Global Immunizations & UNICEF’s Role

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UNICEF Vaccine Industry Consultation
Copenhagen
5 October 2017
Outline

✓ Status & directions of global immunizations
✓ UNICEF roles & priorities
✓ Challenges
✓ Opportunities
✓ Conclusions
Progress in Polio Eradication

1988
>350,000 cases in 125 countries

37 Cases so far in 2016
11 Cases so far in 2017
Results

Major impact on children’s lives and the global economy since 1988

- **2.5 billion** children immunised worldwide since 2000
- **Today, there are less than 80 cases a year**
  - In 1988, there were 80 cases every 2 hours
- **15 million** people walking today that would be paralysed otherwise
- **27 billion** in savings to date, plus US$17 billion nutrition-related benefits

< 1988

- Polio-endemic countries

> 2015
Polio anywhere is a threat to children everywhere

failure could lead to **200,000 yearly cases** within 10 years
### Measles

#### Major Achievements since 2000

**Measles incidence down by 75%**
36 per million, 2015

**Measles deaths down by 79%**

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Countries Achieving &lt;5/million</th>
<th>Measles Incidence (per million persons)</th>
<th>Estimated number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>36%</td>
<td>700,000</td>
<td>160,000</td>
</tr>
<tr>
<td>2001</td>
<td>50%</td>
<td>600,000</td>
<td>140,000</td>
</tr>
<tr>
<td>2002</td>
<td>30%</td>
<td>500,000</td>
<td>120,000</td>
</tr>
<tr>
<td>2003</td>
<td>20%</td>
<td>400,000</td>
<td>100,000</td>
</tr>
<tr>
<td>2004</td>
<td>15%</td>
<td>300,000</td>
<td>80,000</td>
</tr>
<tr>
<td>2005</td>
<td>10%</td>
<td>250,000</td>
<td>60,000</td>
</tr>
<tr>
<td>2006</td>
<td>5%</td>
<td>200,000</td>
<td>40,000</td>
</tr>
<tr>
<td>2007</td>
<td>3%</td>
<td>150,000</td>
<td>20,000</td>
</tr>
<tr>
<td>2008</td>
<td>2%</td>
<td>120,000</td>
<td>10,000</td>
</tr>
<tr>
<td>2009</td>
<td>1%</td>
<td>90,000</td>
<td>5,000</td>
</tr>
<tr>
<td>2010</td>
<td>0%</td>
<td>60,000</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>0%</td>
<td>40,000</td>
<td>0</td>
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<tr>
<td>2012</td>
<td>0%</td>
<td>20,000</td>
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<tr>
<td>2013</td>
<td>0%</td>
<td>10,000</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>0%</td>
<td>5,000</td>
<td>0</td>
</tr>
<tr>
<td>2015</td>
<td>0%</td>
<td>2,500</td>
<td>0</td>
</tr>
</tbody>
</table>

- **Year**: The year for which the data is being referred to.
- **% of Countries Achieving <5/million**: The percentage of countries achieving the measles incidence goal.
- **Measles Incidence (per million persons)**: The estimated number of measles cases per million persons.
- **Estimated number of deaths**: The estimated number of deaths from measles.
Stagnant measles coverage

- 20 million infants missed measles vaccination in 2015
- Six countries account for over half of all unvaccinated infants and 75% of estimated measles deaths
- Coordinated strategic approach needed to build health infrastructure

Number of infants (in millions) who missed MCV1 in 2015

- India, 3.23
- Nigeria, 3.05
- Pakistan, 0.67
- Indonesia, 1.52
- Ethiopia, 1.98
- DR Congo, 0.63
- Angola, 0.46
- Philippines, 0.41
- Kenya, 0.37
- Iraq, 0.52
- Rest of the world, 7.96
86% of the world’s children received the required 3 doses of diphtheria-tetanus-pertussis containing vaccines (DTP3) in 2016, a coverage level that has remained stable at about 85% since 2010. As a result, 19.5 million children did not receive routine life-saving vaccinations. This falls short of global immunization targets. In 2012, all 194 WHO Member States endorsed the Global Vaccine Action Plan (GVAP) and committed to ensuring no one misses out on vital immunizations, with a target of achieving 90% DTP3 vaccination coverage in all countries by 2015.
The recently released vaccination coverage estimates also suggest that about 1 in 10 infants worldwide do not have access to vaccination, not having received even the first DTP-containing vaccine dose (DTP1). Most of the children that remain un-immunized are the same ones missed by health systems.
Slow progress in fragile countries (DTP3 coverage)

Countries with fragile health systems have showed slow progress since 2000, or have experienced large drops in coverage as a result of conflict.

Out of the 11 countries that were prioritized by the WHO emergency programme, only the Democratic Republic of the Congo and Ethiopia have made significant progress since the decade of vaccine started.
PCV introduction into routine programs

- 26 have not introduced as of yet (nor have any plans); including China, Egypt, Jordan, Somalia, South Sudan, Syria, Ukraine
- Some countries like Philippines have partially introduced; India in 2017

Data source: WHO/IVB Database, as of 05 September 2016
UNICEF

ROLES, PRIORITIES & EXPERIENCE
Global Vaccine Action Plan

GOALS

1. Achieve a world free of poliomyelitis

2. Meet global and regional elimination targets

3. Meet vaccination coverage targets in every region, country and community

4. Develop and introduce new and improved vaccines and technologies

5. Exceed the Millennium Development Goal 4 target for reducing child mortality
**UNICEF major areas of work in support of GVAP**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Areas of work for UNICEF in immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Achieve a world free of poliomyelitis</td>
<td>Polio eradication and MNT elimination</td>
</tr>
<tr>
<td>2. Meet global and regional elimination targets</td>
<td>Coverage with equity – tactics for reaching marginalized communities</td>
</tr>
<tr>
<td>3. Meet vaccination coverage targets in every region, country and community</td>
<td>Accelerated disease control (Measles, Rubella, Meningitis, YF)</td>
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<tr>
<td>4. Develop and introduce new and improved vaccines and technologies</td>
<td>Communication for immunization</td>
</tr>
<tr>
<td>5. Exceed the Millennium Development Goal 4 target for reducing child mortality</td>
<td>Immunization supply chain management</td>
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<tr>
<td></td>
<td>Immunization system strengthening and finance</td>
</tr>
<tr>
<td></td>
<td>Procurement and supply management</td>
</tr>
<tr>
<td></td>
<td>Data for immunization (e.g. JRF, WUENIC, home based records,...)</td>
</tr>
<tr>
<td></td>
<td>And other Divisions (e.g. Communication, Partnerships, Emergencies,...)</td>
</tr>
</tbody>
</table>

- **Supply Division**
- **Program Division**
- **Other Divisions**
Use immunization/polio as the tracer for child equity.

UNICEF will position immunization/polio as an entry point for integrated delivery of child survival interventions.

Adopt its modus operandi to contribute to health systems strengthening, including:

- integrated delivery and supply chain systems
- the immunization frontline workforce
- national capacity for social and behavioral change communication

UNICEF will strengthen its emphasis on immunizations for mothers and adolescents.

Address emerging challenges like urban unvaccinated, climate change, etc.
**Vision**
A world where no child dies from a preventable cause and all children reach their full potential in health and well-being.

**Impact**
All children and women benefit fully from their right to immunization, prioritizing those most disadvantaged.

**Approaches**
Advocate for the realization of the rights to full immunization for all children and hold stakeholders accountable.

- Strengthen health and community systems with the focus on disadvantaged communities.
- Position immunization as a driver for equitable delivery of integrated multi-sectoral interventions to improve child health outcomes.

### Contexts

<table>
<thead>
<tr>
<th>FRAGILE STATES</th>
<th>EMERGENCIES</th>
<th>LOW CAPACITY</th>
<th>MEDIUM CAPACITY</th>
<th>HIGH CAPACITY</th>
</tr>
</thead>
</table>

### Outcomes

- Global and national policies are based on evidence and address the immunization needs of the most disadvantaged and under-served populations.
- National systems are positioned to provide immunization services and quality vaccines.
- Communities value and demand their right to immunization services.

### Approaches

1. Evidence-based policies promote immunization outcomes in an effective and efficient manner.
2. Global and national immunization programmes accelerate equity improvements for the disadvantaged.
3. Sustainable financing for immunization programmes is achieved.
4. Countries have access to uninterrupted, sustainable, affordable supply of quality vaccines and immunization related supplies in the context of long-term healthy markets.
5. Effective and efficient supply chain systems are in place for all children and women to receive potent vaccines.
6. Children, adolescents and women access and use immunization services.
7. Frontline workers (FLW) enabled to link immunization services with community demand.
8. Interventions to promote and sustain public demand for quality immunization services are designed and implemented.

### Population Platforms

- **CHILDREN**
- **ADOLESCENTS**
- **MATERNAL**
Challenges

✓ Complacency
✓ Equity gaps – Geographic; Rural/Urban
✓ Maintaining & enhancing immunization systems
✓ Retaining & utilizing polio assets
✓ Financing for immunization – both domestic and donor funds
✓ Demand side challenges
✓ Risk of overloading the platform
OPPORTUNITIES

✓ New vaccines
✓ New manufacturers
✓ New technologies – Harnessed to address supply and demand bottlenecks
✓ Polio legacy
✓ Universal Health Coverage
✓ Economic development
✓ Partnerships
Conclusions

✓ UNICEF supports a comprehensive approach across policy, supply, demand and quality.

✓ Important to build on substantial successes of the Global Polio Eradication Initiative
  ✓ Leverage partnerships
  ✓ Government leadership & accountability for results
  ✓ Reaching the unreached

✓ Immunization programmes cannot be taken for granted – it needs nurturing and support

✓ Critical to position immunization as a key component of a broader package of child health services.
THANK YOU

EQUALITY

EQUITY