

GIVS



The Global Immunization Vision and Strategy:

World Health Organization, Geneva

GIVS: Context & purpose

- However
 - Disparities between and within countries
 - Fragmentation of EPI
 - Stagnant routine immunization coverage
- GIVS offers a 'unifying vision' of immunization main thrusts for 2006-15

GIVS mortality & disease reduction goals

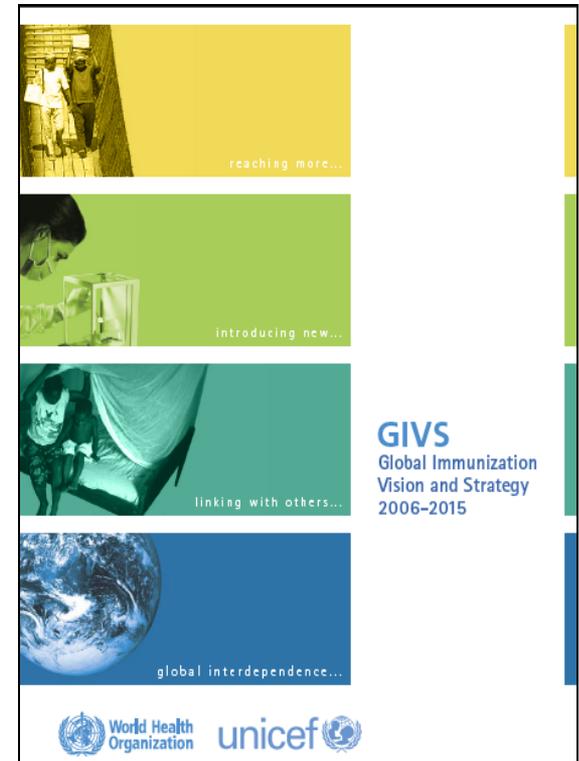
- By 2010:
 - 90% coverage nationally and 80% in all districts
 - 90% reduction of global mortality due to measles (compared to 2000)
- By 2015:
 - 2/3 reduction of global childhood mortality and morbidity due to VPDs (compared to 2000)

GIVS

Four strategic areas:

to immunize more people against more diseases;

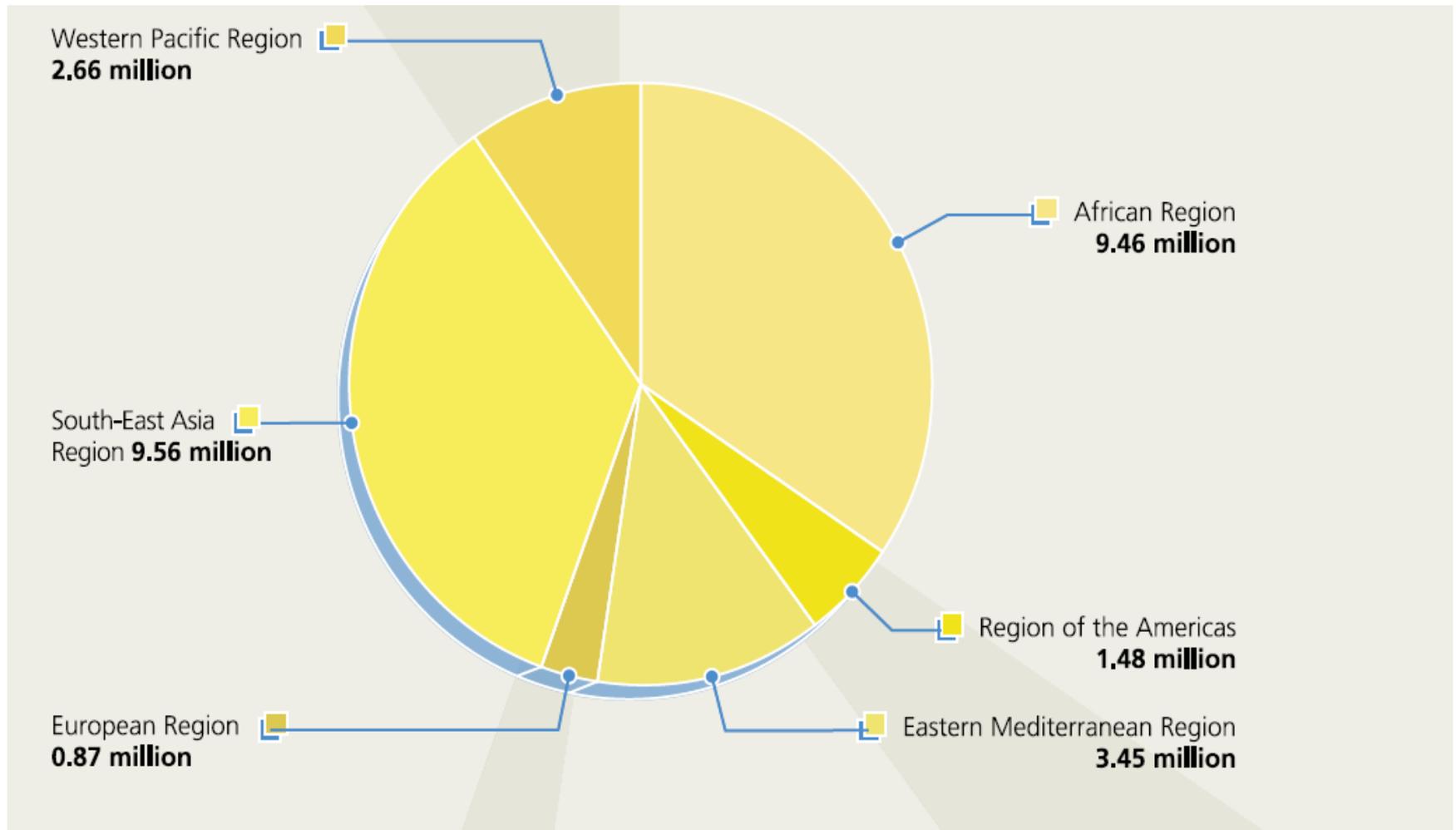
- to introduce a range of newly available vaccines and technologies;
- to provide a number of critical health interventions and surveillance with immunization; and
- to manage vaccination programmes and activities within the context of global interdependence.



GIVS

- A subsequent WHO/UNICEF study examined for the first time the cost, financing and impact of immunization programmes in the **72 poorest countries**. The estimated total price tag for immunization activities for 2006-2015 in these countries is **US\$ 35 billion**, **one third of which will be spent on vaccines** and **two thirds of which will be spent on immunization delivery systems**.
- The study determined that with an additional **US\$ 1 billion per year**, immunization could save **10 million more lives in the next decade**.
- In total, more than 41 million premature deaths could be prevented by 2015.

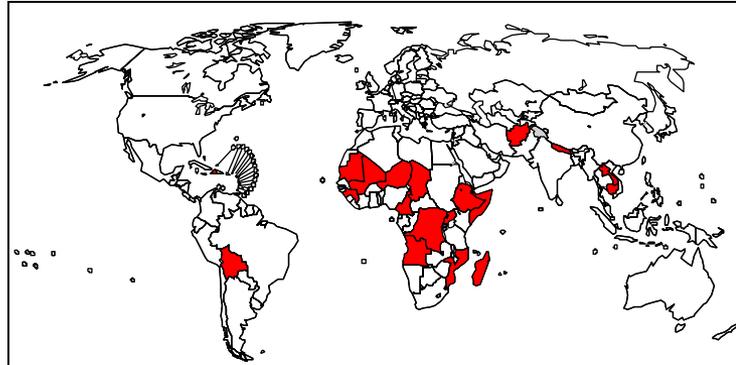
27 million children still not vaccinated (DTP3 2003_a)



Source: WHO/UNICEF estimates, 2004

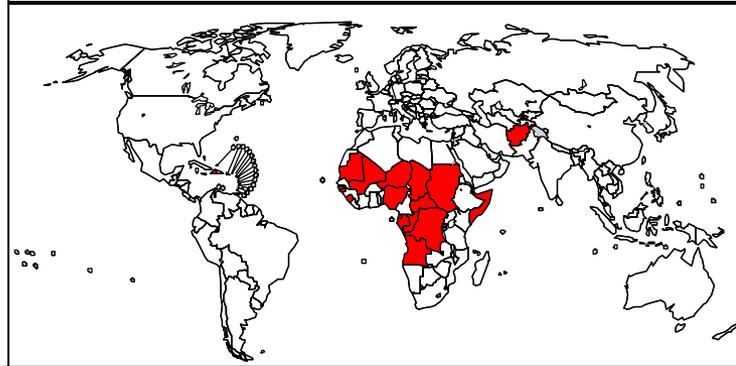
^a By WHO region.

Countries with DTP3 coverage less than 50% : 1990, 2000, 2004



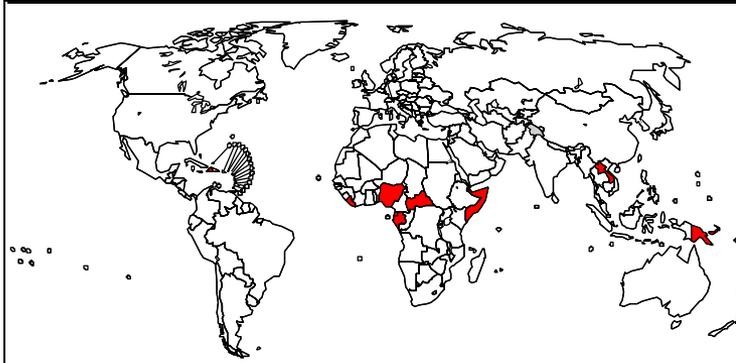
1990

■ DTP3 coverage < 50% (19 countries)



2000

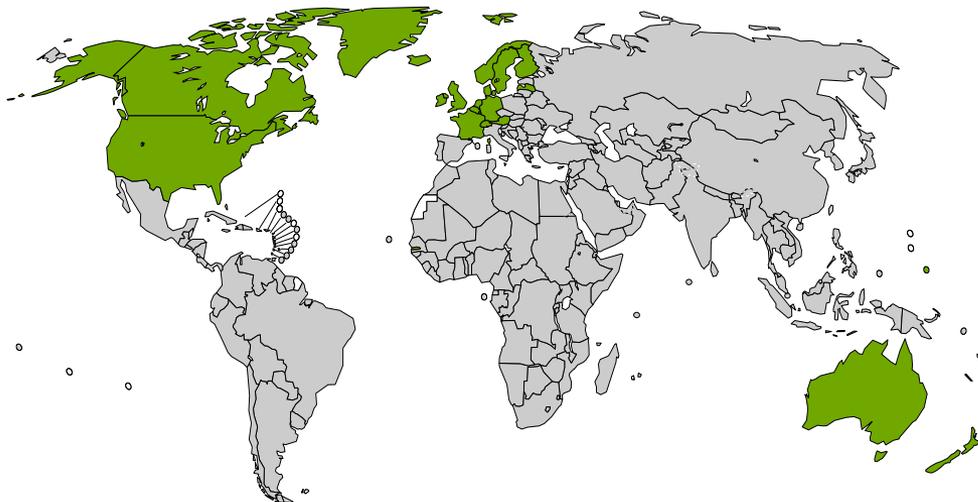
■ DTP3 coverage < 50% (20 countries)



2004

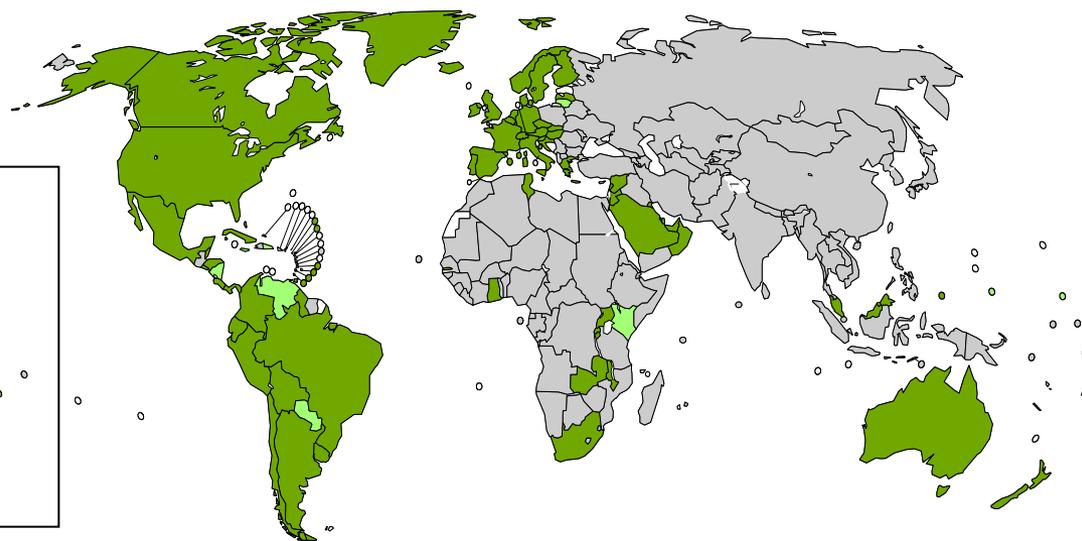
■ DTP3 coverage < 50% (10 countries)

Countries having introduced Hib vaccine and Hib3 coverage, 2004



1997: 26 countries introduced

- Hib vaccine introduced but no coverage data reported (*26 countries*)
- Hib vaccine not introduced (*166 countries*)



2004: 92 countries introduced in infant immunization schedule

Hib3 \geq 80% (*78 countries or 41%*)

Hib3 < 80% (*12 countries or 6%*)

Hib vaccine introduced in part of the country (*2 countries or 1%*)

Hib vaccine not introduced (*100 countries or 52%*)

Estimating the costs of the GIVS

117 low and lower-middle income countries

- 72 GAVI eligible countries
- 45 Lower middle income (LMI) countries

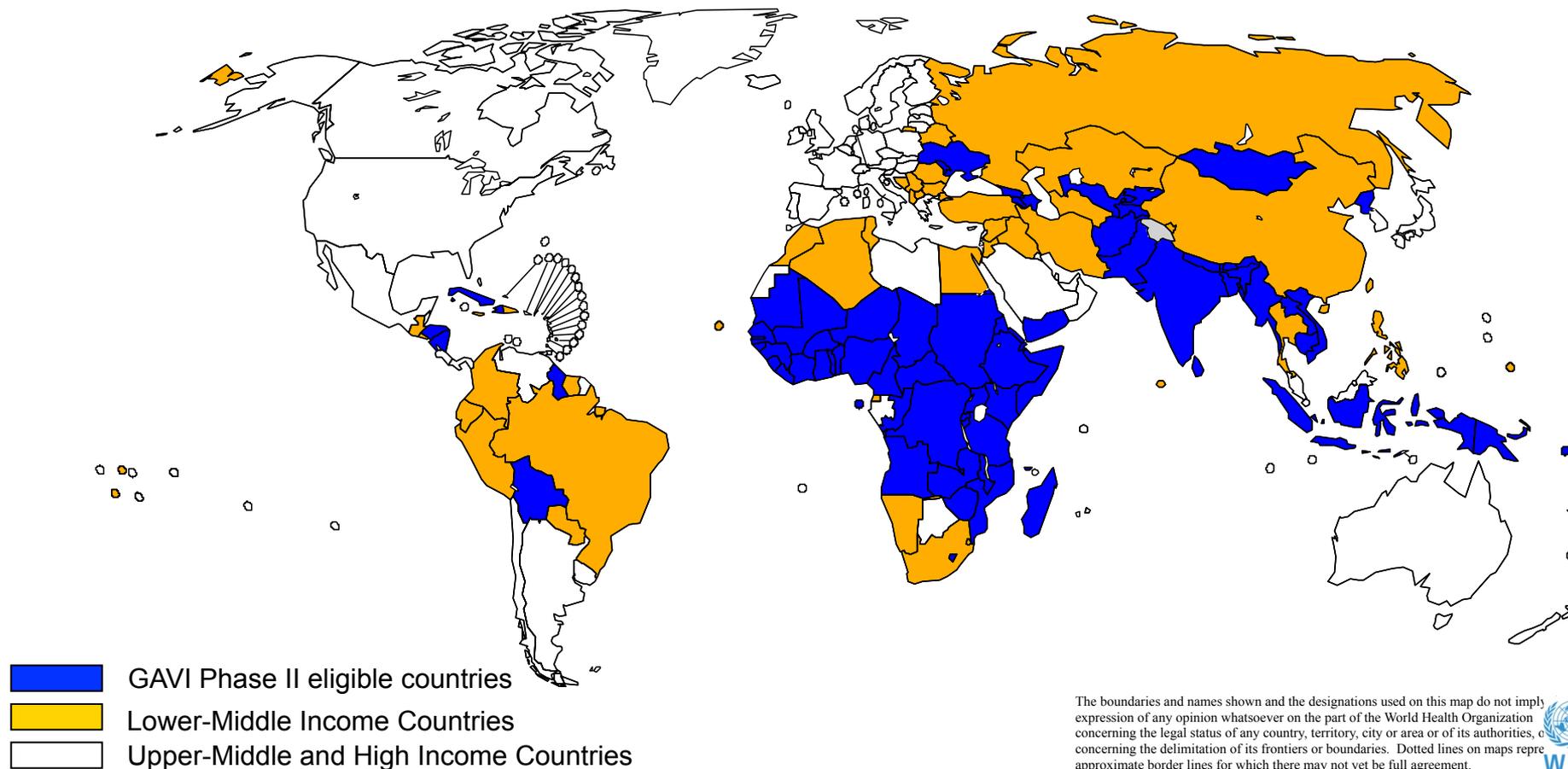
Reaching More

- 90% routine immunization coverage
- Costs of vaccination campaigns

Introducing New Vaccines

- Underused vaccines (Hib, HepB, YF, Rubella)
- New vaccines (Pneumococcal, Rotavirus, Meningococcal A, JE)

72 GAVI-Phase II eligible countries (GNI <\$1000) + 45 lower middle- income countries



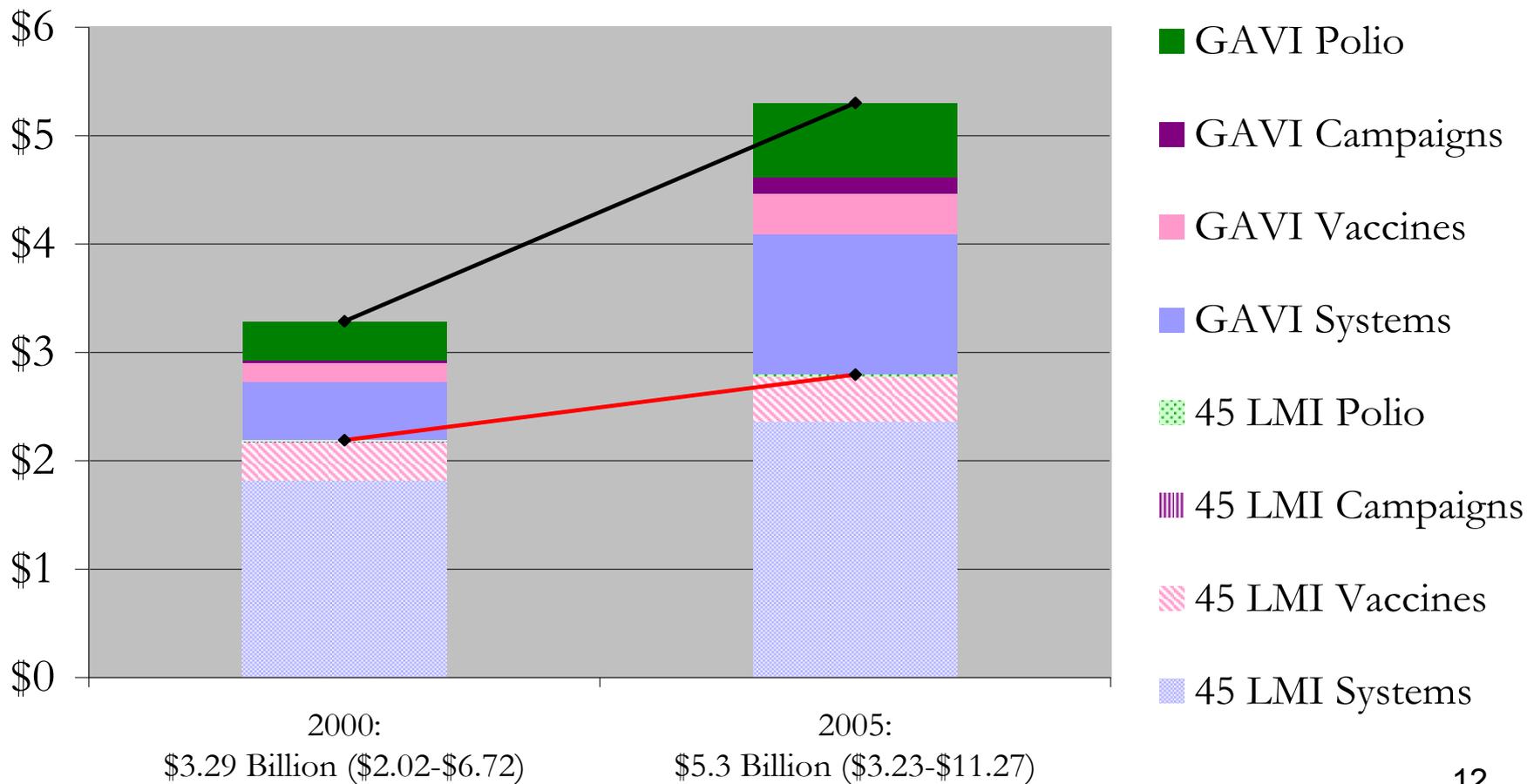
The boundaries and names shown and the designations used on this map do not imply expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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Equity gap in immunization spending has narrowed between 2000 and 2005

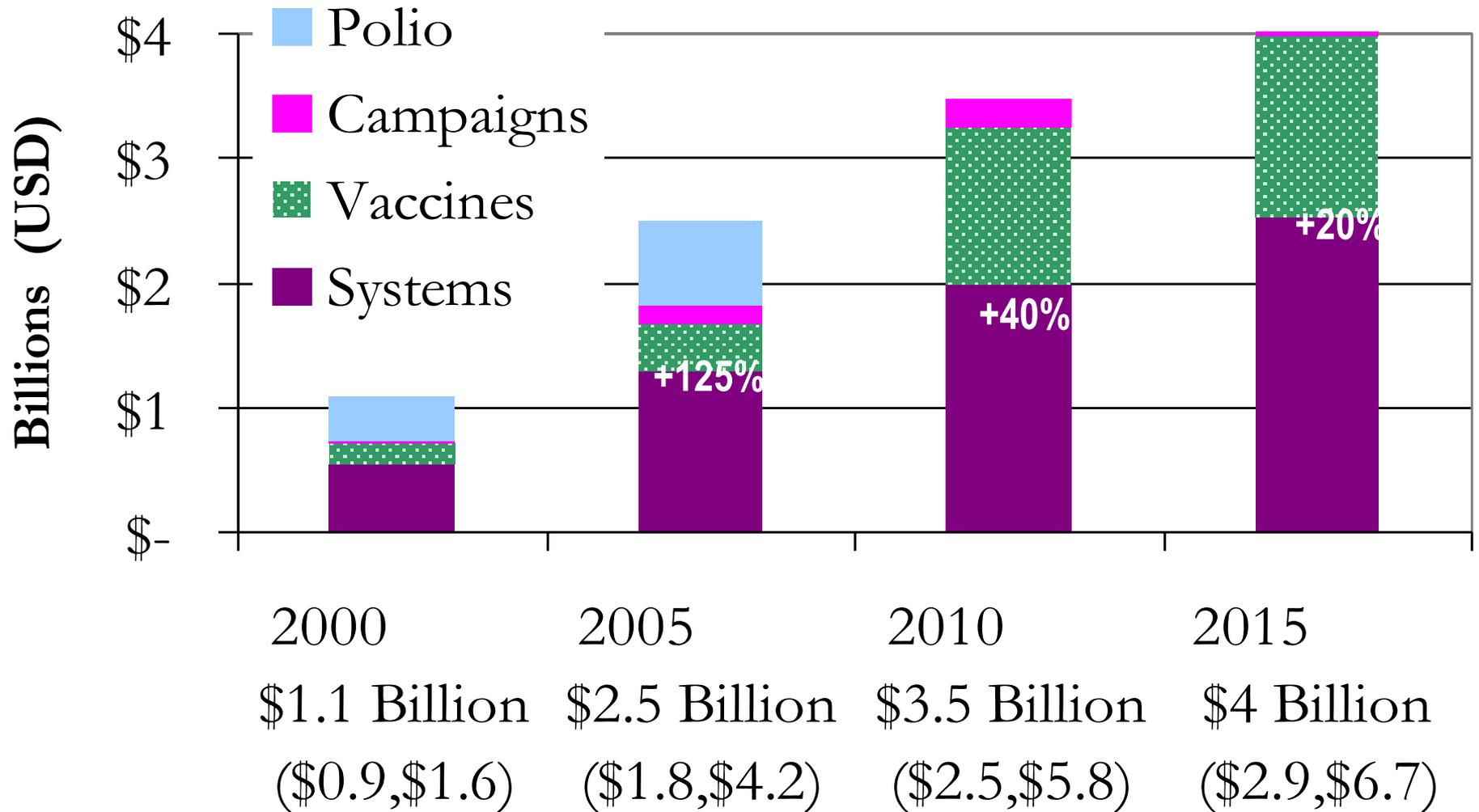
Immunization Costs in 117 Poorest Countries
2000-2005 (USD Billions)



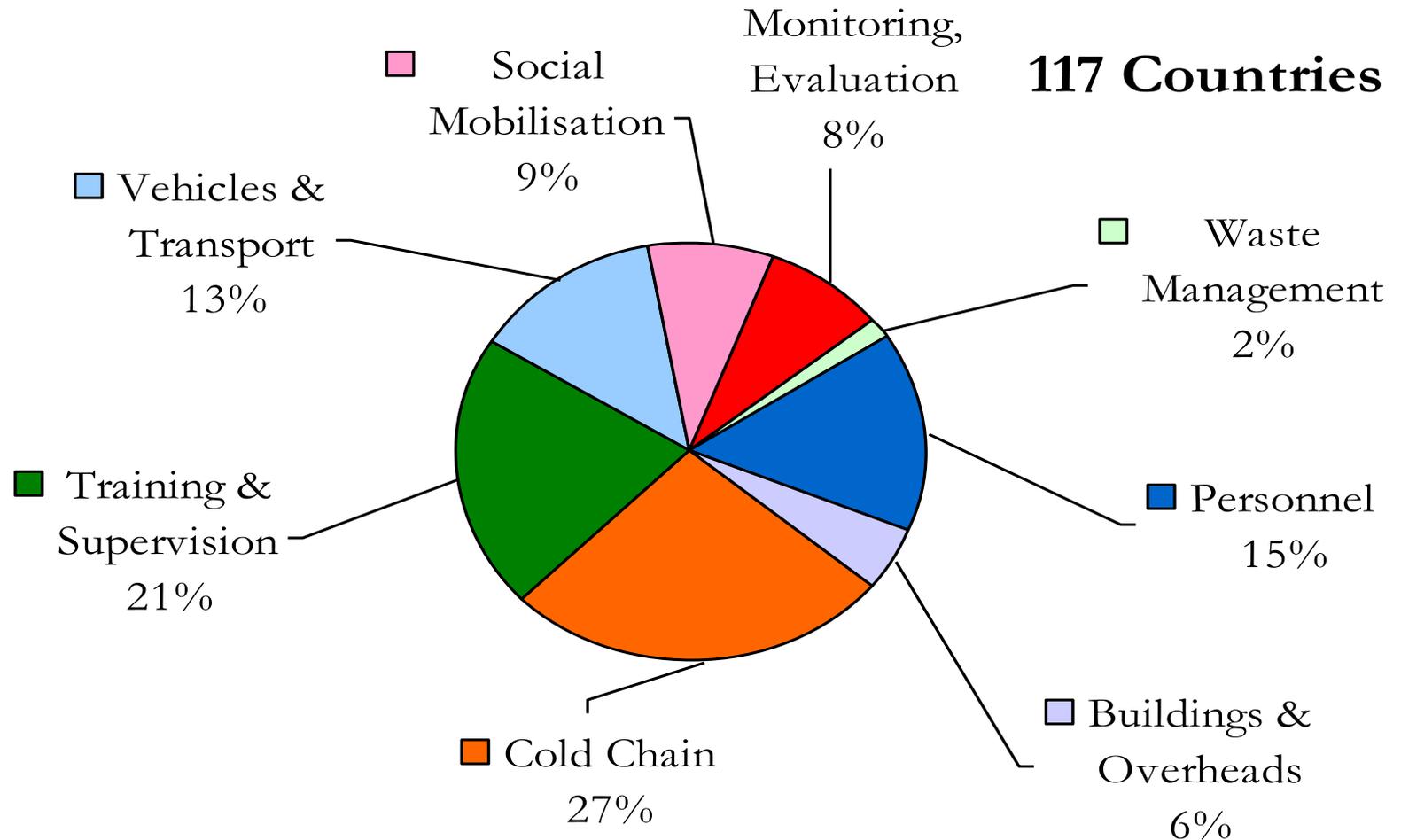
The total costs for 2006-15

Cumulative Total 2006-2015 (USD Billions)	All Countries		GAVI	
Routine Vaccine Cost	\$23	31%	\$12	####
Underused vaccines	\$10.0	(42%)	\$5.7	(46%)
New vaccines	\$9.8	(41%)	\$4.3	(35%)
Routine Systems Cost	\$50	66%	\$21	59%
Maintaining current system	\$41	(83%)	\$15	(255%)
System scale up	\$9	(17%)	\$6	(100%)
Campaign (incl. Polio) Cost	\$2	3%	\$2	6%
Total	75 (\$23, \$110)		35(\$13, \$40)	

Annual costs of immunization, 2000-2015



\$9bn to scale up systems in 117 countries



Investments needed

- Investment in delivery system capable of reaching infants and other target groups
- Investment to rapidly develop priority vaccines for developing world
- Investment in enough capacity to ensure supply of priority vaccines for the developing world
- Pricing that is affordable
- Funding to purchase vaccines as soon as technically available
- Risks and tradeoffs

Great deal of investment needed to maintain complex delivery system

- Logistics... to transport from entry point/capital to province and down to remote villages
- Cold chain... narrow temp range to avoid freezing and overheating (they are a biological)
- Trained staff – properly handle vaccine, maintain/check records, administer safely, dispose of injection device safely
- Surveillance and reporting systems: records of diseases., vaccine coverage data, adverse events

The last part of the cold chain



Investing in vaccines and immunization through GAVI and other channels

- Direct benefits - Lives saved
 - GIVS costing and impact by 2015: 4-5 million child deaths prevented per year
 - Full benefits 2005-2015: > 41 million premature deaths prevented
 - Average cost per death averted:< US\$1,000
- Indirect benefits
 - Human capital and schooling
 - Reduced health care costs
 - Health system contact
 - Impact on price changes for new vaccines