global-health-development/sustainable-development-goals#:~:text=Since%202000%2C%20Gavi%20support%20has,mortality%20rate%20in%20those%20countries.>

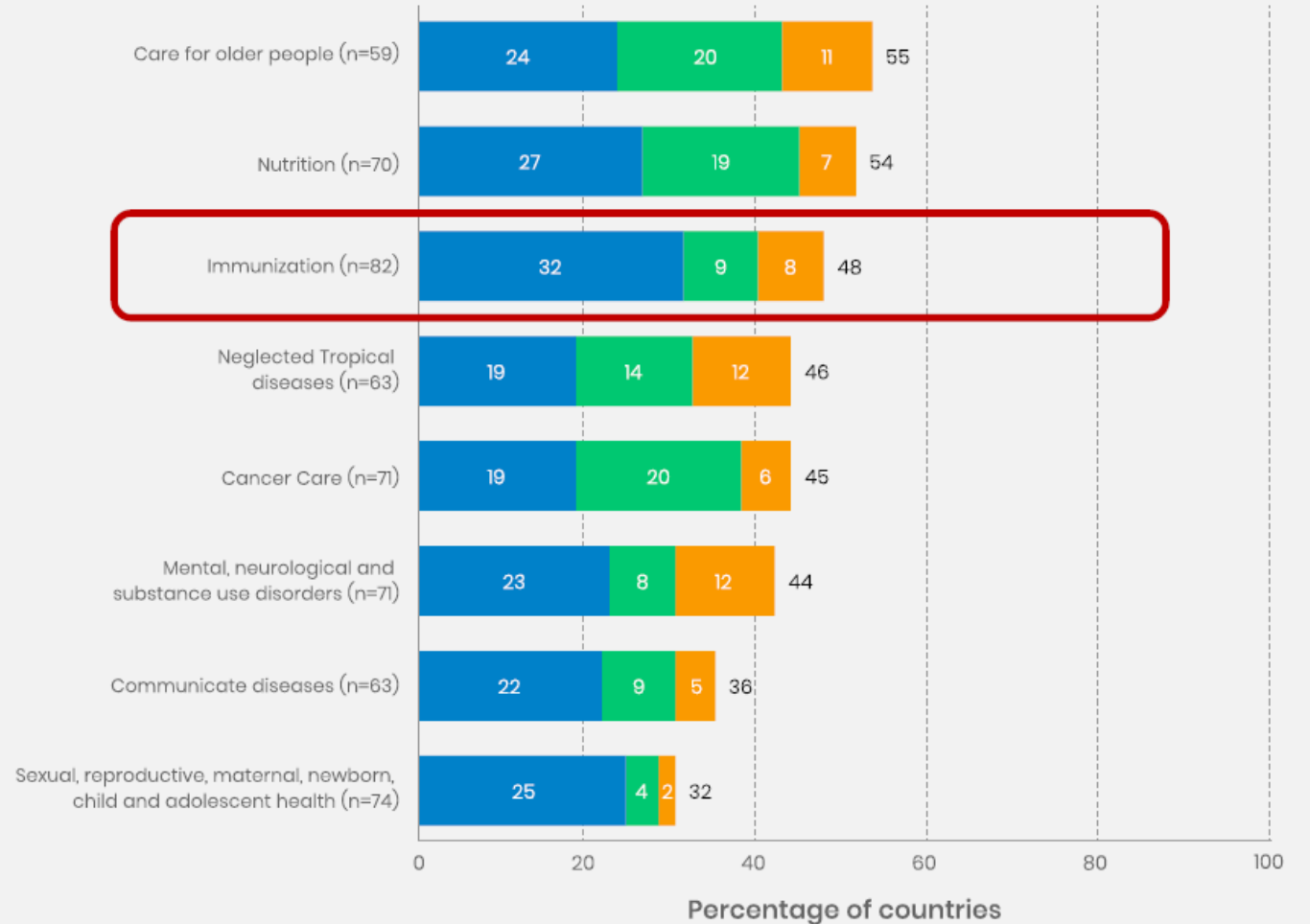
Since 2000, Gavi support has, mortality rate in those countries.

GVAP Decade Outcomes

Impact of COVID Pandemic

- Routine immunization programs NOT as stable as had thought

Percentage of countries reporting disruptions, by condition- and programme- specific service area



● 5-25% disrupted ● 26-50% disrupted ● More than 50% disrupted

SAGE meeting October 2022
Source: Round 3 Global Pulse Survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)

2021 - Greatest number of vaccine introductions ever in a single year

Driven by COVID-19 vaccine

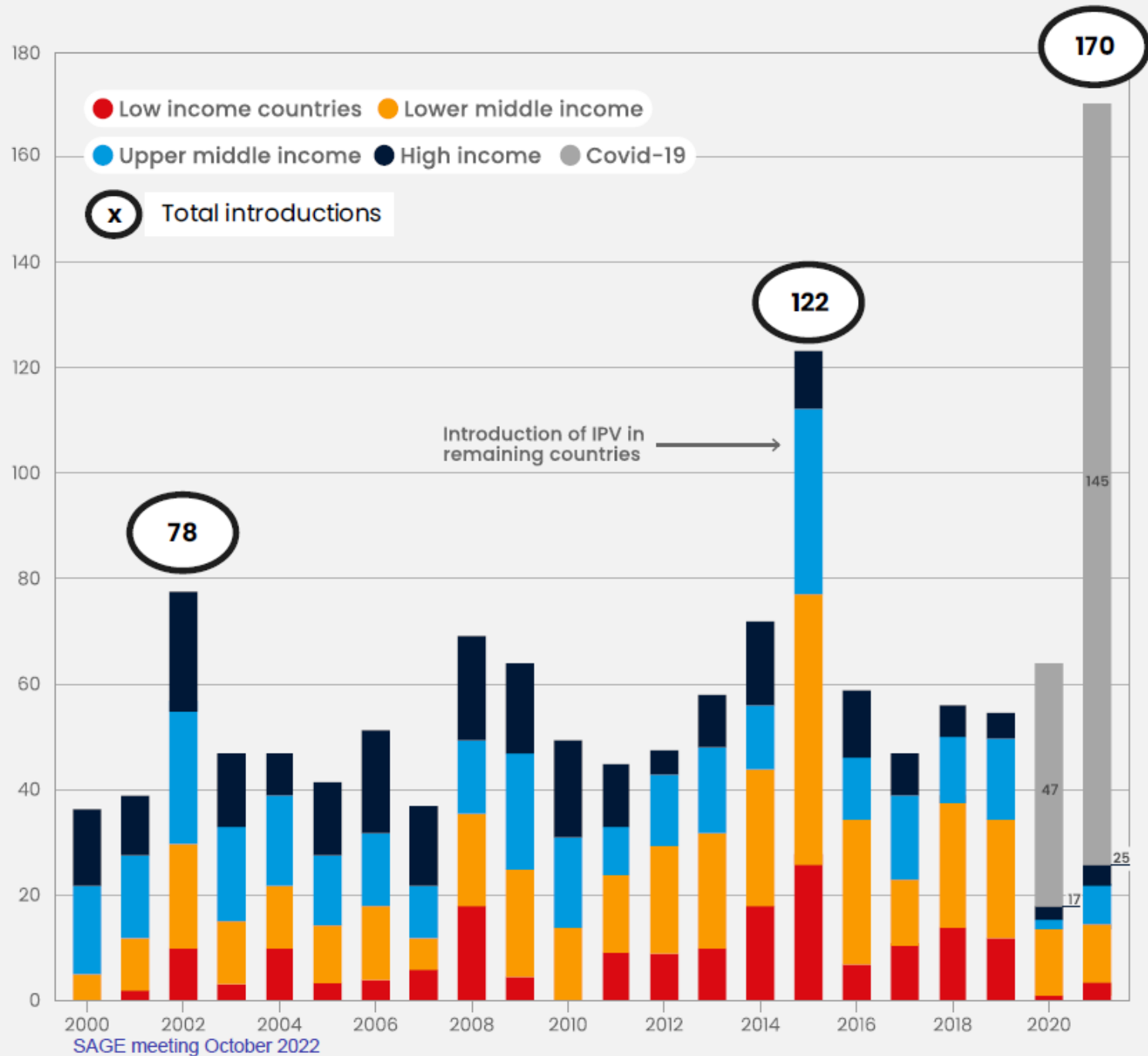
- 192 Member States introduced COVID-19 vaccines in 2020 & 2021

Fewer other vaccine introductions, not seen since before 2000

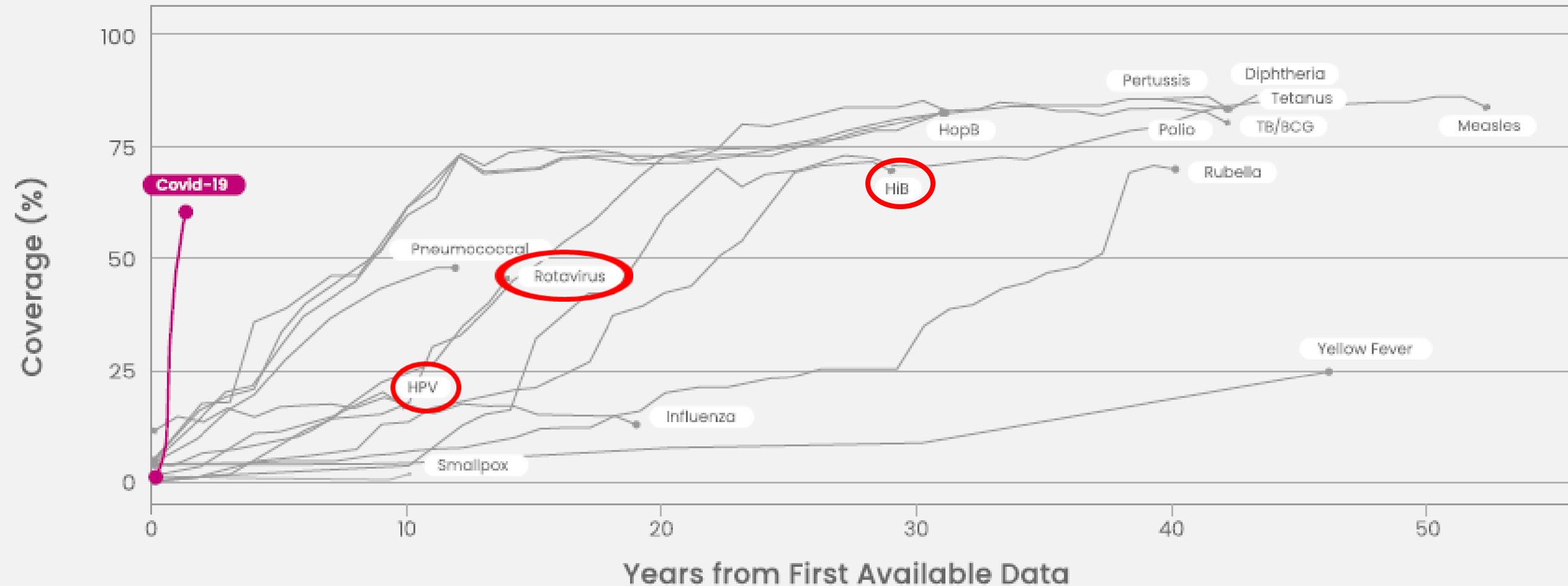
- Well below long-run average of approx 50/year



Introductions: HepB, HepB Birth dose, Hib, HPV, IPV, JE, MCV2, Meningitis, PCV, Rotavirus, Rubella, Yellow Fever, DTP Booster



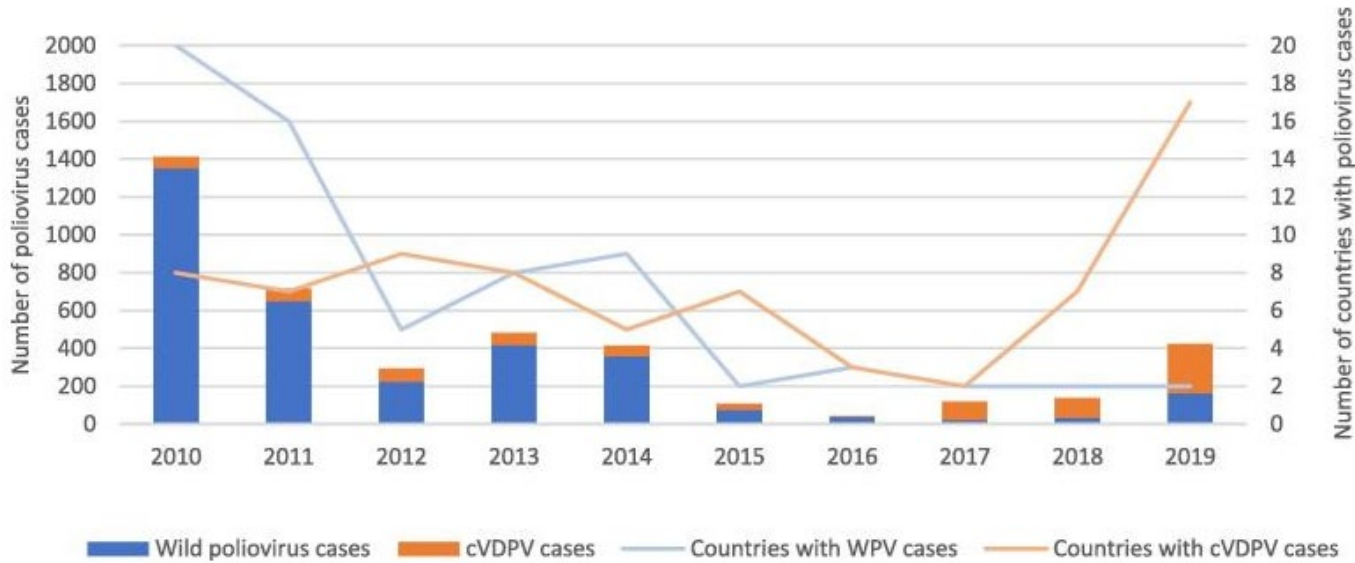
Coverage % with Years from Introduction



Source: Glassman et al. Center for Global Development. COVID-19 Vaccine Development and Rollout in Historical Perspective. Working paper 607. February 2022. <https://cgdev.org/publication/covid-19-vaccine-development-and-rollout-historical-perspective>

GVAP Polio Eradication Outcomes & COVID Impact

GVAP Decade

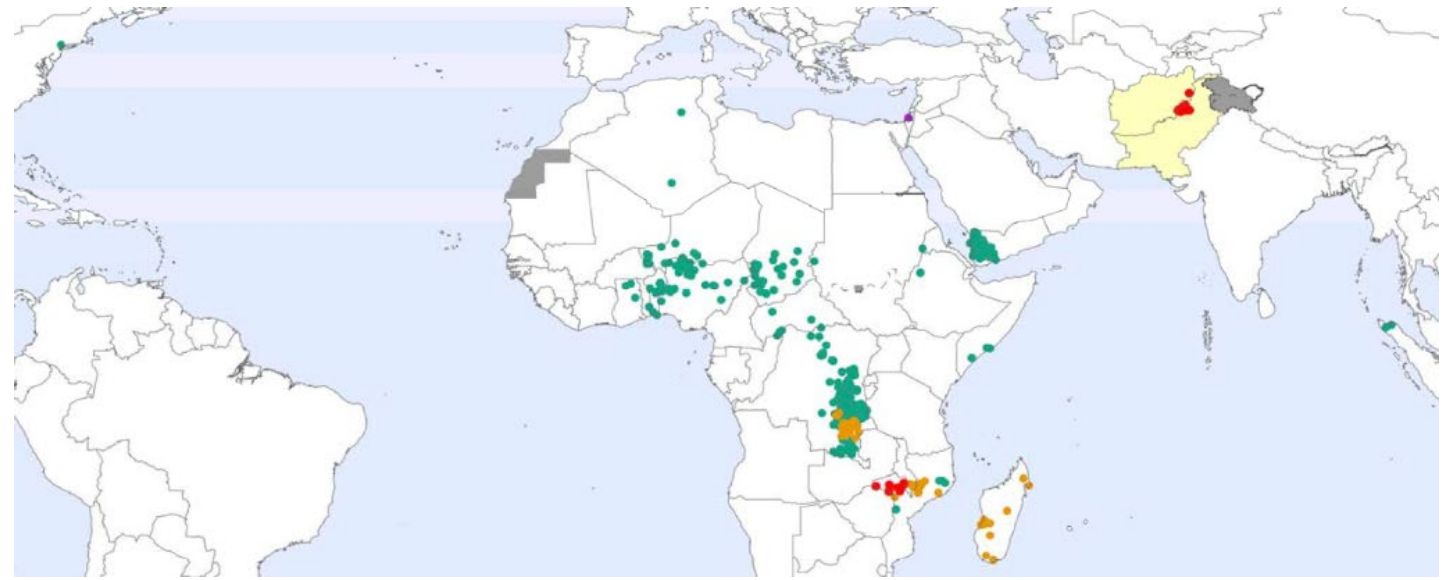


Mar 15 2022- Mar 14 2023

Wild polio: 29 in 3 countries

cVDPV1: 157 in 5 countries

cVDPV2: 489 in 20 countries



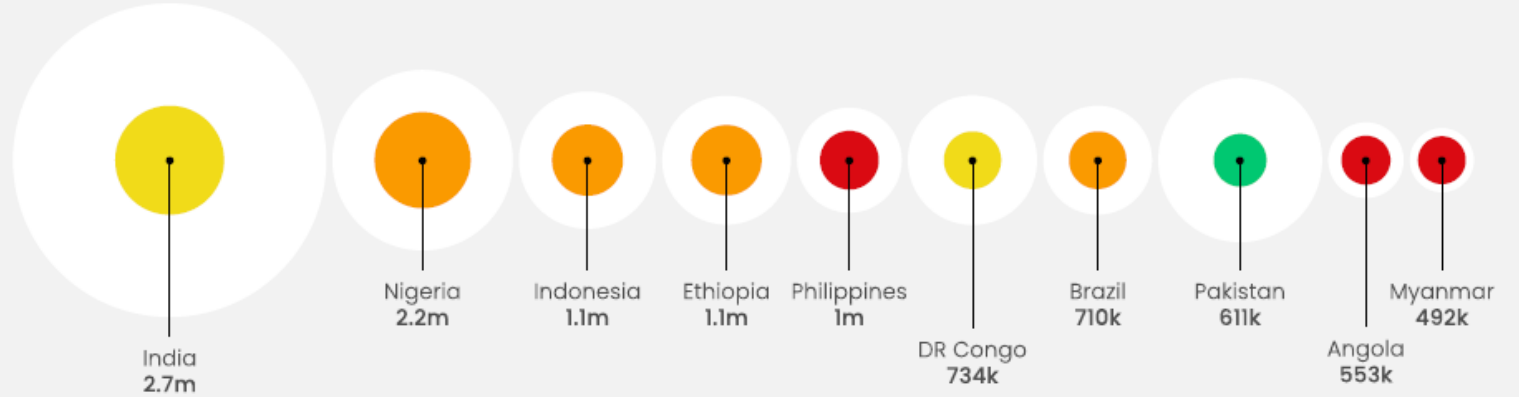
10 countries account for 62% of the zero-dose children in 2021

Mix of LIC, LMIC and UMIC countries – the impact is broadly felt

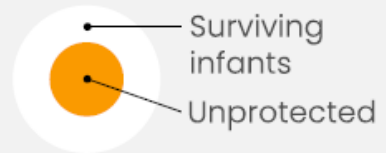
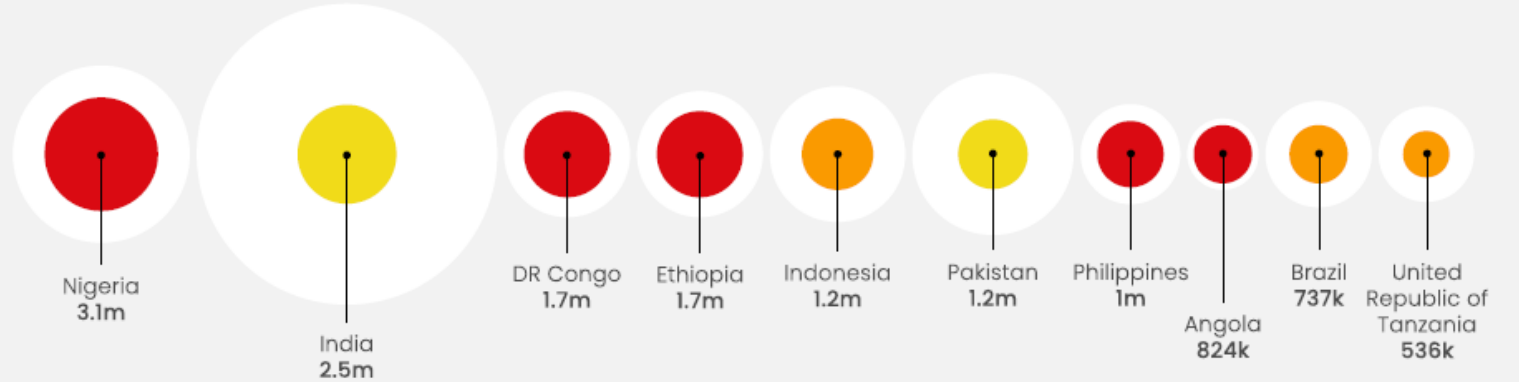
Mostly the same countries also account for 59% of the children missing out on measles vaccine



No DTP1 (zero dose)



No measles vaccine

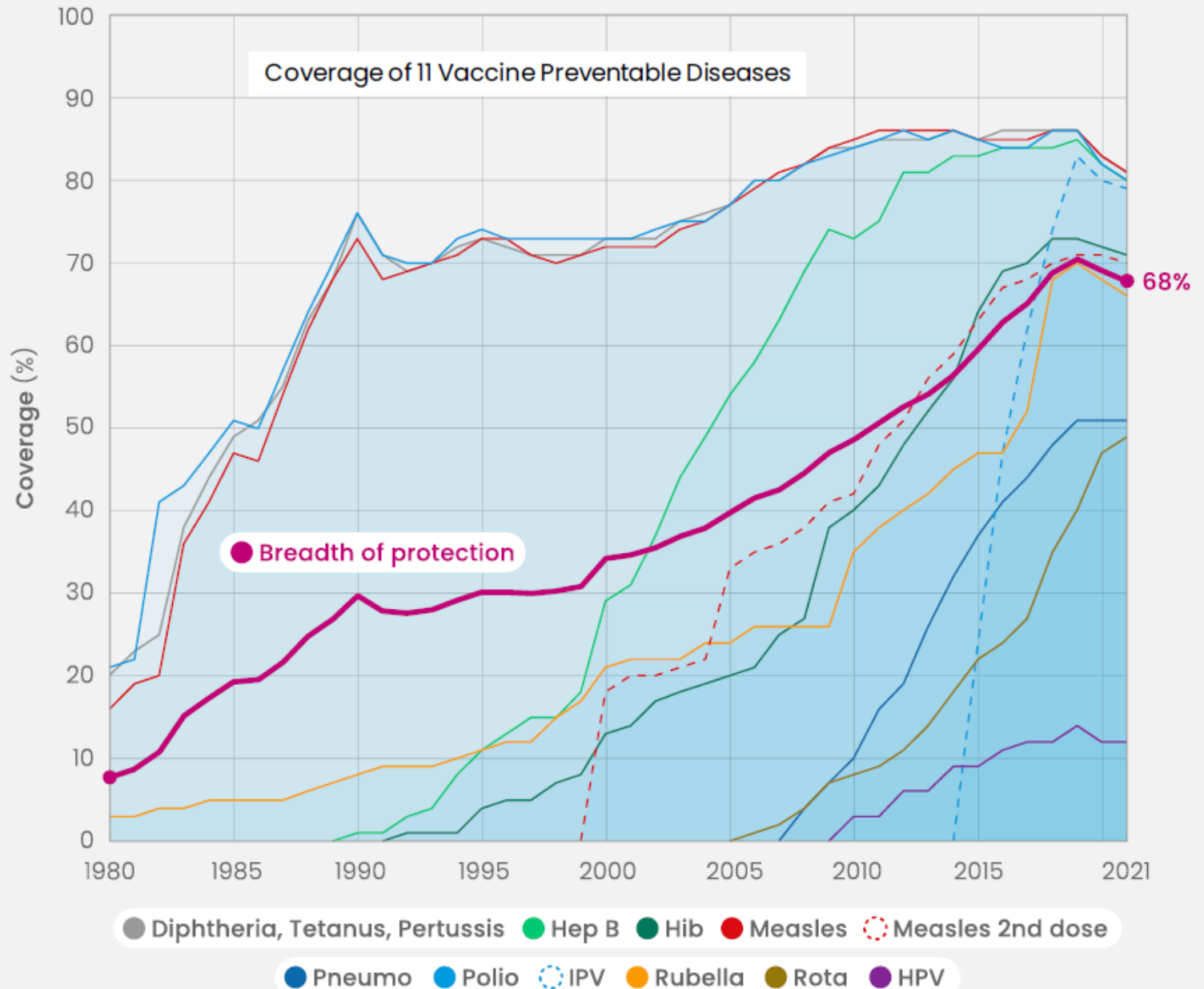


DTP3 coverage according to legend, bubbles sized to numbers of surviving infants and unprotected children.


Breadth of protection is driven by new vaccine introductions and coverage gains

In 2021, the average coverage for vaccines targeting 11 diseases was 68% compared with 8% in 1980, 30% in 1990, 34% in 2000, 48% in 2010

Breadth of protection has fallen 2 years in a row (2020 & 2021), for the first time since 1990, attributable to backsliding in coverage and pauses in vaccine introductions



Observations

- **Changes /shifts in the global context for immunization include**
 - Competing priorities in the SDG agenda; immunization less prominent
 - ↑ threats to imm: e.g. political instability, humanitarian crises, popⁿ on move
-more difficult to reach every child/adolescent/pregnant woman 
- **Changes in immunization since 2010 include**
 - Growth in immunization, including ↑ Gavi support
 - Added recommended vaccines, and expanded target groups
 - ↑ concerns sustainable progress for countries – may reverse successes
 - transition out of Gavi support
 - ↓ GPEI resources
 - vaccine hesitancy and the politicalization of immunization

Additional Thoughts: COVID Pandemic

Immunization

Can go faster – development, distribution, coverage new target populations

BUT drew attention to many issues:

- equity of access
- costs
- bottle neck in vaccine output
- storage /distribution/ delivery concerns
- priority populations → esp who left behind in Covid vaccine research
 - pregnant women; HIV; concurrent vax & combination
- ↑ recognition and concern vaccine acceptance: AEFI- NB ISRR (placebo vs vax)

Additional Thoughts

- **Basic research:** Need vaccines against neglected and previously ignored diseases
- ↑ concerns AEs; need **more timely active surveillance & observational research**
- Gap > than just “new vaccine” for “new pathogens”
address issues: delivery systems, bottle necks in system, update older vaccines, immunization deserts esp migration popⁿ, hard to reach, zero dose popⁿ,
↑ attention to multicomponent vaccines
i.e systems and implementation research
- As science and evidence evolve – communications not always well done
need to ↑ science literacy, critical thinking: **education, behavioural & communication research**
- Address many factors in vaccine acceptance: ↑ **vaccine acceptance research**
- Lack public/policy recognition costs no/low immunization; ↑ **modelling, economic and policy research**
- Monitoring and evaluation gaps esp re ↑ data at country regional and global levels

- [Global vaccine action plan lessons learned I: Recommendations for the next decade.](#) MacDonald N, Mohsni E, Al-Mazrou Y, Kim Andrus J, Arora N, Elden S, Madrid MY, Martin R, Mahmoud Mustafa A, Rees H, Salisbury D, Zhao Q, Jones I, Steffen CA, Hombach J, O'Brien KL, Cravioto A. *Vaccine.* 2020;38(33):5364-5371
- [Global Vaccine Action Plan Lessons Learned II: Stakeholder Perspectives.](#) Hwang A, Veira C, Malvoti S, Cherian T, MacDonald N, Steffen C, Jones I, Hinman A, Mantel C. *Vaccine.* 2020;38(33):5372-5378
- [Global Vaccine Action Plan lessons learned III: Monitoring and evaluation/accountability framework.](#) Cherian T, Hwang A, Mantel C, Veira C, Malvoti S, MacDonald N, Steffen C, Jones I, Hinman A. *Vaccine.* 2020;38(33):5379-5383.
- [New immunization strategies: adapting to global challenges.](#) Mantel C, Cherian T. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz.* 2020;63(1):25-31.