

The Global Vaccine Action Plan: a Framework for Health Improvement

based on WHO reference material and publications



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Shibasaburo Kitasato discovered the antitoxins of diphtheria and tetanus. In the 1920s, Vaccines for smallpox, diphtheria, tetanus, whooping cough and tuberculosis became widely available. In 1955, Polio vaccination began at global level, followed by a list of additional vaccines including; measles, mumps, rubella, meningitis, and more recently for hepatitis A and B, pneumococcus, varicella, rotavirus, typhoid fever, cholera, influenza, human papilloma virus. In 1980, Smallpox became the first infectious disease to be eradicated from the world.

The past two decades, the science of vaccinology has rapidly developed with the application of advances in immunology, microbiology and genomics. Nowadays, molecular genetics sets the scene for the development of new vaccine delivery systems (e.g. DNA vaccines, viral vectors, plant vaccines and topical formulations), new adjuvants, the development of more effective tuberculosis vaccines, and vaccines against cytomegalovirus (CMV), herpes simplex virus (HSV), respiratory syncytial virus (RSV), staphylococcal disease, streptococcal disease, pandemic influenza, shigella, HIV, malaria and schistosomiasis among others. Accelerated research is ongoing regarding therapeutic vaccines for cancer, allergies, autoimmune diseases and addictions.

The WHO role in global vaccination

WHO had led the global campaign for smallpox eradication, and has always been heavily involved in global vaccination policies and interventions. Currently it is leading global polio eradication and preparing for global measles elimination

The current Global Vaccine Action Plan (GVAP) — endorsed by the 194 Member States of the World Health Assembly in May 2012 — is a framework to prevent

millions of deaths by 2020 through more equitable access to existing vaccines for people in all communities. GVAP aims to strengthen routine immunization to meet vaccination coverage targets; accelerate control of vaccine-preventable diseases with polio eradication as the first milestone; introduce new and improved vaccines and spur research and development for the next generation of vaccines and technologies

In 2012, all 194 Members States at the world Health assembly at WHO agreed to the goals of the Global Vaccine Action Plan (GVAP) (2012-2020). These goals give focus and urgency to the Decade of Vaccines and reiterate on the facts that strong immunization programs prevent disease, facilitate compliance with international health regulations, contribute to the control of anti-microbial resistance, prevent outbreaks and provide an avenue for outbreak response; and contribute to sustainable development.

GVAP –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 and integration indicators**

Indicators

- 1.1 Interrupt wild poliovirus transmission globally
- 1.2 Certification of poliomyelitis eradication
- 2.1 Neonatal tetanus elimination
- 2.2 Measles elimination
- 2.3 Rubella/Congenital rubella syndrome (CRS) elimination
- 3.1 By 2015, reach 90% national coverage and 80% in every district or equivalent administrative unit with three doses of diphtheria–tetanus–pertussis-containing (DTP) vaccines
- 3.2 By 2020, reach 90% national coverage and 80% in every district or equivalent administrative unit for all vaccines in national programmes, unless otherwise recommended
- 4.1 Licensure and launch of vaccine or vaccines against one or more major currently non-vaccinepreventable diseases
Note: this indicator is included in the “Research and development” section
- 4.2 Licensure and launch of at least one platform delivery technology
Note: this indicator is included in the “Research and development” section
- 4.3 Number of low-income and middle-income countries that have introduced one or more new or underutilized vaccines
Note: this indicator is included in the “Immunization coverage” section
- 5.1 Reduce under-five mortality rate
- 5.2 Integration of health care interventions and immunization activities

The GVAP has 6 strategic objectives defined as follows:

1. Ensuring country ownership of immunization
2. Demand for immunization
3. The benefits of immunization are equitably extended to all people
4. Strong immunization systems are an integral part of a well-functioning health system

General WHO position on vaccines

- Vaccines for large-scale public health interventions should:
- meet the quality requirements as defined in the current WHO policy statement on vaccine quality;³
 - be safe and have a significant impact against the actual disease in all target populations;
 - if intended for infants or young children, be easily adapted to the schedules and timing of national childhood immunization programs;
 - not interfere significantly with the immune response to other vaccines given simultaneously;
 - be formulated to meet common technical limitations, e.g. in terms of refrigeration and storage capacity;
 - be appropriately priced for different markets.

In total, six global goals were defined as follows:

5. Stock out and access to sustained supply of vaccines of assured quality
6. Country, regional and global research and development innovations maximize the benefits of immunization

In Lebanon, the MOPH/ EPI program, with the support of the WHO, has recently updated its National EPI strategy



(2015-2020), in harmony with the GVAP. The main areas of focus of the EPI strategy include:

1/ universal strategic directions

- Strategy A - Promoting integrated, child-centered model of primary healthcare
- Strategy B - Reliance on public/consumer support to trigger desired changes in the healthcare market
- Strategy C - Rapidly increase immunity to selected VPDs in order to accelerate Reduction of morbidity and mortality from VPDs

2/immunization specific strategies:

- Strategy D - Institutional strengthening
- Strategy E - Program management support
- Strategy F - Focus on quality (vs. scale) in rolling out immunization services
- Strategy G - Advancing public-private partnership for immunization
- Strategy H - Widening the opportunity window
- Strategy I - Development of a child centered health information system on based on modern ITC platforms and solutions

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