

A CRITICAL MOMENT TO SUSTAIN SUPPORT FOR IMMUNIZATION



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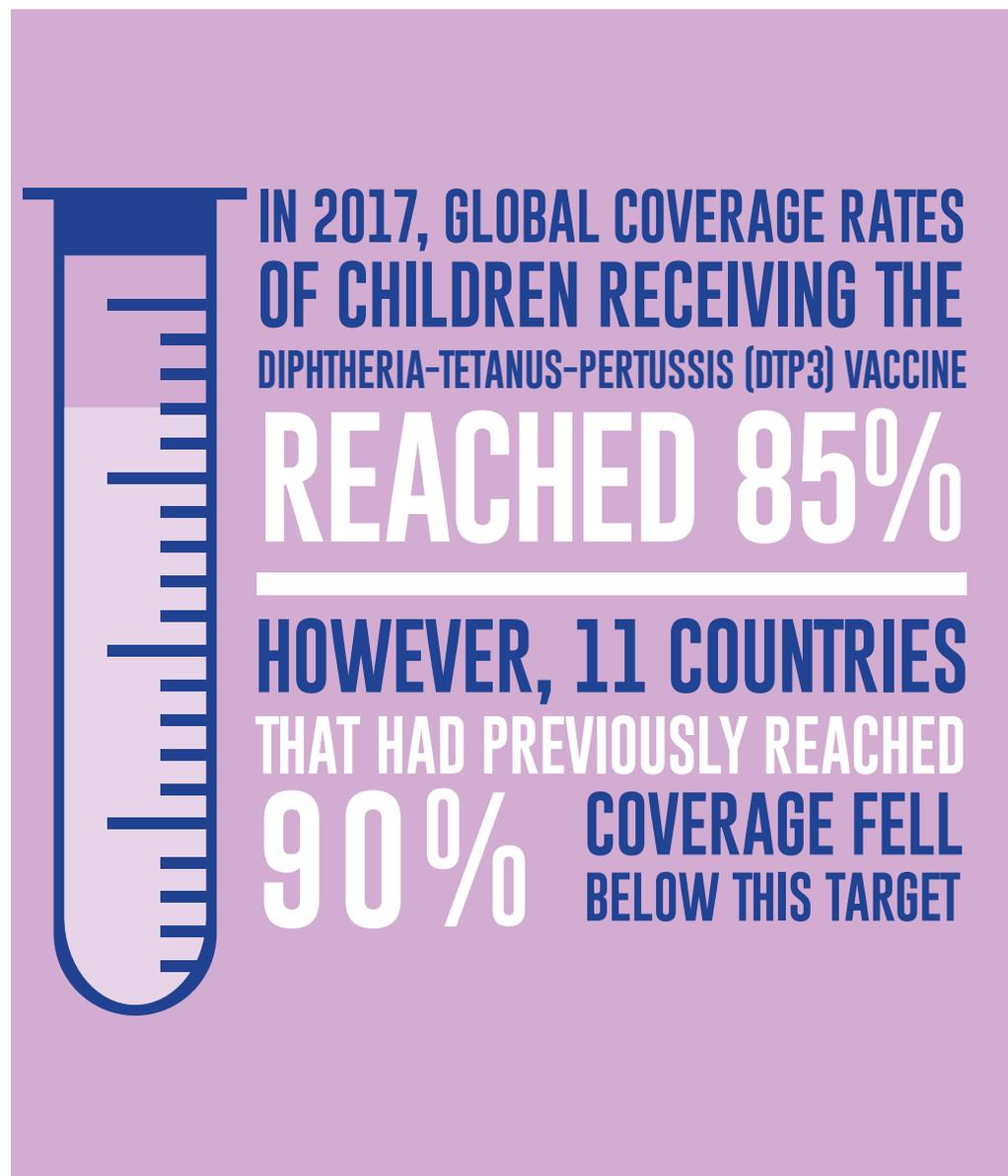
“INVESTING IN IMMUNIZATION AS PART OF A WELL-FUNCTIONING HEALTH SYSTEM IS ESSENTIAL FOR A WELL-FUNCTIONING ECONOMY, COMPETITIVENESS, POLITICAL AND SOCIAL STABILITY”

A CRITICAL MOMENT TO SUSTAIN SUPPORT FOR IMMUNIZATION

Over the past two decades, the expansion of immunization against vaccine-preventable diseases like measles and polio has been one of humanity's great achievements.

Just 20 years ago, millions of people around the world were suffering – and dying – from these diseases. As we entered the new millennium, the world made significant gains in coverage for immunization programs, especially in lower/middle-income and middle-income countries. Spurred on by a deep focus on child survival through the Millennium Development Goals (MDGs), countries and development partners began to prioritize expanding routine immunization and supplementary immunization campaigns. In fact, the pace of global progress in reducing child mortality was twice as fast during the MDG period than during the 1990s, and the largest gains were from a reduction in vaccine preventable diseases, especially measles, pneumonia and rotavirus¹.

“ OVERALL, THE WORLD HEALTH ORGANIZATION ESTIMATES THAT VACCINES SAVE AS MANY AS 3 MILLION LIVES A YEAR ”



Source: [UNICEF](#)

Such progress has in part been powered by new forms of global partnership, including the creation of [Gavi, the Vaccine Alliance](#) and the Measles & Rubella Initiative.

These initiatives and others have supported countries with resources and technical support as they work towards the ambitious goals set out in the 2010 declaration of the Decade of Vaccines and the World Health Organization's [2012 Global Vaccine Action Plan \(GVAP\)](#).

At the country level, innovations in immunization programming and resource management have led to dramatic increases in coverage for polio, measles, pneumococcal disease, rotavirus and other diseases. More children than ever are being immunized worldwide. Global coverage rates of children receiving three doses of the diphtheria-tetanus-pertussis (DTP3) vaccine, a marker of basic immunization coverage, reached 85 percent in 2017, according to UNICEF². In addition, the World Health Organization (WHO) reports childhood mortality has dropped to historic lows, down 56 percent since 1990. Overall, the WHO estimates that vaccines save as many as 3 million lives a year³.

For many countries in Asia, the Americas and across the African continent, immunization is now firmly on the national agenda and a core part of health policy.

Through strong national investment in immunization programs, countries in the Americas were the first to eliminate smallpox and wild polio virus⁴. Across the African region, government spending on immunization has increased 130 percent since 2010⁵. Ethiopia is just one example of success: since the launch of its expanded program on immunization with a focus on "reaching every district," it increased DTP3 coverage from 52 percent to 87 percent (between 2003 and 2014)⁶.

"Alongside this, a range of bilateral and multilateral partners, including Gavi, UNICEF, the U.S. Centers for Disease Control and Prevention, the Bill & Melinda Gates Foundation, the WHO, the World Bank and donor governments, have supported countries not only through financing but also through technical assistance for procurement reform, building surveillance capacity, data innovation, and other solutions aimed at helping countries strengthen their immunization systems. Today, immunization has emerged as a cornerstone of strong health systems.

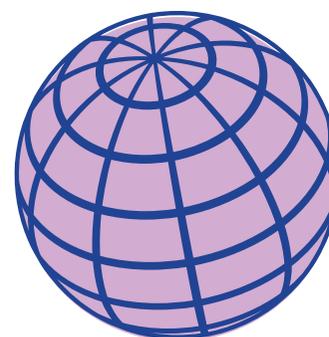
“ WHILE WE SHOULD CELEBRATE THESE SIGNIFICANT GAINS, THERE IS NO ROOM FOR COMPLACENCY. ”

In 2017, 11 countries that had previously reached 90 percent diphtheria-tetanus-pertussis vaccine coverage fell below this target – a worrisome sign of backsliding – and nearly 20 million children were under-vaccinated⁷.

Most of the world's under-immunized children live in fragile contexts, including areas that face ongoing humanitarian disaster, conflict, refugee flows and poor health infrastructure, so they are unable to access basic health services.

Many also face cultural, social, financial, and logistical barriers to immunization.

As we tackle these challenges, we have an unprecedented opportunity through the global consensus forged by the Sustainable Development Goals (SDGs) to provide immunization to all. The goals provide an opportunity to support comprehensive immunization efforts that will help reduce preventable maternal and child deaths, combat a range of communicable (and non-communicable) diseases, advance Universal Health Coverage and strengthen health systems to benefit individuals during all phases of life. If we succeed, 1.5 million people could be saved every year through better immunization coverage⁷.



VACCINES SAVE
3 MILLION LIVES
EACH YEAR. A FURTHER
1.5 MILLION
COULD BE PROTECTED THROUGH BETTER
IMMUNIZATION COVERAGE

Source: [WHO, UNICEF](#)

TOWARDS UNIVERSAL HEALTH COVERAGE

As countries seek to achieve universal health coverage, they will need to accelerate progress on immunization to match their policy ambitions of improving health care for all their citizens. Countries must better equip, support and retain qualified healthcare workers to provide basic health services, including in the hardest-to-reach communities.

“ THE WORLD CURRENTLY FACES A SHORTAGE OF 7.2 MILLION HEALTH WORKERS, AND THIS NUMBER IS EXPECTED TO RISE TO 12.9 MILLION BY 2035 ”

Additionally, infrastructure for and access to primary health care must be strengthened and data for decision making improved. This means aligning data specific to immunization such as coverage indicators and missed children to primary healthcare system indicators like financing, quality and equitable access to identify systemic gaps and solutions, especially at sub-national levels.

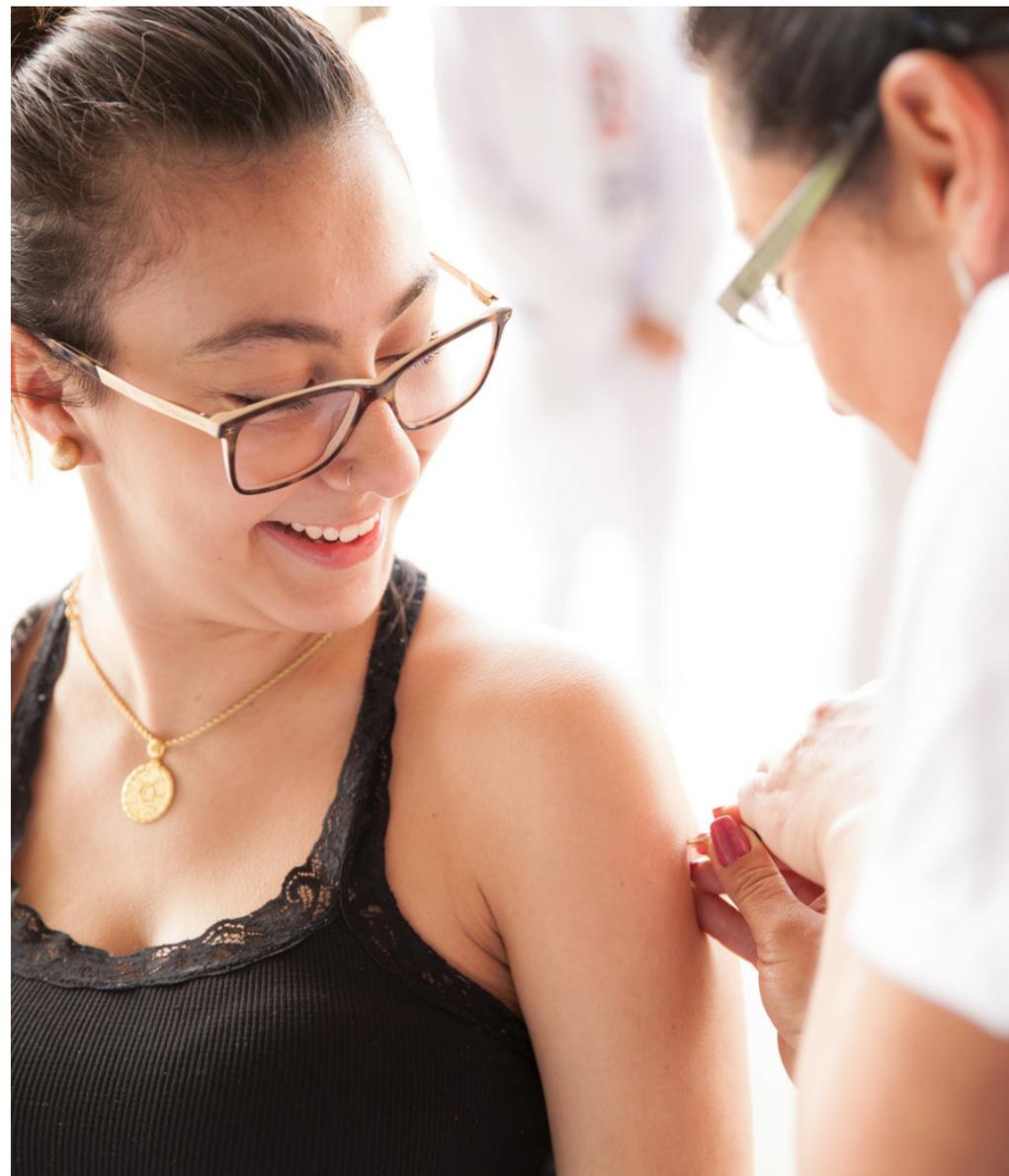
We need innovation in the way we provide vaccines. As countries working to eradicate polio have learned, collaborating

with communities and religious leaders to overcome socio-cultural barriers to immunization can be a powerful strategy. As can negotiating cease-fires, using global information systems or other technologies to map population movements and formulating new vaccines when they are needed. Ultimately, we must put citizens and communities at the center of these systems and enable them to hold their governments accountable for quality immunization (and broader health) services.

In addition to the efforts that countries are undertaking domestically, development assistance for health also plays an essential role in covering gaps and affording millions of people life-saving health services, including immunization.

Despite a period of robust and remarkable growth, concurrent with the significant progress of the MDG era, health focused assistance has largely flat lined. According to the [Institute for Health Metrics and Evaluation](#), from 2010-2017, it only grew 1 percent⁹. This is a worrisome trend, precisely as global ambition has accelerated under the Sustainable Development Goals.

Over the next ten years, it is imperative that countries receive robust, flexible, and coherent development assistance for health, combined with smart support where they are transitioning from major financial and technical support for health programs. This needs to be in place if we are to meet our collective immunization goals.



BUT HOW DO WE ACHIEVE THIS?

While many countries are working to ramp up domestic resources for immunization and health, the international community continues to play an important role. In 2018, and in the coming years, the global community will come together to agree funding that supports the work of [the Global Financing Facility](#), [the Global Fund to Fight AIDS, TB and Malaria](#), [the Global Polio Eradication Initiative \(GPEI\)](#) and [Gavi](#), [the Vaccine Alliance](#), in addition to the [World Bank's International Development Association](#), the [World Health Organization](#), the [United Nations Population Fund Supplies Division](#) and others. Meeting the replenishment needs of these important bodies must remain a top priority for donor governments and other philanthropic partners.

Few expect this task to be easy. Increasing hostility to multilateralism, declining trust in institutions, and nativist and nationalistic turns, are becoming more commonplace, including in donor countries that have been the bedrock of financing for multilateral global health efforts for well over a decade¹⁰. To counter these impulses, we must come together to support replenishment efforts with fresh arguments and a persuasive and compelling vision of the outcomes we will be able to achieve.

As well as boosting monetary contributions, we must also support the call for greater alignment and coherence in the architecture of global health decision-making. In May 2018, Chancellor Angela Merkel of Germany, President Nana Addo Dankwa Akufo-Addo of Ghana, and Prime Minister Erna Solberg of Norway, with the support of UN Secretary-General Antonio Guterres, called for WHO to assist multilateral partners in global health to develop a collective action road map to accelerate progress on SDG 3.

In October, the heads of eleven of the world's leading health and development organizations came together to sign a landmark commitment to a shared Global Action Plan for Healthy Lives and Well-being for All¹¹. [This Global Action Plan](#) is organized under three strategic approaches: align, accelerate and account and it will be fully developed over the course of the coming year for launch in September 2019. If fully realized, the Global Action Plan could create the kind of countervailing argument to multilateral naysayers to attract significant investments in global health. Though still under development, the plan has the potential to drive continued, high-level commitment, innovation and coordination across major global health players, driving progress on the health-related SDGs, including immunization.





It could enhance the effectiveness of external support by fostering collaboration on supply chain efforts, data and monitoring, demand-creation among populations, and domestic resource mobilization and allocation.

The major financing instruments will be key to delivering the ambition in the Global Action Plan but also in supporting countries that are transitioning away from donor funding for health. Gavi, for instance, is expected to transition 16 additional countries from financing support by 2025¹², including several like Nigeria and India with high burdens of vaccine-preventable diseases and huge inequities in immunization coverage. Additionally, polio funding in 16 transition priority countries will decline by more than half between 2017-2019¹³. This includes large reductions in countries like Ethiopia and South Sudan with heavily subsidized immunization and infectious disease surveillance and laboratory capacities, as well as routine immunization systems¹⁴. For many countries facing transition from the Global Polio Eradication Initiative funding, it will be all but impossible for domestic resources to make up the gap. In cases where domestic funding cannot cover all gaps, these transitions could leave communities and health systems vulnerable to the spread of vaccine-preventable diseases like measles and polio, and with slow or insufficient

response capacity for diseases of epidemic potential like Ebola.

In addition to smart development assistance, transitioning countries will need appropriate technical assistance as well as policy and planning support and advocacy and accountability mechanisms to facilitate increased domestic investment in immunization. Technical support needs could include training for health workers, health communication efforts at community-level (particularly in hard-to-reach areas), strengthening countries' surveillance and reporting capacities, as well as specialized training and infrastructure for laboratories and Emergency Operations Centers.

We need to ensure that external planning and budgeting efforts to support immunization programs are aligned with national planning, budgeting and vaccine procurement cycles. Moreover, countries should be incentivized and supported to allocate a greater share of resources to primary healthcare, with a focus on improving care for their most vulnerable populations. For example, while Nigeria remains committed to Universal Health Coverage, domestic resources often go toward advanced secondary and tertiary care. In 2015, only 4.5 percent of national health expenditure went to primary healthcare¹⁴.

Investing in immunization as part of a well-functioning health system is essential for a well-functioning economy, competitiveness, political and social stability. It is a key poverty-alleviation tool, as healthcare costs push more than 100 million people into poverty each year¹⁵. The landmark report issued last year by the Business Commission for Sustainable Development, for which the UN Foundation was a significant partner, showed how pursuing the SDGs could raise up to US\$12 trillion in new market opportunities in ways that extend prosperity to all¹⁶.

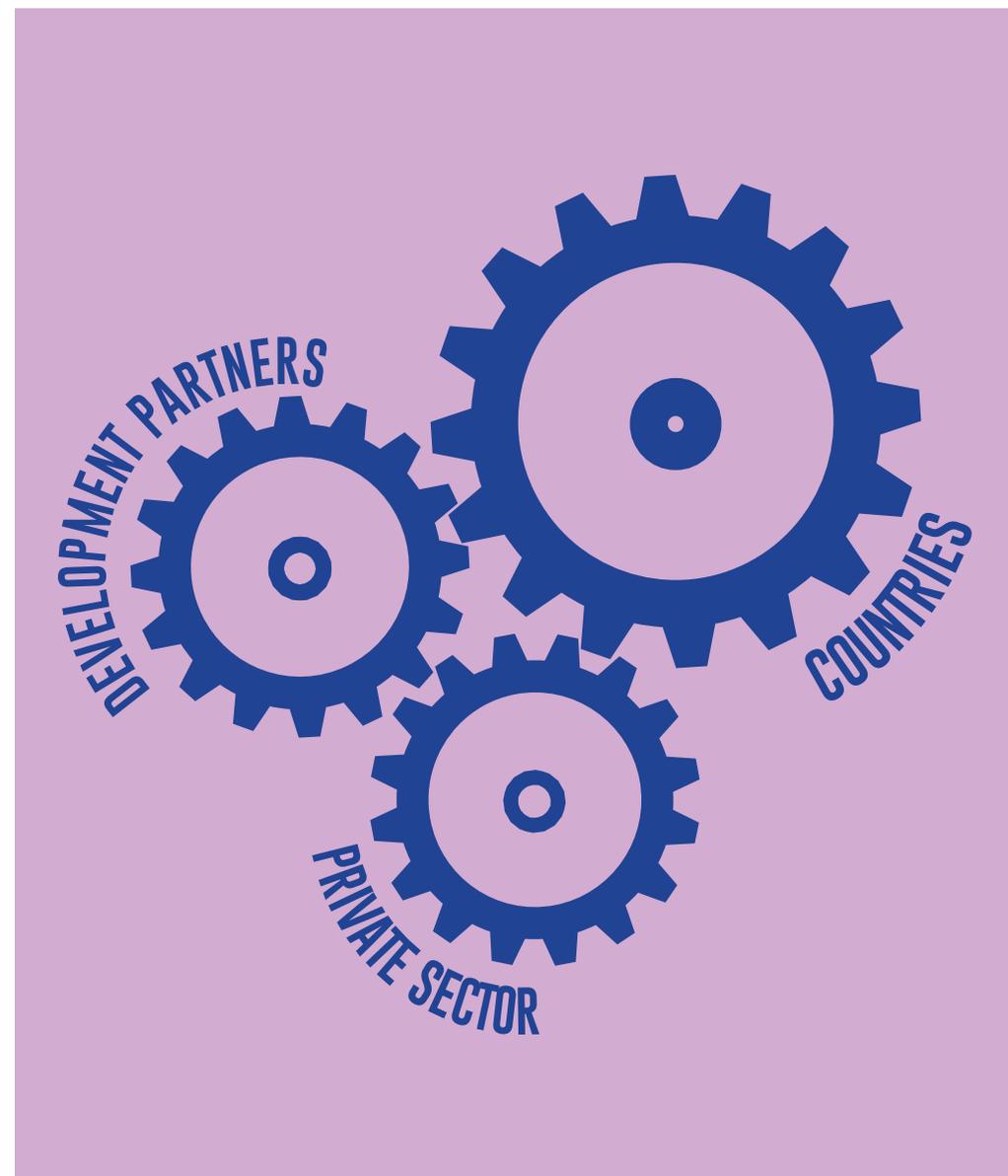
“ NEW PARADIGMS OF PARTNERSHIP WILL BE ESSENTIAL IF WE ARE TO ACHIEVE IMMUNIZATION AND HEALTH-RELATED SDGS ”

Domestic financing and development assistance alone will not be sufficient to handle the challenges ahead. New paradigms of partnership between countries, development partners and the private sector will be essential if we are to achieve immunization and health-related SDGs. To maintain progress on immunization and to reach the SDG targets, we will have to go farther faster, and do so more flexibly. If countries are to deliver essential health services, including

immunization, to all within their borders - if we are indeed to achieve true equity on a global scale - we will need the strongest health systems possible. Donors, the private sector and governments will all need to pull together in the same direction.

The world has made too many global gains in immunization to give up now. With threats from climate change, antimicrobial resistance and epidemics on the rise, public and private partners must pledge anew to go the extra mile and leave no one behind.

One important reason for a lack of global and national adult vaccine policy recommendations is the complexity of the issues. Older adults are a heterogeneous group and data on disease or contributory risk factors are often difficult to interpret. Vaccines are less effective as immune response declines with age, but age is a poor indicator of individual immune response since other factors also influence vaccines' immunogenicity. Further, most studies measure vaccine preventable deaths by age as a means to assess the potential value of a vaccine, but to make better decisions, "vaccine preventable disability" or measures of how disease can impact daily function are also needed¹⁰. This complexity results in a challenge for generalizable guidance for countries, providers and patients.





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