

Global landscape analysis and literature review of 2nd Year of Life immunization platform

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Imran Mirza; Celina Hanson; R. Kezaala – UNICEF PD



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Scope of work

- Systematic review of published peer reviewed and grey literature, including measles 2nd dose post introduction evaluations (PIEs).
- Analysis of immunization Joint Reporting Form (JRF) data
- Analysis of Demographic and Health Surveys (DHS)
- Online survey - MoH, WHO, UNICEF country office.

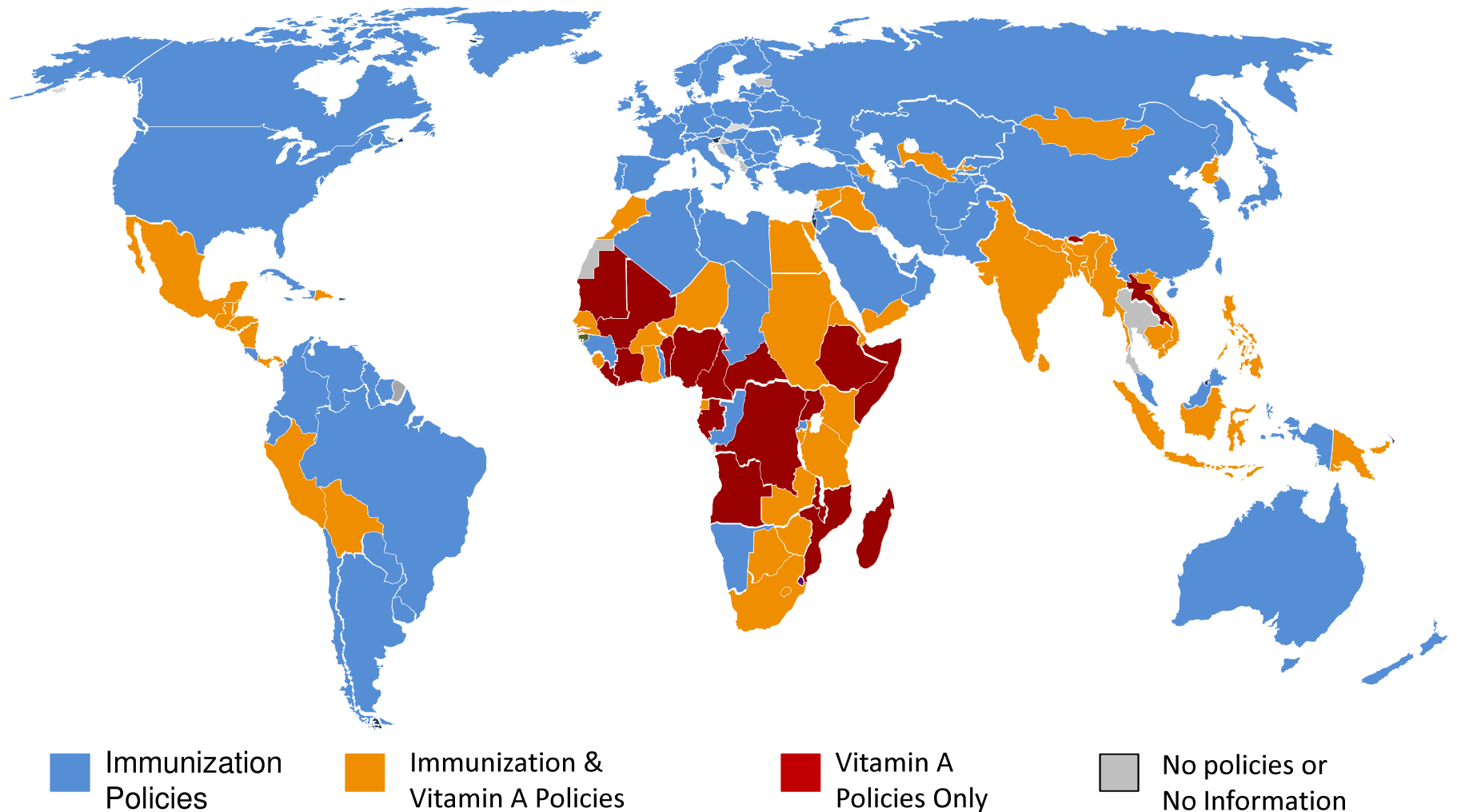
Immunization not just for infants



BCG	DPT					DPT				DPT
Hep-B			Measles				Measles			
OPV			Rubella			Hep-B				
		IPV	Yellow Fever	IPV						IPV
			Men-A							
		Hib		Hib						
		PCV								
	Rota	Rota								
			JE							
			Hep-A							

Source: WHO and CDC schedules

Policies: 191 Countries have services for children in their 2YL (both vaccination and Vitamin A)



Source: Literature search, JRF, online survey, MoHs websites

Number and percentage of countries recommending immunizations and Vit-A in 2YL

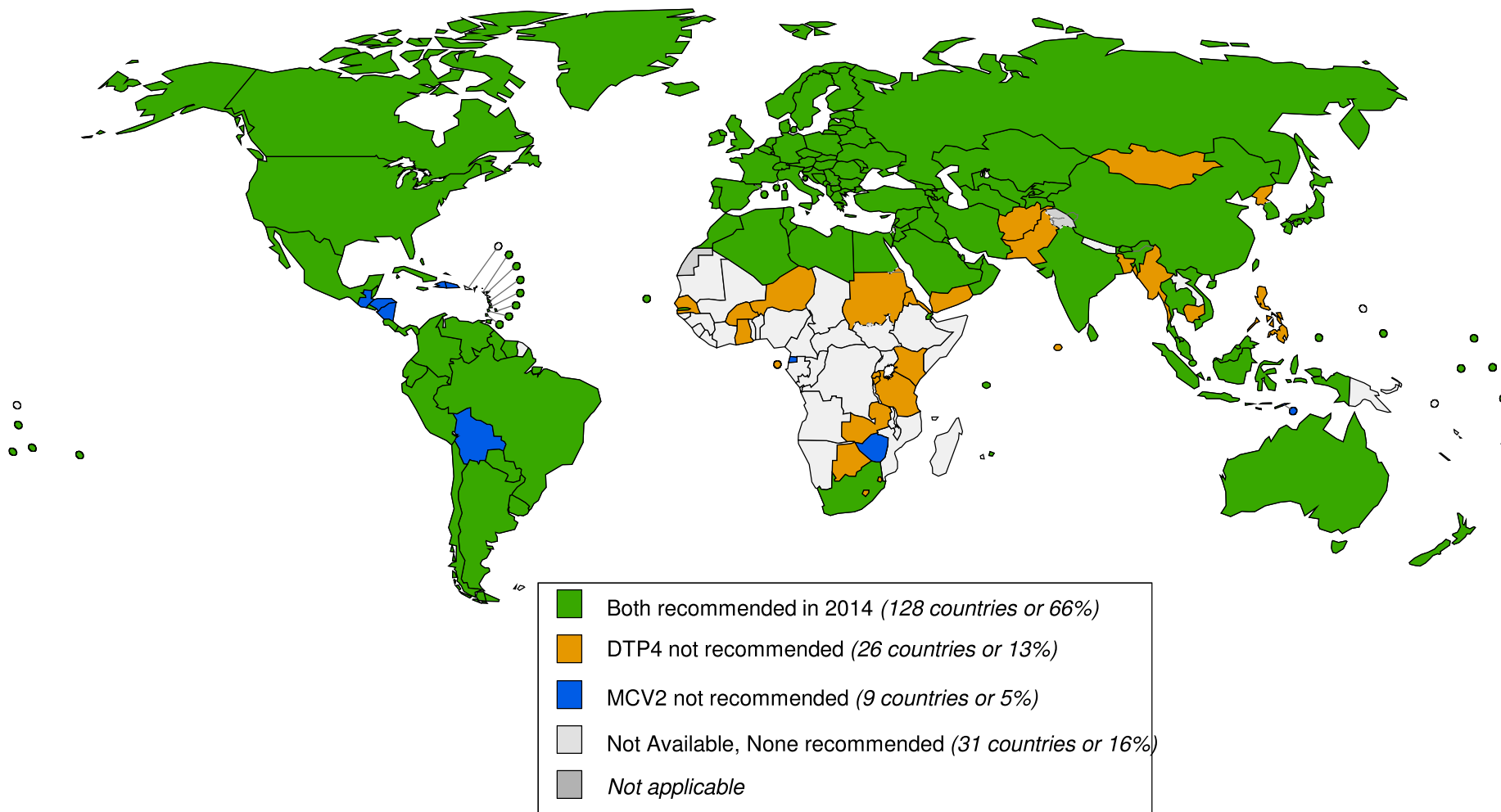
WHO region	No. of member states				
	Measles containing vaccine	DT-containing vaccine	Polio	PCV	Vit A
Total (worldwide)	147	125	110	75	82
African	24	19	15	7	41
Americas	27	33	31	19	10
Eastern Mediterranean	18	18	19	12	9
European	50	40	38	28	2
South-East Asia	6	3	2	1	10
Western Pacific	22	12	5	8	10

Source: WHO/IVB Database as of Dec 2014, EVERYTHING

Date of slide: 18 February 2016

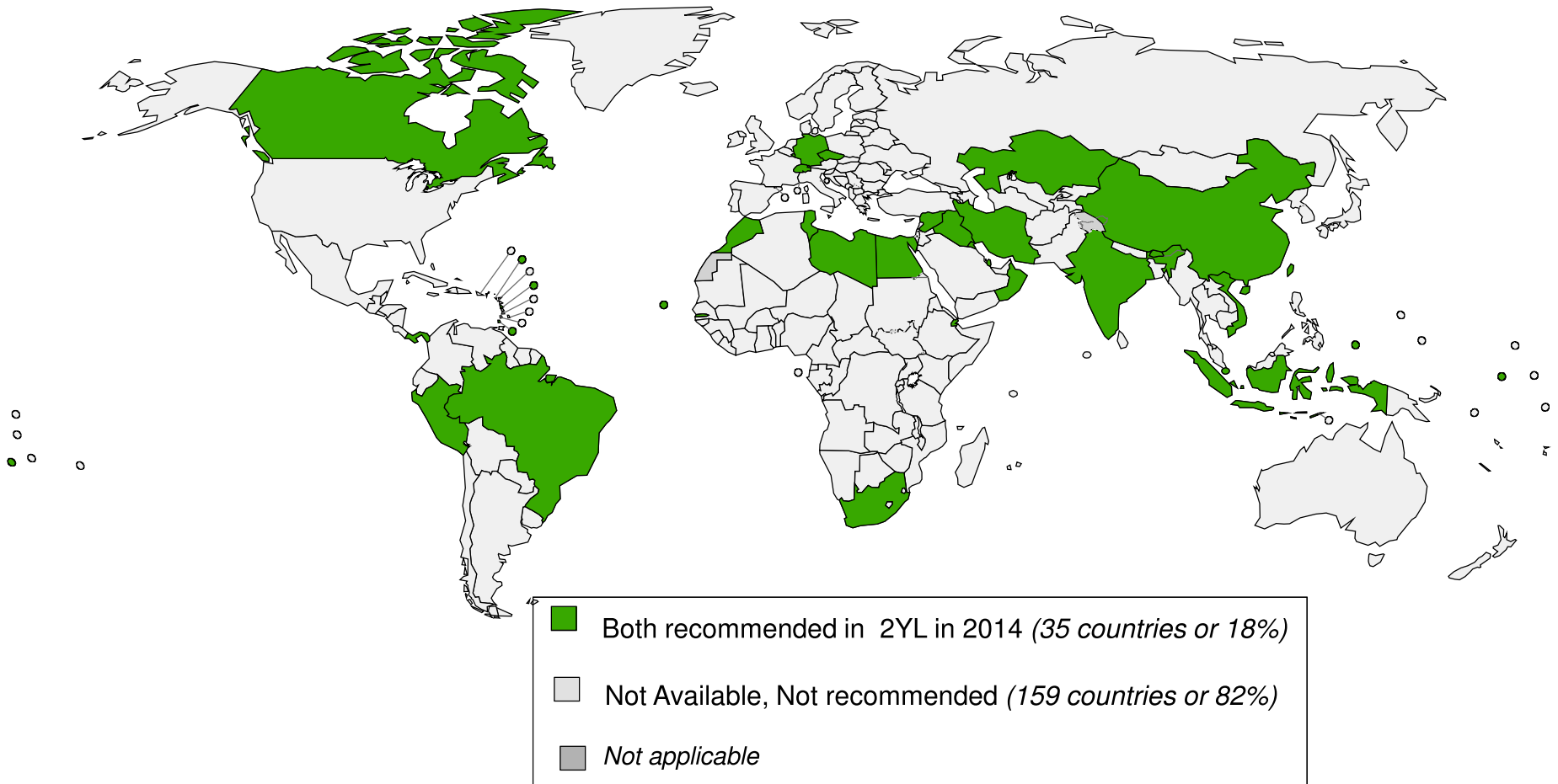
*2YL: 12-23 months

128 Countries recommending both MCV2 and DTaP4, 2014



Data source: WHO/IVB Database, as of 13 January 2016
Map production Immunization Vaccines and Biologicals (IVB),
World Health Organization

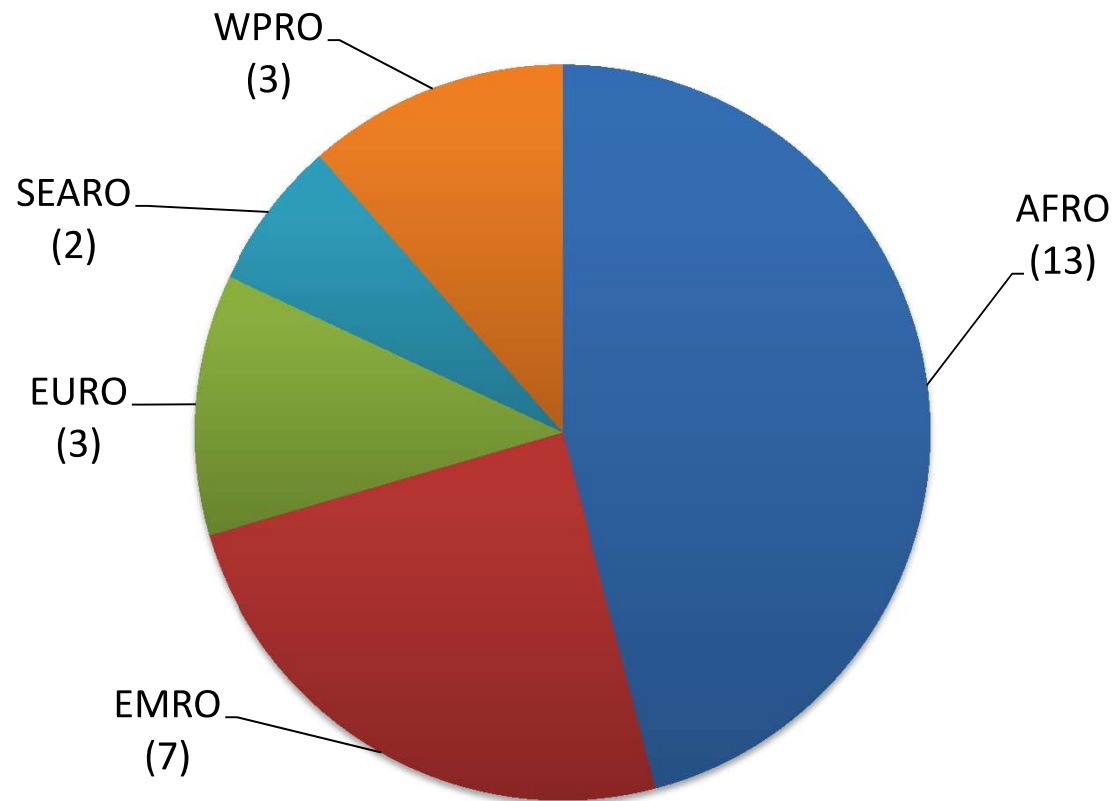
35 Countries recommending both DTPCV4 and MCV2 during 2YL, 2014



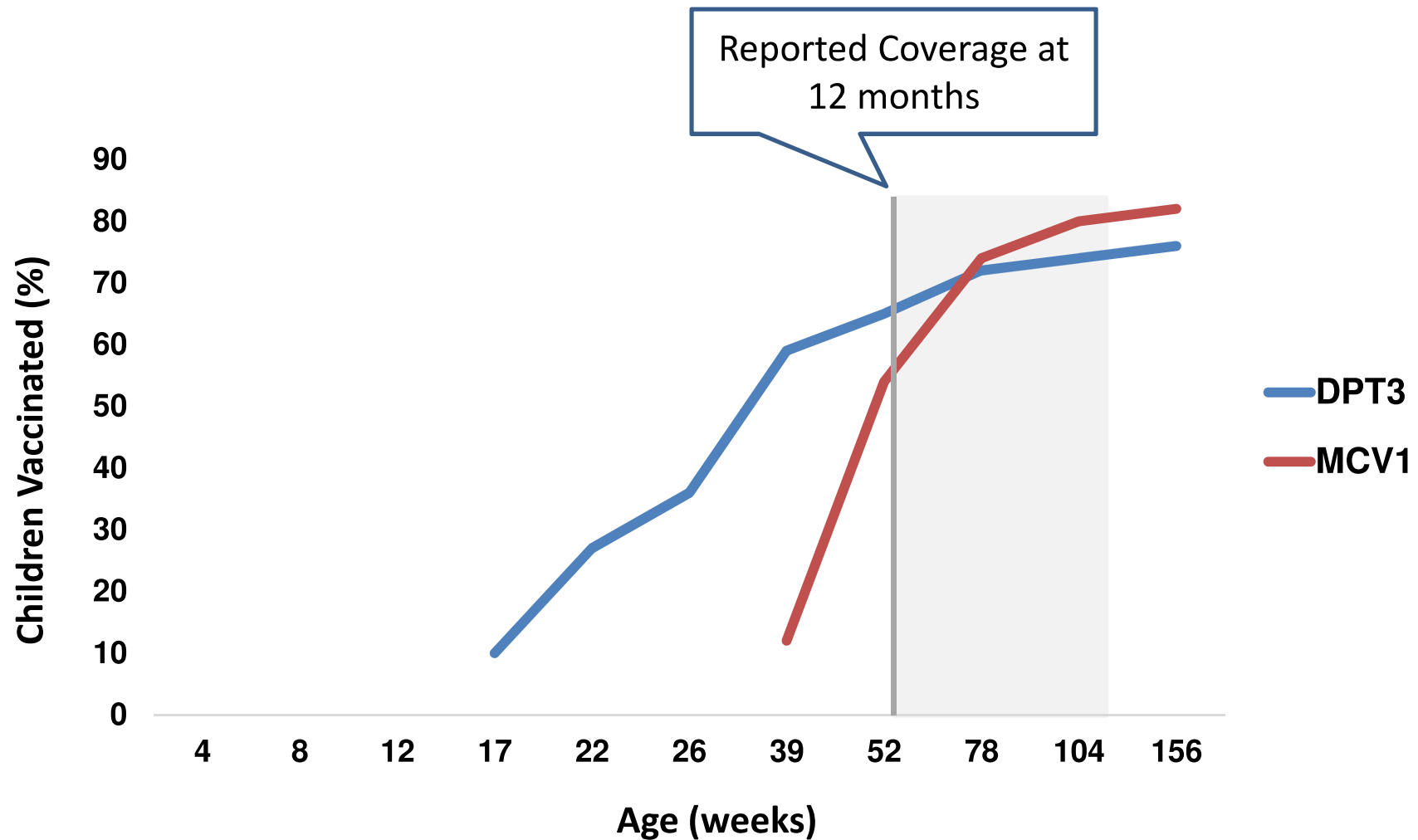
Data source: WHO/IVB Database, as of 13 January 2016
Map production Immunization Vaccines and Biologicals (IVB),
World Health Organization

Countries that would vaccinate a non-FIC if they come to a health facility between 12 – 23 months of age

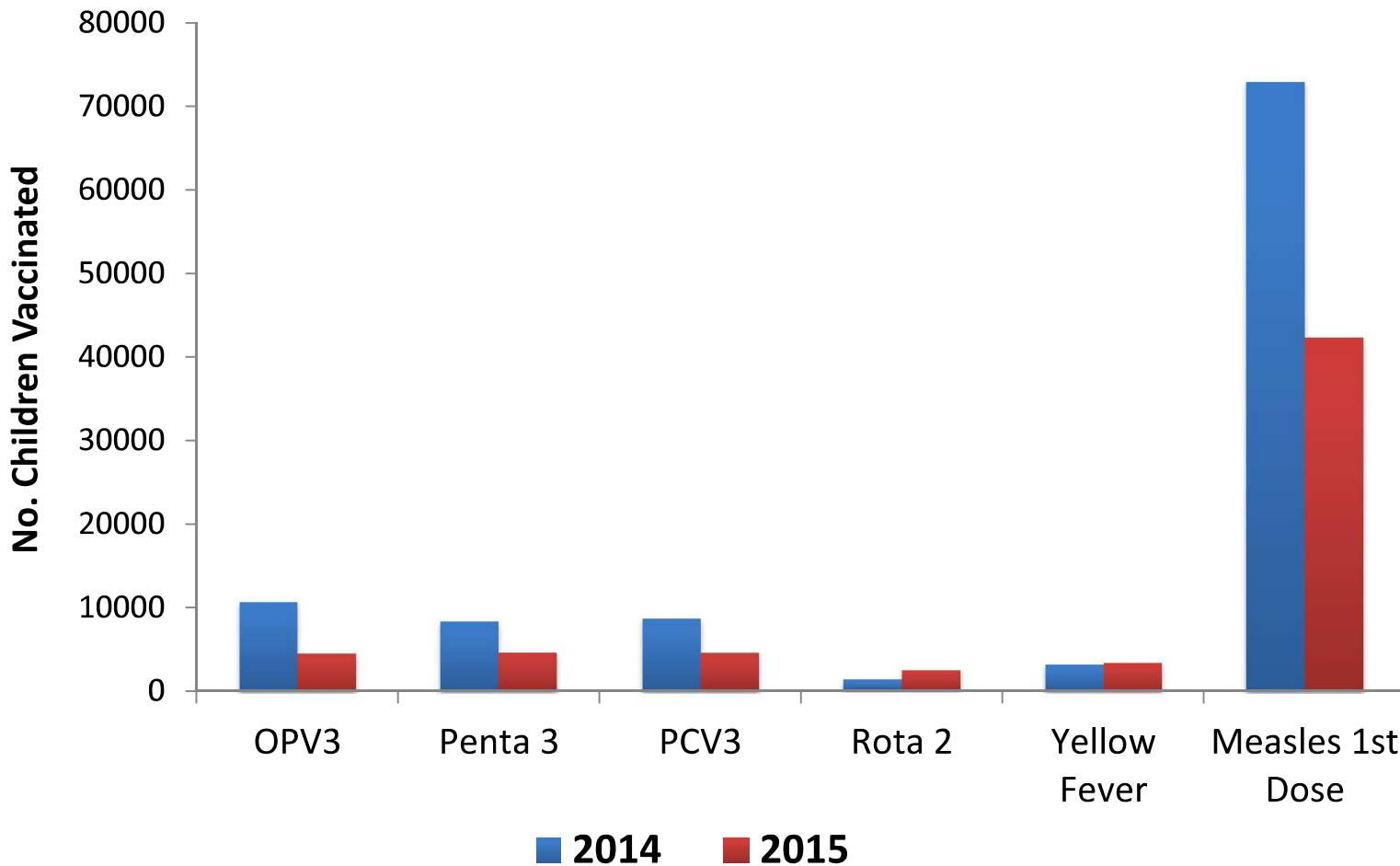
Online survey data from 46 countries



Catching-up: coverage rates across 45 low and middle income countries at different ages – DHS data



Number of non-FIC received missed doses during 2YL DHMS Kenya



* 2015 data is not complete

New vaccines: introduction and the 2YL

MenA WHO recommends

- 1 - dose schedule, at 9 – 18 months.
- Routine immunisation can be co-administered with yellow fever, measles and rubella vaccines.

Malaria vaccine (RTSS)
4th dose: 15-18 m ???

Unvaccinated children and MCV2 coverage - selected countries despite immunization policy among 12-23 mo

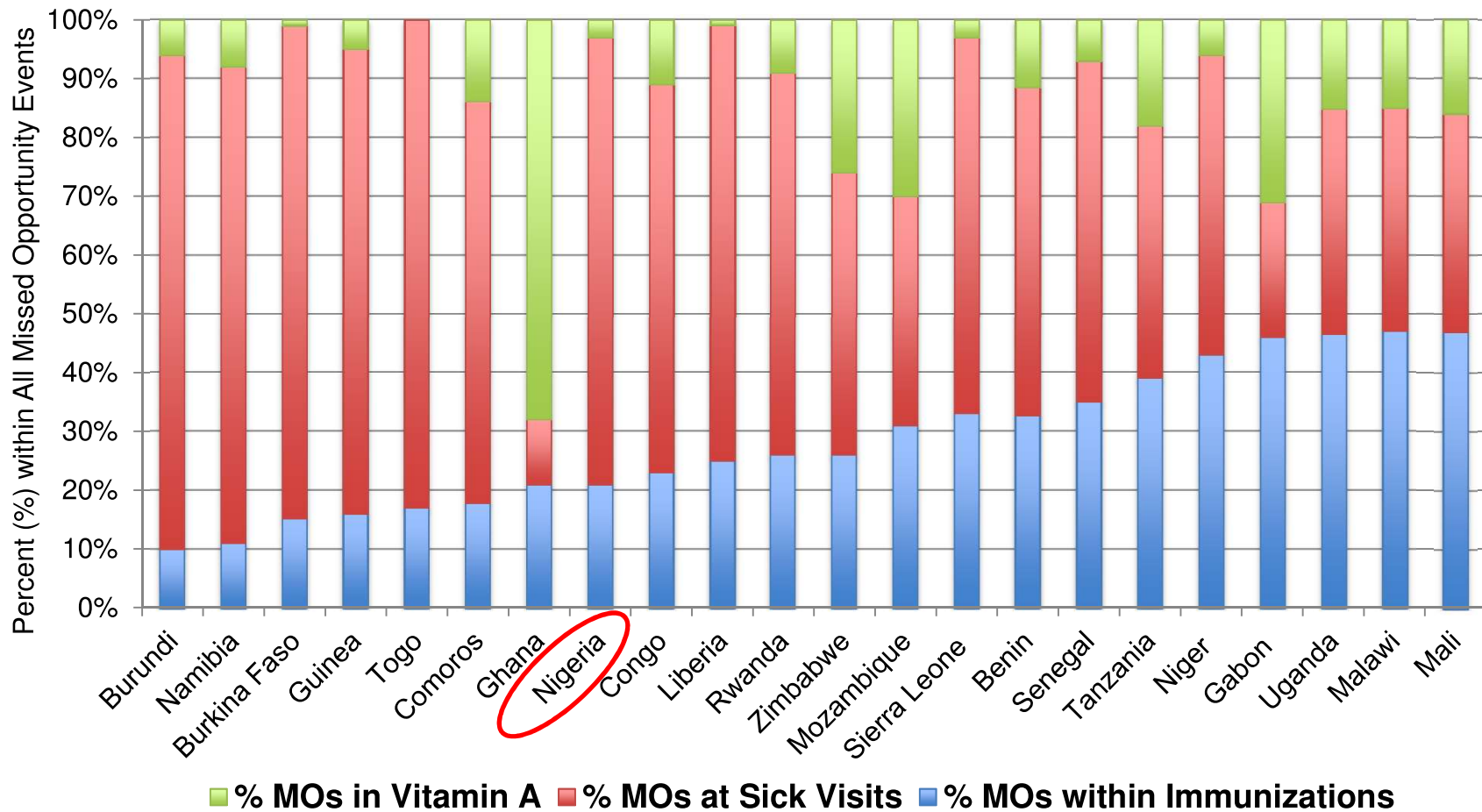
Country	% missing*	MCV2** %
Burkina Faso	11	17
Ghana	40	67
Mali	41	
Niger	36	

*mainly measles 1st dose

** MCV2 coverage in 2014

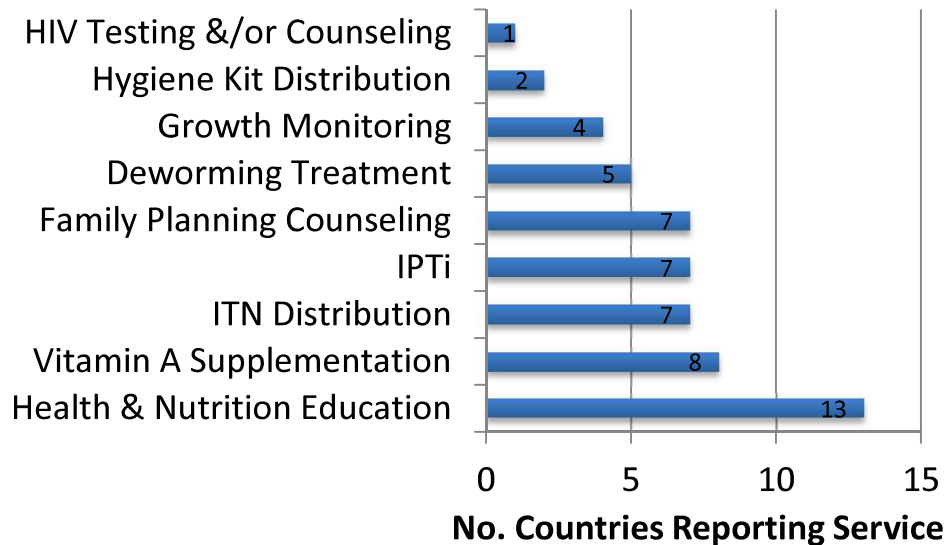
Info from cards only (DHS data)

Missed opportunities: non-FIC attending healthcare facilities during 2YL but not being vaccinated



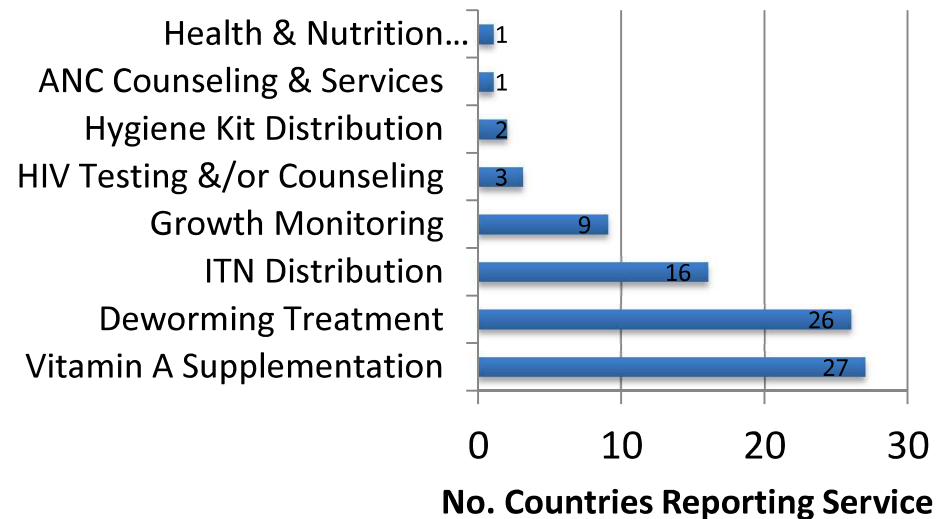
Source: DHS data, children with card

Integration: most common interventions integrated with immunization



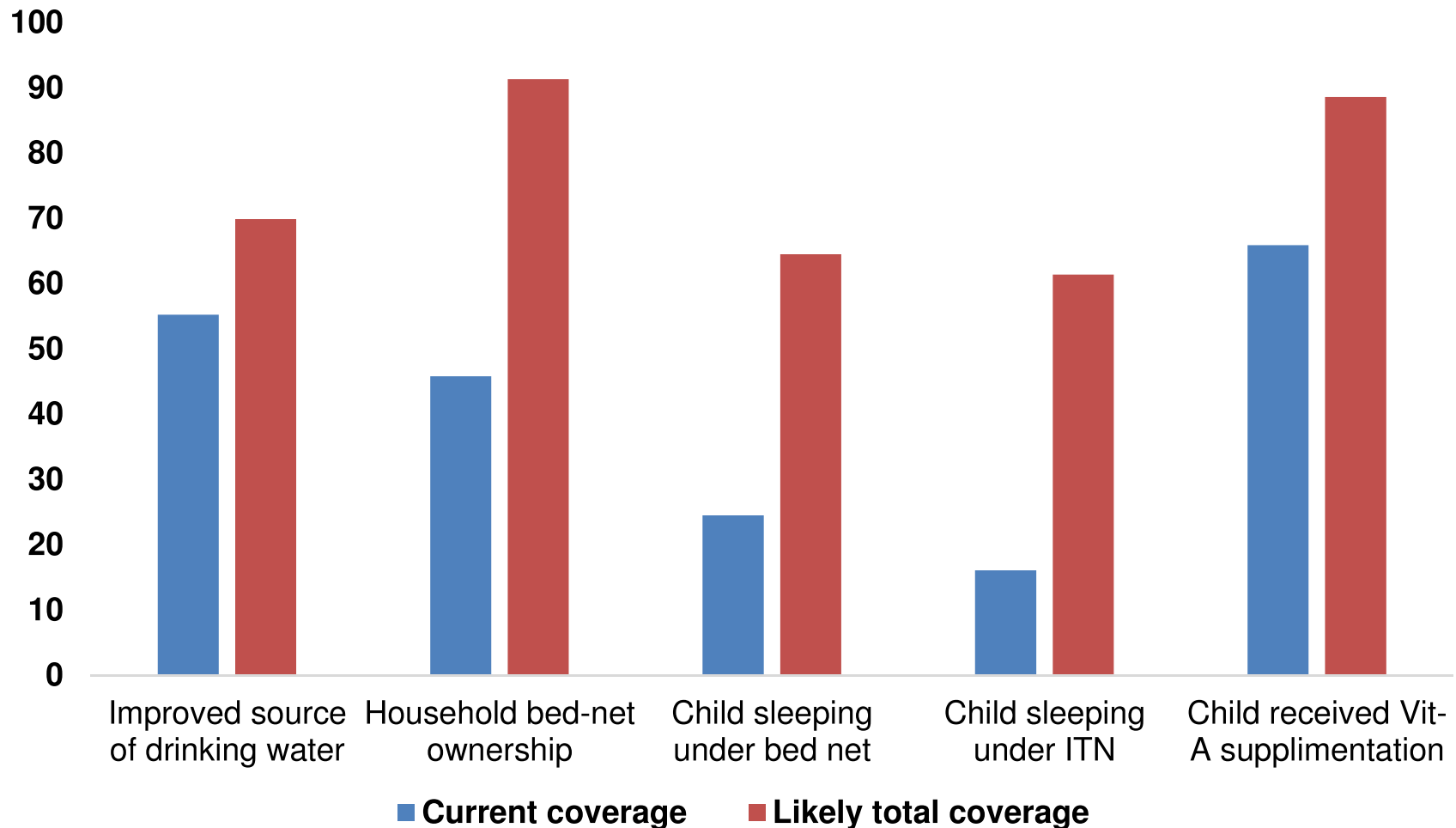
Integration with immunization campaigns

Integration with routine immunization services



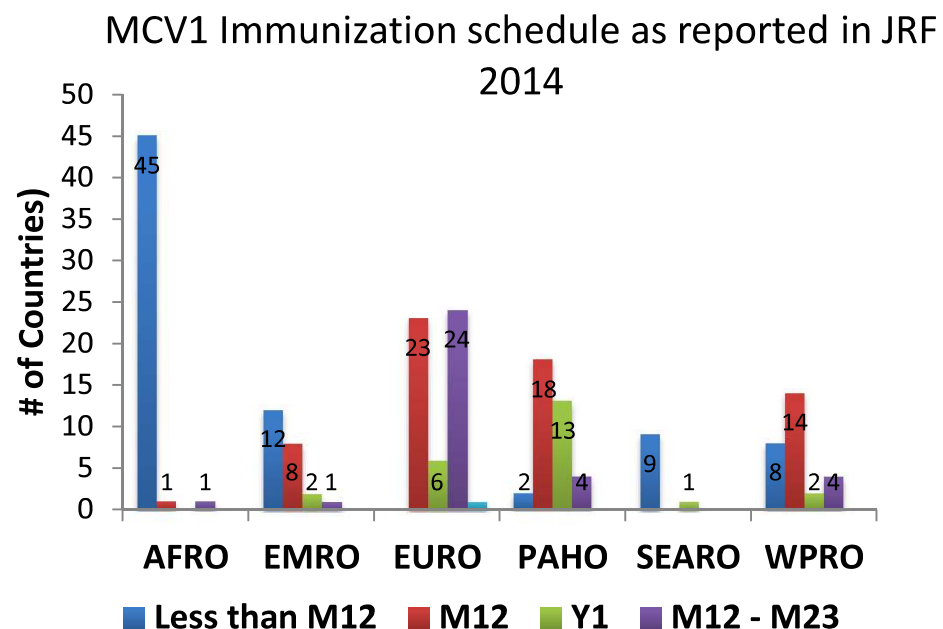
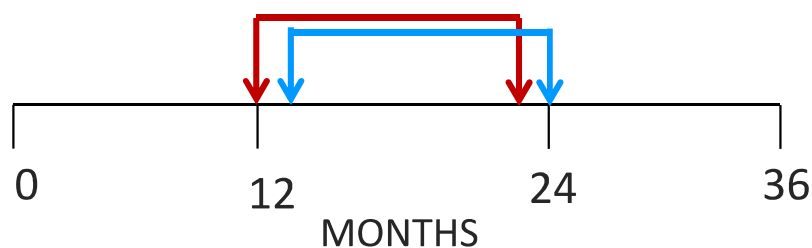
Source: Online survey

Likely interventions coverage among households with a child aged 12-23 months if integrated with routine immunization - 28 sub-Saharan African countries



Issues in establishing stronger 2YL platform - definition

- 12 - 23 months or 13 – 24 months of age?
- If a country reports vaccination at 12m, or 1yr, or 24m, what does that mean?



Issues in establishing stronger 2YL platform - others

- Policies vs implementation
- Definition of fully vaccinated child (FIC) shifting
- Monitoring and accountability
 - Should coverage for all vaccines be measured in 24-59 month olds in addition to 12-23 month olds?
- Poor recording/reporting for vaccinating in 2nd year of life
- Vaccines given in 2YL in EPI coverage survey, MICS, and DHS
- Linking with well-baby as well as sick visits and other non-immunization contacts

Thank you



Back up

Summary of exclusion process

Citations found through computer database searches of PubMed, CINAHL, EMBASE and Google Scholar (n= 2,652)

+

Citations found through other means (hand reference search, web search, etc.) (n= 463)

Total citations after all searches (n=3,115)

Duplicates removed (n=1,906)

Citations after duplicates removed (n=1,209)

Citations excluded based on relevancy (n=1,052)

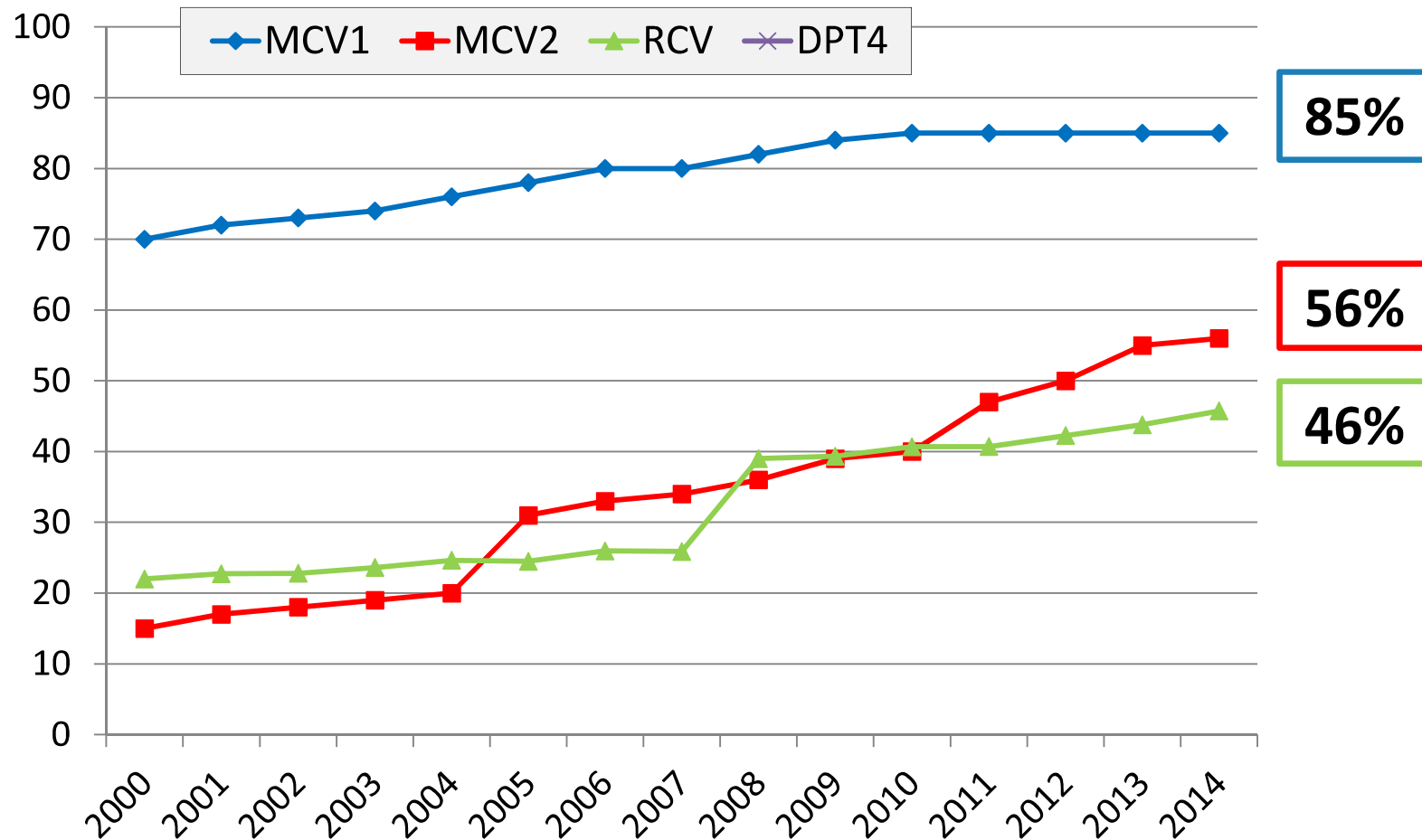
Full-text articles assessed for inclusion (n=157)

Relevant Articles (n=72)

first (1st) 1000 days of life	interventions
second (2 nd) year of life	health services
children	policy
immunization	expanding
vaccination	expanding coverage
age	increasing coverage
15 month old well-baby	missed
visit	opportunities
18 month old well-baby	timeliness

Significant gaps in routine coverage

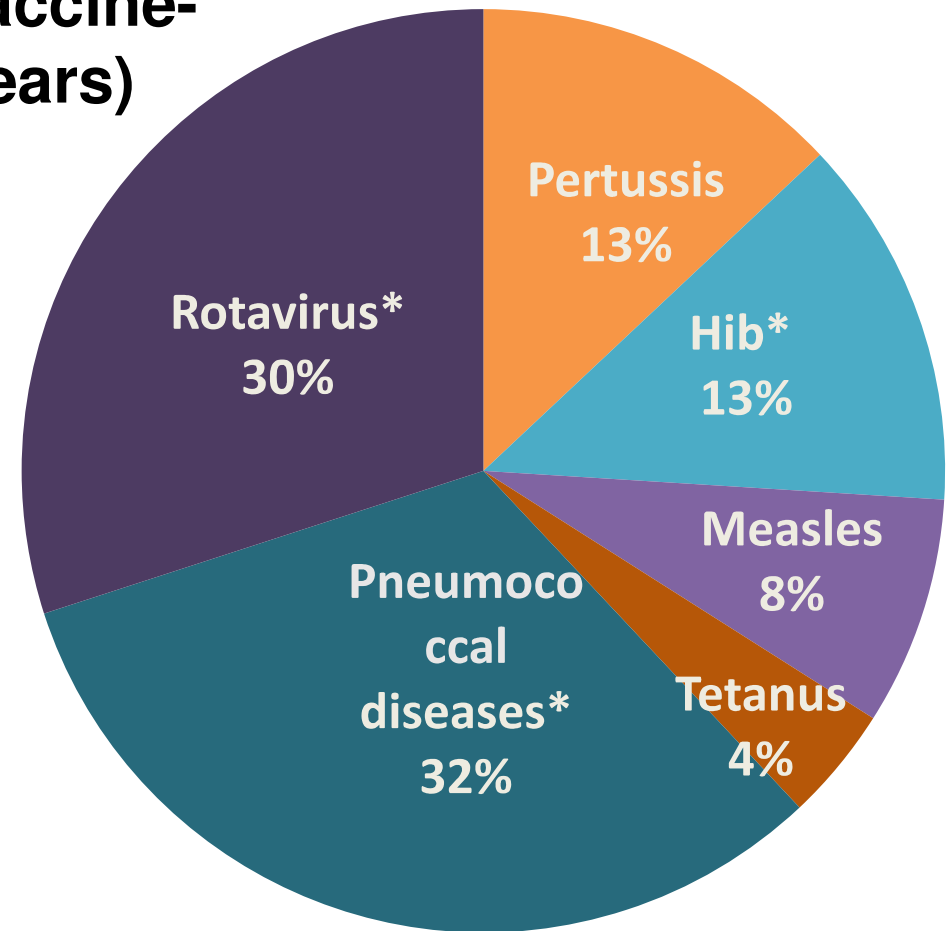
Global immunization coverage with MCV1, MCV2, RCV, 2000-2014



Source: WHO/UNICEF Joint Reporting Forms

Global Disease Burden of Vaccine-Preventable Deaths (< 5 years)

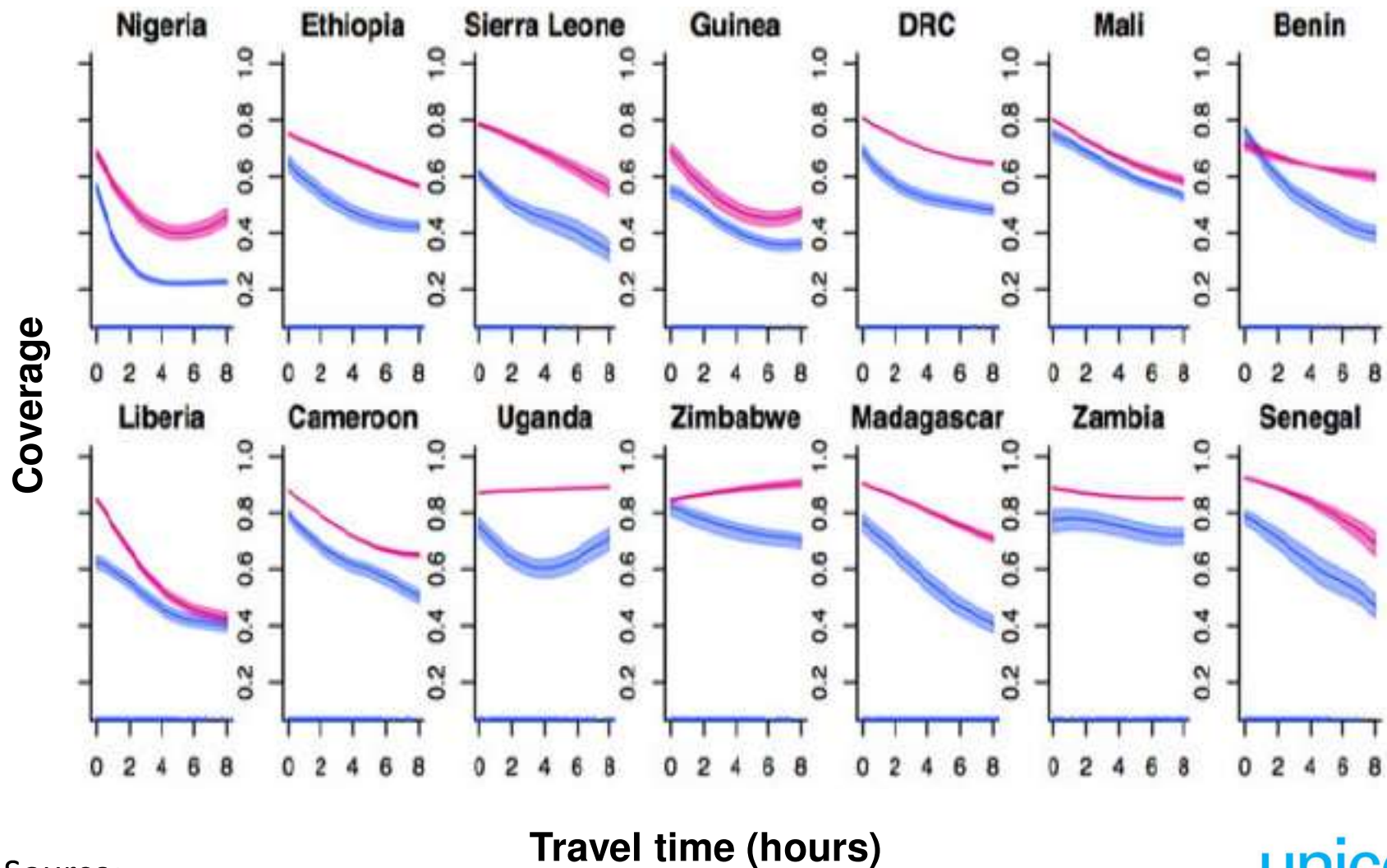
- 17% of global total mortality
- Estimated 1.5 million deaths in children preventable through *routine vaccination*



*WHO estimates

Source: Black RE et al. Global, regional, and national causes of child mortality in 2008: a systematic analysis. Lancet, 2010 Jun 5; 375(9730): 1969-87.

The effect of age and travel time on vaccination coverage

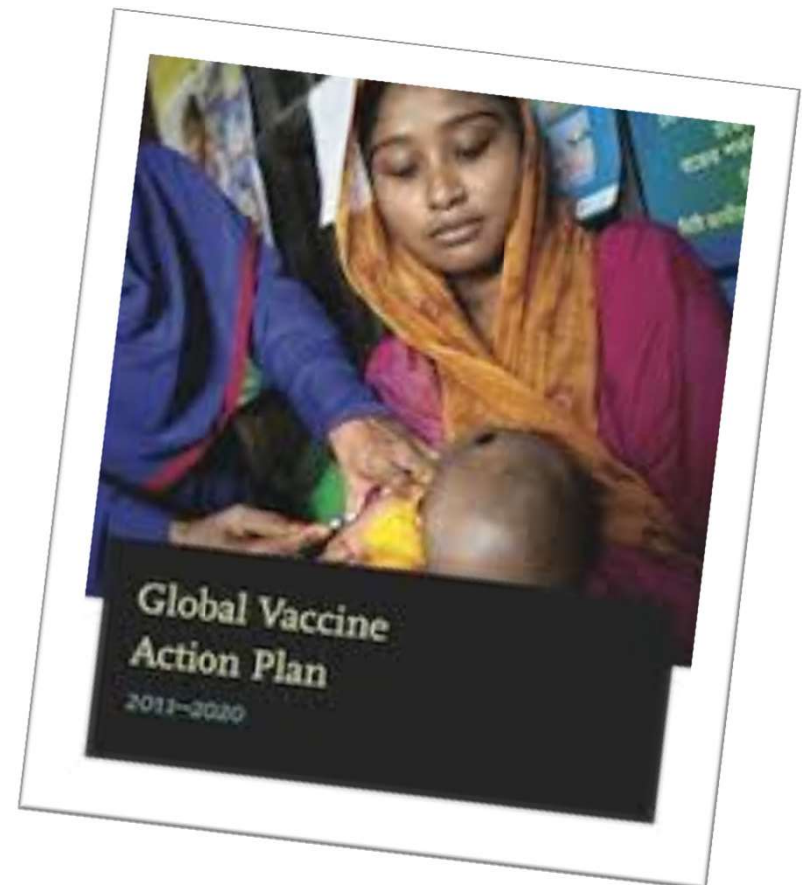


Source:

Integration: A guiding principle in the Global Vaccine Action Plan for the Decade of Vaccines

On integration, GVAP says:

“Strong immunization systems, as part of health systems and closely coordinated with other primary health care delivery programmes, are essential for achieving immunization goals.”



Global Evidence from Demographic and Health Surveys

- During 1985 – 2011 increase in measles and tetanus coverage alone were responsible for 3.7% fall in global U5 mortality. [McGover M E; Canning D. \(2015\)](#)
- If measles coverage could be raised a further 16 percentage points, this would equate to a roughly **3% reduction in mortality**, or an estimated reduction of 210,000 deaths. [Hill et al. \(2012\)](#)
- Major gains will be in Africa. [Bosch-Capblanch et al., \(2012\)](#)