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Immunization "plus": oral report
Background note

I. Issue

1. In recent years, routine immunization coverage has consistently benefited about three quarters of the world's children. The current strategies, using a mix of routine services and accelerated disease control programmes (for polio eradication, measles mortality reduction and maternal and neonatal tetanus elimination) have contributed significantly to child survival, averted an estimated 2.5 million deaths every year and prevented countless episodes of illness and disability.
2. Nonetheless, over 27 million children, who live mainly in disadvantaged rural and urban communities, are not reached by routine immunization services and significant variations in coverage exist between and within regions and countries. Unless this gap is closed, 2 million children under five years of age will continue to die annually from preventable diseases for which vaccines are available or will be available in the near future.
3. Vaccine security is fundamental to meeting immunization goals, requiring improved vaccine management and forecasting, stronger political will and greater advocacy to mobilize and secure adequate funding.

II. Action

4. By the end of 2003, 85 per cent of all UNICEF-assisted countries had developed a comprehensive national immunization plan of action, which sets national goals and strategies and guides programme priorities, that was approved by all partners.
5. At the country level, UNICEF supports Governments in achieving set targets and reaching the underserved populations, by focusing its interventions in the following programme areas:
 - (a) Immunization programme reviews to establish baseline data and map hard-to-reach children;

* E/ICEF/2005/1.

(b) Programme planning, including annual work plans, coverage improvement plans, district micro-plans, vaccine forecasting, service delivery strategies and links with other high-impact interventions;

(c) Operational costs for outreach activities and other service-delivery strategies;

(d) Improving and strengthening of cold chain systems, especially at the peripheral level;

(e) Community empowerment, with the ultimate goal of demand creation and higher up-take of routine immunization services;

(f) Programme monitoring, including collection of district-level data, vaccine supply and distribution, drop-out rates and supervisory systems;

(g) Emergency response, providing measles vaccine and vitamin A supplementation as a minimum.

6. UNICEF supports supplemental immunization activities (SIAs), which are successful in reaching inaccessible children and achieving specific goals for disease control or elimination. SIAs for polio and measles campaigns have provided the main vehicle for delivery of vitamin A supplements.

7. Increasingly, other high-impact and cost-effective health interventions for child survival and development are integrated with immunization, leading to strengthened health systems at district level. For example, the accelerated child survival and development project in West Africa has led to increased immunization coverage while at the same time scaling up and improving access to other child health interventions such as insecticide-treated bednets and de-worming tablets.

8. At national level, UNICEF uses the Interagency Coordination Committee mechanism to advocate for action by decision makers, institutions and local partners so that immunization services and other child survival interventions that contribute to the achievement of the Millennium Development Goals are planned, funded and monitored as integral part of such national frameworks as health sector-wide approaches, poverty reduction strategies and the wider United Nations Development Assistance Framework.

9. UNICEF has identified three basic components to enhance vaccine security and ensure the uninterrupted supply of affordable vaccines for developing countries. These include: (a) accurate forecasting of vaccine demand from countries; (b) assured long-term funding to cover vaccine purchases; and (c) contracting with vaccine manufacturers particularly for vaccines in short supply. In 2003, UNICEF procured and distributed 2.5 billion doses of vaccines and injection safety equipment worth \$348 million.

10. UNICEF is a leading partner in the Global Alliance for Vaccines and Immunization and the partnerships of various accelerated disease control programmes (for polio eradication, maternal and neonatal tetanus elimination and the Measles Partnership). This has enabled

UNICEF to lead global advocacy efforts, help leverage additional resources through new financing mechanism such as the International Development Association buy-down agreement, and contribute to sustaining the progress in coverage made to date.

11. In response to existing and anticipated challenges to immunization and the call for comprehensive policy guidance on vaccine-preventable disease and other linked interventions, WHO and UNICEF have drafted a 10-year plan (2006-2015), the Global Immunization Vision and Strategies.

III. Impact

12. Immunization and other linked interventions, such as malaria prevention/treatment and vitamin A supplementation are contributing significantly to achieving the Millennium Development Goal of reducing under-five mortality by one half by 2015.

13. In 2003, coverage rates for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) increased to 76 per cent in developing countries and 78 per cent worldwide. Routine immunization coverage for measles increased to 75 per cent. According to global estimates, almost 98 million children were immunized with DPT3 in 2003. Regional figures show that since 2000, sub-Saharan Africa and South Asia saw an increase in average coverage of more than five percentage points.

14. The number of developing countries estimated to have met the target of the UNICEF medium-term strategic plan of 80 per cent coverage for DPT3 in every district increased to 45 in 2003, compared to 42 in 2002. Eighty-nine countries have developed strategies for reaching hard-to reach groups with immunization.

15. The goal of reducing measles mortality by one half is on track. The Polio Eradication Initiative has made remarkable progress but faced setbacks in 2003 in Africa. Progress has been made towards elimination of maternal and neonatal tetanus, but despite increased commitment, limited funds have resulted in significant reduction of activities.

16. UNICEF vaccine forecasting has a high level of accuracy, with actual purchases across 90 countries reaching well above 80 per cent of what had been forecast. In addition, UNICEF Supply Division has guaranteed 40 per cent (in dollar terms) of vaccine purchases for the period 2004-2006.

17. However, immunization “plus” can contribute much more to child survival and development, e.g., elimination of Vitamin A deficiency, reduction of malaria, child growth monitoring and birth registration.