UNICEF Vaccine Industry Consultation

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Copenhagen, Denmark
OUTLINE

1. IA2030 Overview
2. Progress and key challenges
3. Strengthening industry engagement
IA2030 OVERVIEW
IA2030 CO-DEVELOPMENT & PARTNERSHIP

2019-2020
Co-development of the Strategy and Vision across partners

WHA 73 – August 2020
Member States endorse IA2030

2020-2021
Implementation planning, design of architecture

WHA 74 – May 2021
Member States endorse IA2030 Framework for Action

2021-2022
Activating operational levels and providing first global report

WHA 75 – May 2022
Member States receive first global report for IA2030

2022-2023
Intensification of immunization recovery: catch-up, restore and strengthen

World Immunization Week – April 2023
Launch of IA2030 “The Big Catch-up” communications push
2023 IMMUNIZATION INTENSIFICATION
3-PRONG APPROACH:

1. **Catch-up missed children**
   Reach children who missed vaccination during 2020-2022, some of which was due to the pandemic (this includes the 2019 zero-dose and under-immunized children as part of the accumulated susceptible cohort).

2. **Restore immunization programmes**
   Restore vaccination coverage in 2023 back to at least 2019 coverage levels.

3. **Strengthen immunization programmes**
   Strengthen immunization systems within Primary Health Care, to improve program resilience & resume the trajectory of the IA2030 goals & targets.

Link to plan: https://www.who.int/publications/i/item/9789240075511
## RECAP: IA2030 GOALS AND TARGETS

### Impact Goals

1. **Prevent disease**

2. **Promote equity**

3. **Build strong immunization programmes**

### Targets

<table>
<thead>
<tr>
<th></th>
<th>1.1</th>
<th>50mn future deaths averted globally</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1.2</td>
<td>All countries achieve endorsed VPD control, elimination and eradication targets</td>
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<tr>
<td></td>
<td>1.3</td>
<td>All selected VPDs have a declining trend in the number of large or disruptive outbreaks</td>
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<tr>
<td></td>
<td>2.1</td>
<td>50% reduction in the number of zero-dose children</td>
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<td></td>
<td>2.2</td>
<td>500 vaccine introductions in low- and middle-income countries</td>
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<tr>
<td></td>
<td>3.1</td>
<td>90% global coverage for DTP3, MCV2, PCV3 and HPVc</td>
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<tr>
<td></td>
<td>3.2</td>
<td>Improve Universal Health Coverage</td>
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IA2030 STRATEGIC FRAMEWORK

7 Strategic Priorities

informed by

4 Core Principles

for action

Strategic Priorities

Core Principles

People Centred

Country Owned

Partnership Based

Data Guided
IA2030 GLOBAL PARTNERSHIP ARCHITECTURE

Leadership
- World Health Assembly
- IA2030 Partnership Council

Consultative Engagement
- Independent Technical Review
  - RITAG
  - SAGE
  - NITAG
- Country Immunization Programs
- Country & Regional O&A
- IA2030 Working Groups
  - Consultative Engagement
    - (countries, regions, CSOs, partners)

Coordination
- IA2030 Coordination Group
<table>
<thead>
<tr>
<th>IAPC Members</th>
<th>Organisation/Position</th>
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<tbody>
<tr>
<td>1 Omar Abdi</td>
<td>UNICEF</td>
</tr>
<tr>
<td>2 Bruce Aylward</td>
<td>WHO</td>
</tr>
<tr>
<td>3 David Marlow</td>
<td>Gavi, The Vaccine Alliance</td>
</tr>
<tr>
<td>4 Vio Mitchell</td>
<td>Bill &amp; Melinda Gates Foundation</td>
</tr>
<tr>
<td>5 Juan Pablo Uribe</td>
<td>World Bank</td>
</tr>
<tr>
<td>6 Kayla Laserson</td>
<td>CDC</td>
</tr>
<tr>
<td>7 Lee (B. Fenton) Hall</td>
<td>NIAID/NIH</td>
</tr>
<tr>
<td>8 Xavier Castellanos</td>
<td>The International Federation of Red Cross and Red Crescent Societies (IFRC)</td>
</tr>
<tr>
<td>9 Endie Waziri</td>
<td>Chair of the Gavi CSO Steering Committee (Interim representative)</td>
</tr>
<tr>
<td>10 Etleva Kadilli</td>
<td>UNICEF Director for West and Central Africa</td>
</tr>
<tr>
<td>11 Poonam Khetrapal Singh</td>
<td>WHO Regional Director for South-East Asia</td>
</tr>
<tr>
<td>12 Ahmed Al Mandhari</td>
<td>WHO Regional Director for the Eastern Mediterranean</td>
</tr>
<tr>
<td>13 Isabel de la Mata</td>
<td>European Commission (EC)</td>
</tr>
<tr>
<td>14 Jean Kaseya</td>
<td>Africa CDC</td>
</tr>
<tr>
<td>15 Ayesha Raza Farooq</td>
<td>-</td>
</tr>
<tr>
<td>16 Kate Gilmore</td>
<td>-</td>
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<tr>
<td>17 Eleanor Nwadinobi</td>
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PROGRESS AND KEY CHALLENGES
1.1 NUMBER OF FUTURE DEATHS AVERTED THROUGH IMMUNIZATION

Figure: Estimated future deaths averted by vaccination against 14 pathogens in a given year broken down by WHO region. The global target is to avert approximately 50 million future deaths by 2030.

### 1.2 NUMBER AND PERCENT OF COUNTRIES ACHIEVING ENDORSED REGIONAL OR GLOBAL VPD CONTROL, ELIMINATION, AND ERADICATION TARGETS

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Eradication</th>
<th>Elimination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WPV</td>
<td>Measles</td>
</tr>
<tr>
<td>AFR</td>
<td>47 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>AMR</td>
<td>35 (100%)</td>
<td>33 (94%)</td>
</tr>
<tr>
<td>EMR</td>
<td>19 (90%)</td>
<td>4 (19%)</td>
</tr>
<tr>
<td>EUR</td>
<td>53 (100%)</td>
<td>35 (66%)</td>
</tr>
<tr>
<td>SEAR</td>
<td>11 (100%)</td>
<td>5 (45%)</td>
</tr>
<tr>
<td>WPR</td>
<td>27 (100%)</td>
<td>6 (22%)</td>
</tr>
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</table>

**Regional target status**
- Achieved
- Not achieved
- Pending endorsement

*Figure. Count and percentage of countries by WHO region that have achieved eradication or elimination of selected vaccine-preventable diseases in 2022. For measles and rubella, information relates to 2021 data reviewed in 2022 (AMR, EMR, EUR, WPR) or 2022 data reviewed in 2023 (AFR, SEAR).*

1.3 THE NUMBER OF LARGE AND DISRUPTIVE MEASLES OUTBREAKS HAS MORE THAN DOUBLED SINCE MONITORING STARTED IN 2020

IA2030 Impact Goal 1.3 – Tracking: Large or Disruptive Outbreaks (12 months) to March 2023

Notes: Based on data received 2023-08 and covering the period between 2022-04 and 2023-03. Incidence: Number of cases / 1M population. Population Data: World population prospects, 2019 revision. A high proportion of clinical cases indicates a high level of uncertainty associated with the incidence rates and the inclusion of countries in this list.

Large and disruptive outbreaks are defined as an incidence >= 20 reported cases per million pop. over a 12-month period. Definitions vary by country based in local context. The definition used here does not replace national definitions, but rather compliments and support global progress tracking. See appendix #2 for supporting data tables.
MCV coverage is not improving sufficiently post-pandemic

Comparison of Measles coverage rebound relative to DTP from the July 2023 WUENIC Report

While DTP coverage rose to within 1% of pre-pandemic levels and zero-dose children fell by nearly 6 million, Measles did not see a commensurate increase, with coverage remaining -3% off the pre-pandemic peak, and that peak was too low to prevent the measles epidemics seen in 2019.
Decreasing coverage in **Low Income Countries (LIC)** continues to expand immunity gaps.
This is not business as usual

- RI strengthening is vital but improvement pace not sufficient to stop immunity gaps, leaving the risk of measles outbreaks

- The Big Catch-up provides resource mobilization opportunities to urgently fill immunity gaps through campaigns and accelerated routine activities.

- Timely, high and equitable coverage campaigns remain the best tool to ensure rapid progress towards measles and rubella (MR) elimination. This means:

  - Timely and predictable campaigns
  - Reaching correct age range leveraging epidemiology and immunity profiles
  - Achieving high and equitable coverage
2.1 NUMBER OF ZERO-DOSE CHILDREN

- Post pandemic recovery in number of zero-dose children varies by region
- While the number of zero-dose children fell in all regions apart from the African Region
- Recovery from the 2020 and 2021 backsliding is needed to reach the objectives of the IA2030

India, Indonesia and Myanmar experienced a robust recovery from the pandemic disruptions, accounting for an outsized share of the global recovery in the number of zero-dose children.

Countries in which increases (N=28) or decreases (N=42) of <50K zero dose children occurred, are summed and grouped respectively on the plot.

Not shown on this plot are 105 countries with no change in the estimate of zero dose children.
2.2 INTRODUCTION OF NEW OR UNDER-UTILIZED VACCINES IN LOW- AND MIDDLE-INCOME COUNTRIES

• The pace of new and underused vaccine introductions is increasing.
• 2021: largest number of intros, but primarily Covid-19 vaccine.
• 47 introductions of other vaccines in 2022:
  • 17 countries introduced a second dose of Inactivated Polio Vaccine,
  • 9 introduced Human Papilloma Virus vaccine,
  • 6 introduced a second dose of Measles,
  • 3 introduced Pneumococcal Conjugate Vaccine,
  • 2 introduced Rotavirus Vaccine.
• 2030 target is 500, currently 237 (47% of target)

### 3: BUILD STRONG IMMUNIZATION PROGRAMMES

#### 3.1 Vaccination coverage across the life-course

**90% coverage** of full course for selected vaccines

#### 3.2 UHC Index of Service Coverage

Universal Health Coverage **increase** in all countries, regions, and globally

HPV program performance has recovered, and coverage has exceeded pre-pandemic levels because of new introductions.

Programme recovery plus new introductions contribute strongly to the increased number of girls reached in 2022.

HPV programme performance the 106 countries that had an existing HPV program, returned in 2022 to pre-pandemic coverage levels.

In addition, new introductions have led to coverage exceeding that seen in 2019.
1. Promising signs of recovery but uneven across countries and vaccines.

2. Global averages mask the lack of progress where vulnerable, high-risk communities remain unreached, largely in low income and fragile and conflict settings.

3. Serious lapses in measles coverage, with large immunity gaps causing large and disruptive outbreaks in an increasing number of countries.

4. Regions that have made sustained improvements in immunization coverage pre-pandemic, have also shown the greatest resilience following it.

5. Looking ahead the focus must be both on long term, systemic and catch-up campaigns.
1. **Catch up and strengthening:** Intensify efforts to reach children missed during the pandemic years and strengthen national immunization programmes.

2. **Promoting equity:** Catch-up and strengthening activities to specifically benefit communities that are currently most left out.

3. **Regaining control of measles:** Enhance measles outbreak responses and intensify prevention.

4. **Making the case for investment:** Advocacy at national, regional and global levels for increased investment in immunization, through PHC and as part of systems for health.

5. **Accelerate new vaccine introductions:** Promote implementation of WHO-recommended vaccines where they have yet to be introduced.

6. **Advance vaccination in adolescence:** Accelerate introduction of HPV vaccination and increase coverage where it has already been introduced.
1. Reorient the IA2030 operational model towards a greater focus on empowering regions and countries to implement their WHA commitment to immunization goals, including:

   • Regional platforms increasingly capacitated and resourced
   • Streamlining the Working Group architecture
   • Review the role and membership of the IA2030 Partnership Council (IAPC)

2. Leverage communication and advocacy opportunities to build on WHA country endorsement at country level

3. Build on the promising range of consultative engagement mechanisms to strengthen dialogue, especially at country level
STRENGTHENING INDUSTRY ENGAGEMENT IN IA2030
Building on existing IA2030 architecture:

- WG membership/leadership (e.g. SP6 Supply Security, SP7 Research and Innovation)?
- Periodic engagement with WG Leads through one of the monthly coordination calls?

Discussion:

- what platforms (besides VIC) might be leveraged for stronger engagement?
- Existing industry structures that could serve as a 'constituency' on IA2030 bodies such as IAPC or Coordination Group?
THANK YOU
Country Level Situation
## Key Health System Challenges for Immunization in Countries

<table>
<thead>
<tr>
<th>Political Commitment/Will</th>
<th>Resourcing for Immunization</th>
<th>Verticalization</th>
<th>Infrastructure and Technology</th>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suboptimal political commitment to strengthen immunization</td>
<td>Insufficient Govt allocation/Sustainable financing for immunization programs - major challenge in LMICs</td>
<td>Siloed approach as a program. Limited involvement of non-state actors, non-implementing teams at various levels e.g. media, humanitarian teams, social anthropologists, community influencers etc</td>
<td>Inadequate infrastructure for delivery of immunization programs – cold chain capacity, solarization</td>
<td>Poor reach to communities, marginalized, hard to reach and displaced populations</td>
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<tr>
<td></td>
<td>Limited clarity on resource gaps, duplication of activities by partners</td>
<td></td>
<td>Inadequate investments in technology for immunization and health</td>
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<tr>
<td></td>
<td>Inability to fund traditional vaccines pose a bigger threat to sustainability (especially on transition)</td>
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<td></td>
<td></td>
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<tr>
<td>Competing priorities e.g. disease outbreaks, conflicts, insecurity, political instability</td>
<td></td>
<td></td>
<td></td>
<td>Inadequate investments in technology for immunization and health</td>
</tr>
</tbody>
</table>
## Status of financing of traditional vaccines - Fragile & conflict

<table>
<thead>
<tr>
<th>Country</th>
<th>Government financed</th>
<th>Donor financed (fully or partially)</th>
</tr>
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<tbody>
<tr>
<td>Afghanistan</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Somalia</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>South Sudan</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>CAR</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Chad</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Niger</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Syria</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Papua NG</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Sudan</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Yemen</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Haiti</td>
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<td>x</td>
</tr>
</tbody>
</table>

- Traditional vaccines mainly procured **using support from donors**
- Government funds traditional vaccines - not matching need,
- Late release of funds leading to vaccine stock-outs/low stocks
- Unpredictable fund flows (released amounts deviating from the approved budgets)
- Economic and political turmoil has affected paying/prioritization of traditional vaccines in countries previously paying
- Countries prioritizing co-financing for New and Underutilized (i.e., Gavi supported) while but delayed/no pay for traditional vaccines

Source: UNICEF Country Offices, 2023
Reducing Barriers to Access
Support countries develop and integrate pro-gender approaches in national policies (e.g. NIS) and donor funded programmes (Gavi FPPs).

Tailored, country-specific response focused on catch-up, restoration and strengthening of immunization programmes, determining balance between short and long term measures.

Reaching Every Child strategy – microplans with communities to determine the number and location of zero dose/defaulters, advocacy, SBCC.

Leverage outbreak responses to integrate other antigens.

Strengthen Life course approach to Immunization.

**INDONESIA**

Working with women faith leaders to reach women in community settings supported vaccination of 55k+ children in Sumenep.

Global tools and guidance for improving demand integrating gender.
Addressing local needs to improve demand for quality immunization and PHC services

- Strengthen coordination mechanisms for promoting vaccine uptake and trust in vaccines and health services
- Collect and analyse local data on behavioural + social drivers (BeSD, CRA, HCD rapid enquiry, formative research), social listening and rumor tracking
- Use human-centred design and behavioural insights to co-create simple local and gender-responsive solutions and strategies with communities
- Identify and engage influencers and CBOs in zero-dose communities to leverage local knowledge and relationships for social mobilization
- Multi-media engagement using traditional and social media to expand the reach of immunization messages
- Front-line workers capacity for interpersonal communication to build trust in vaccination and PHC, particularly among marginalized groups

**PAKISTAN**

- Earned trust changes minds about polio vaccines

Integrating service delivery and hiring local workers enabled workers to build longer-term, trusting relationships with communities – opening the possibility for conversations around vaccination. This has contributed to a 72% decline in polio vaccine refusals.
**Improve availability of potent vaccines at service delivery points**

**Effective Vaccine Management:** Assessing and improving immunization supply chain performance.

**Coordination:** Strengthening National Logistics WGs, for coordination & performance management at all system levels.

**Cold Chain Equipment Management:** To ensure availability and potency at the last mile.

**Thrive360:** Integrating and analyzing data to improve transparency of system performance at all levels.

**‘Smart’ Health Facilities:** Including solar electrification to increase resilience in fragile and remote settings.

**Last mile vaccine delivery:** To bring vaccines to every child.

**THrive 360 + Data Control Towers:**
- Improves visibility for monitoring, anticipating, and resolving stock issues with over 6,500 subnational stores now reporting, supporting a 23% decrease in district level stockouts from March 2022 to July 2023.

- **Improved availability of potent vaccines at service delivery points.**

**Drive:**
- Innovative business models to scale last mile delivery solutions, increasing commodity availability and reducing time spent by HWs on logistics. Pilot in 6 countries, prioritizing communities with higher number of zero dose.

**Vaccine Industry Consultation 2023**
THANK YOU