

**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;

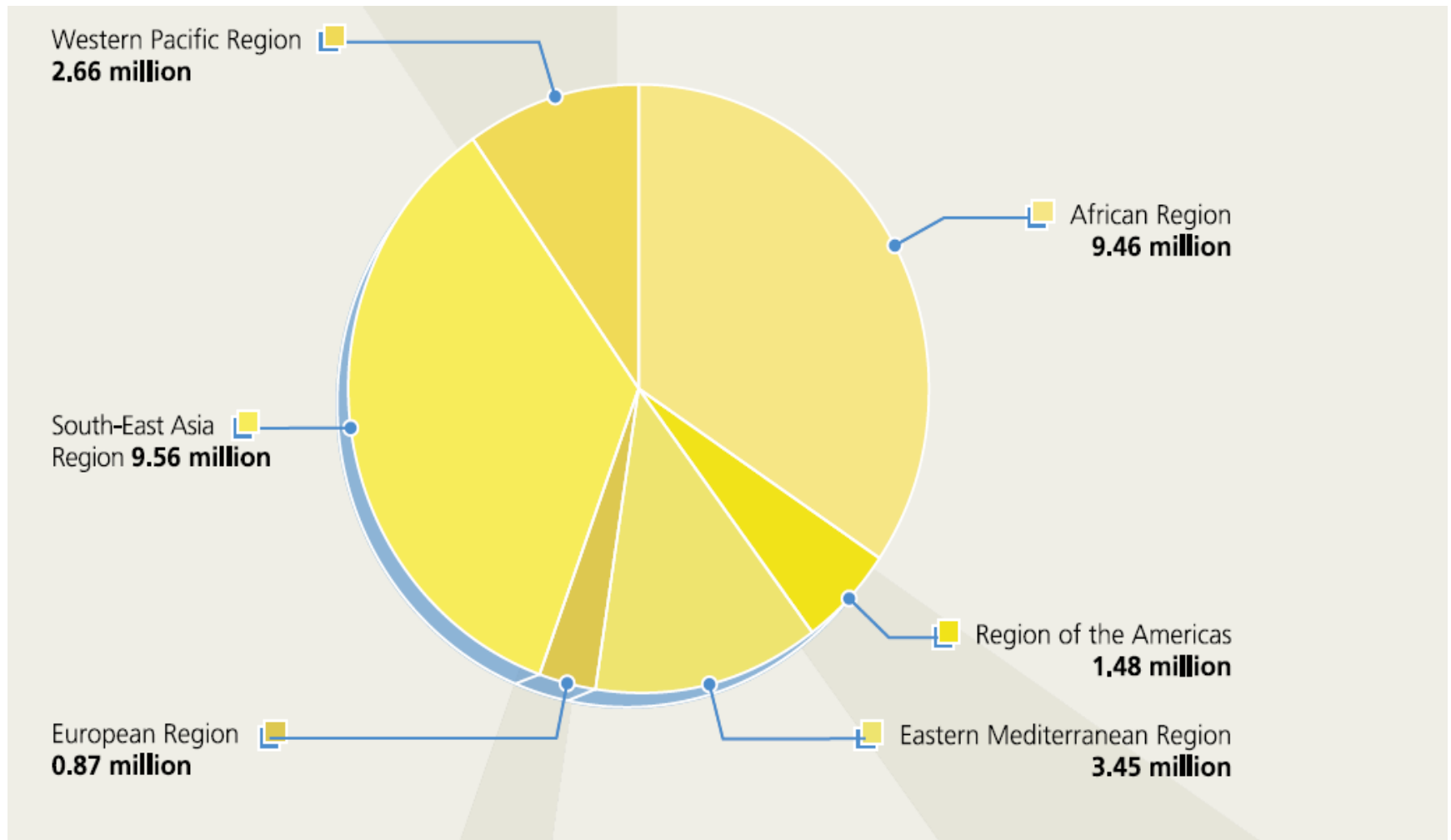
- to introduce a range of newly available vaccines and technologies;
- to provide a number of critical health interventions and surveillance with immunization; and
- to manage vaccination programmes and activities within the context of global interdependence.



# 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.

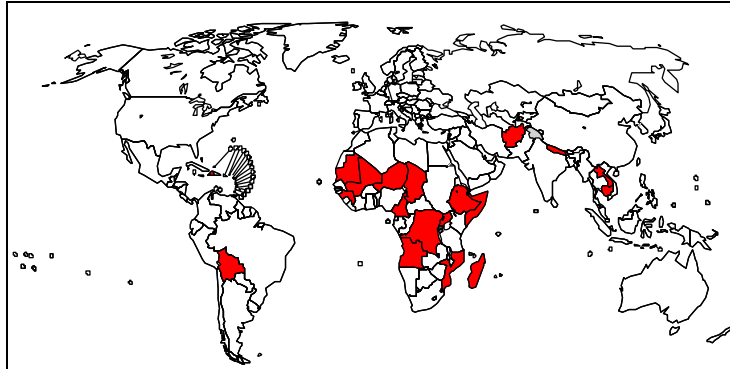
# 27 million children still not vaccinated (DTP3 2003<sub>a</sub>)



Source: WHO/UNICEF estimates, 2004

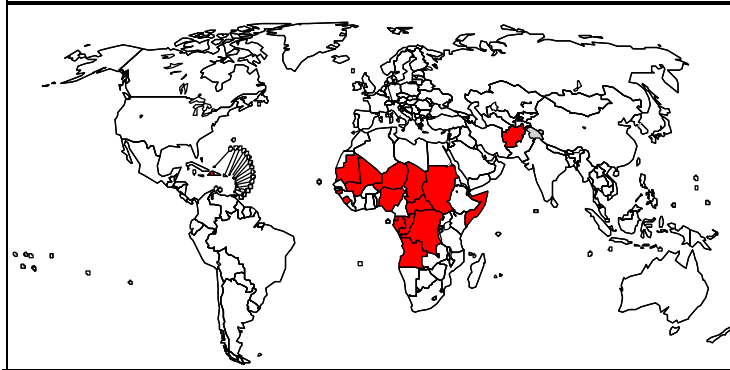
<sup>a</sup> By WHO region.

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



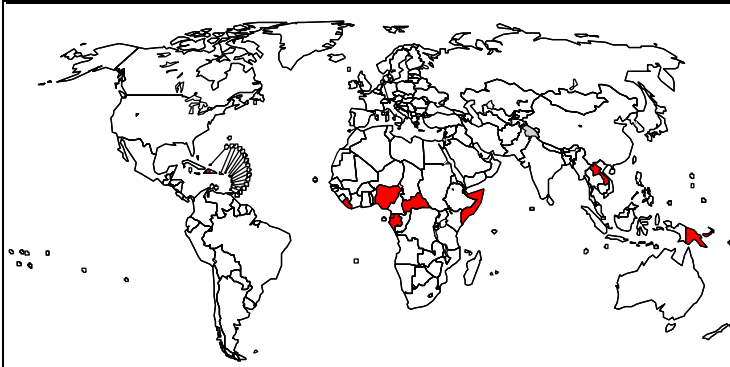
1990

■ DTP3 coverage < 50% (19 countries)



2000

■ DTP3 coverage < 50% (20 countries)

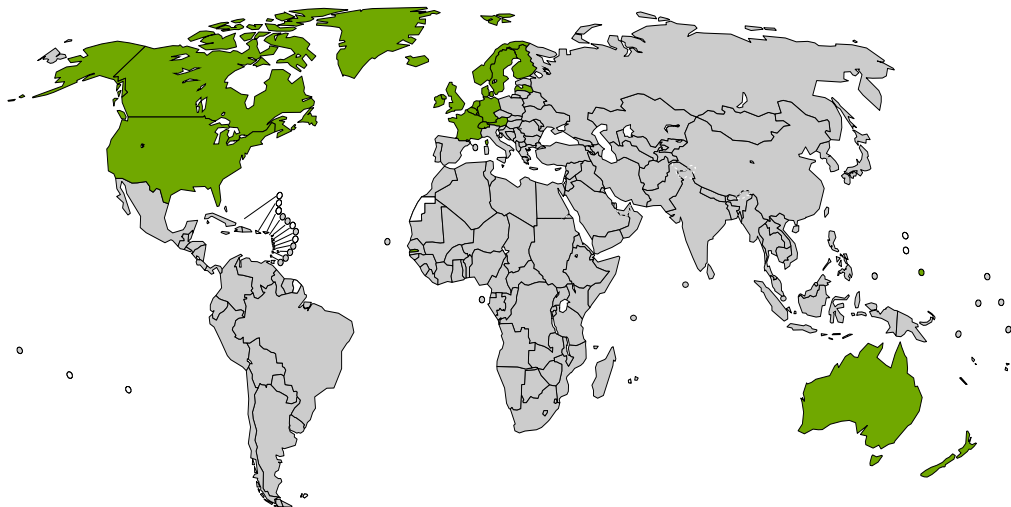


2004

■ DTP3 coverage < 50% (10 countries)

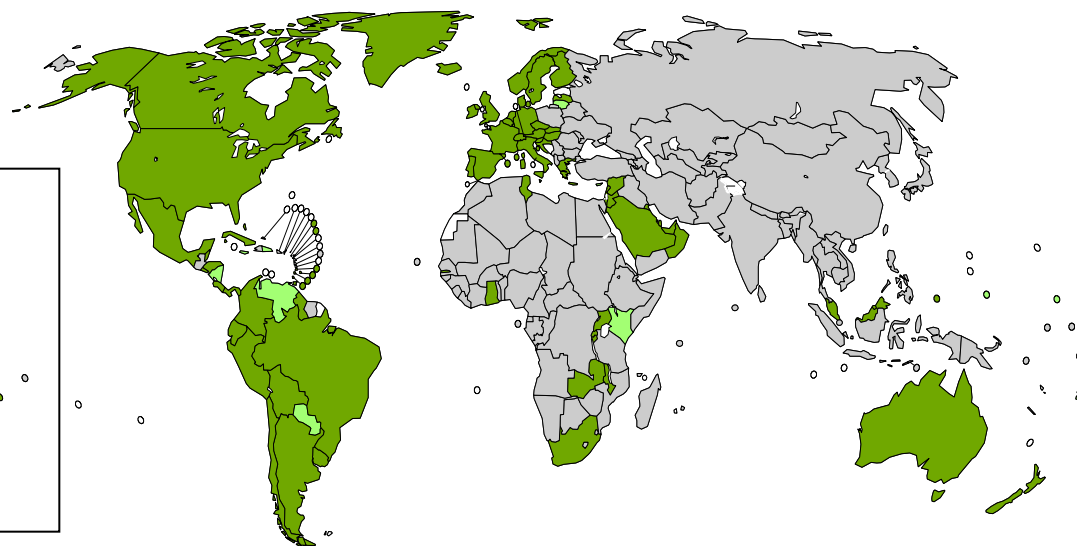


# Countries having introduced Hib vaccine and Hib3 coverage, 2004



**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

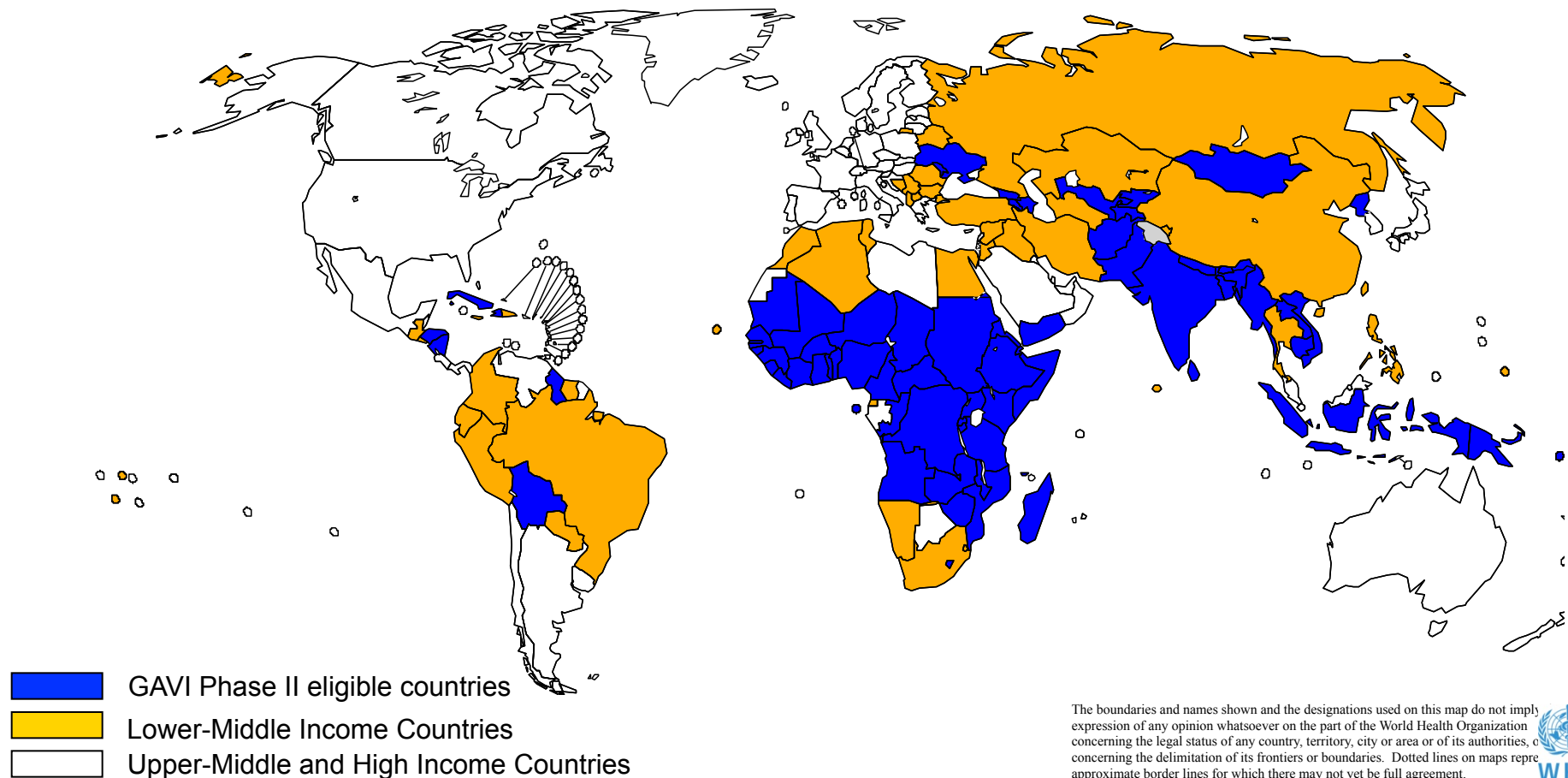
## **Reaching More**

- 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



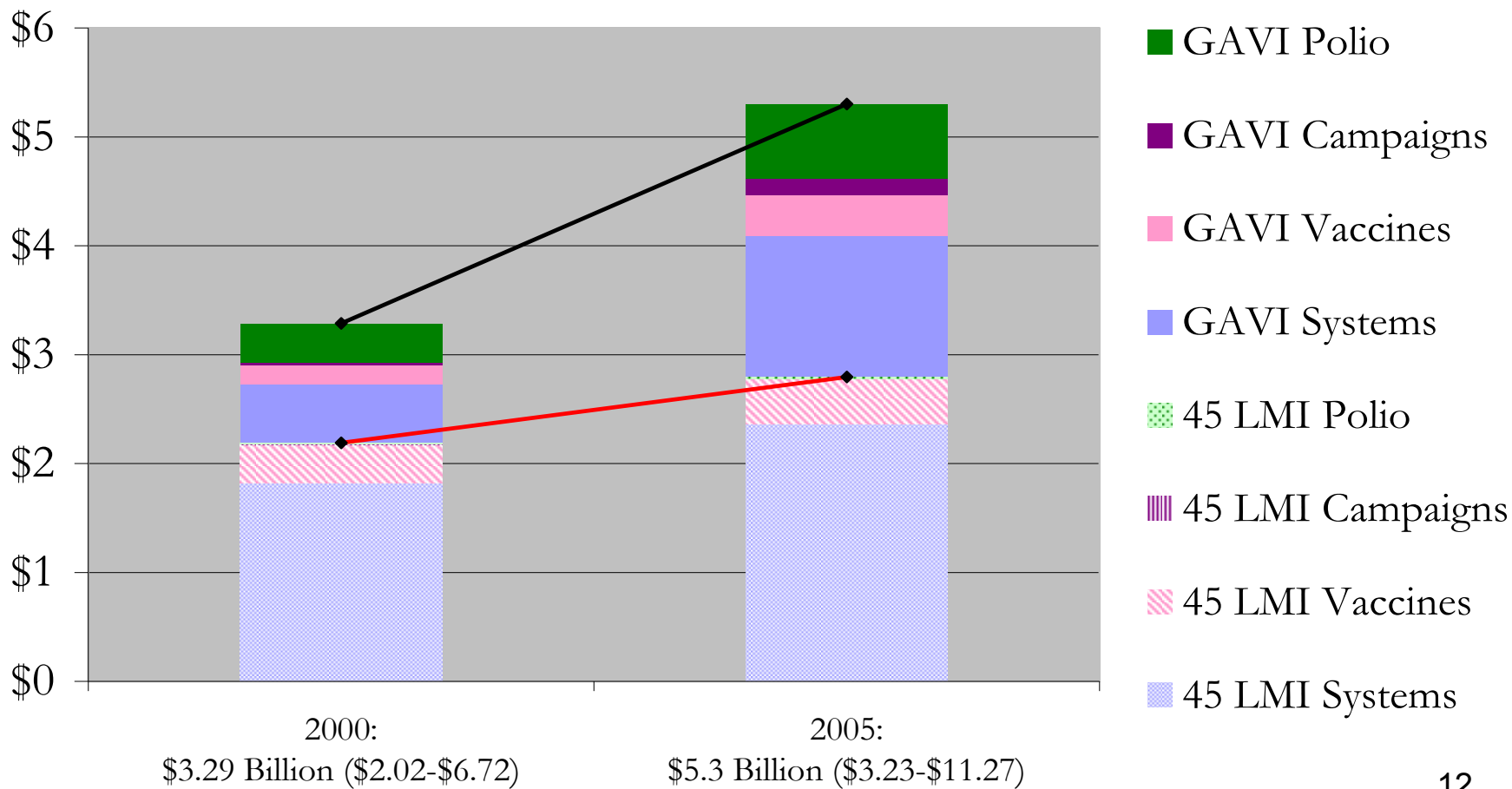
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# Equity gap in immunization spending has narrowed between 2000 and 2005

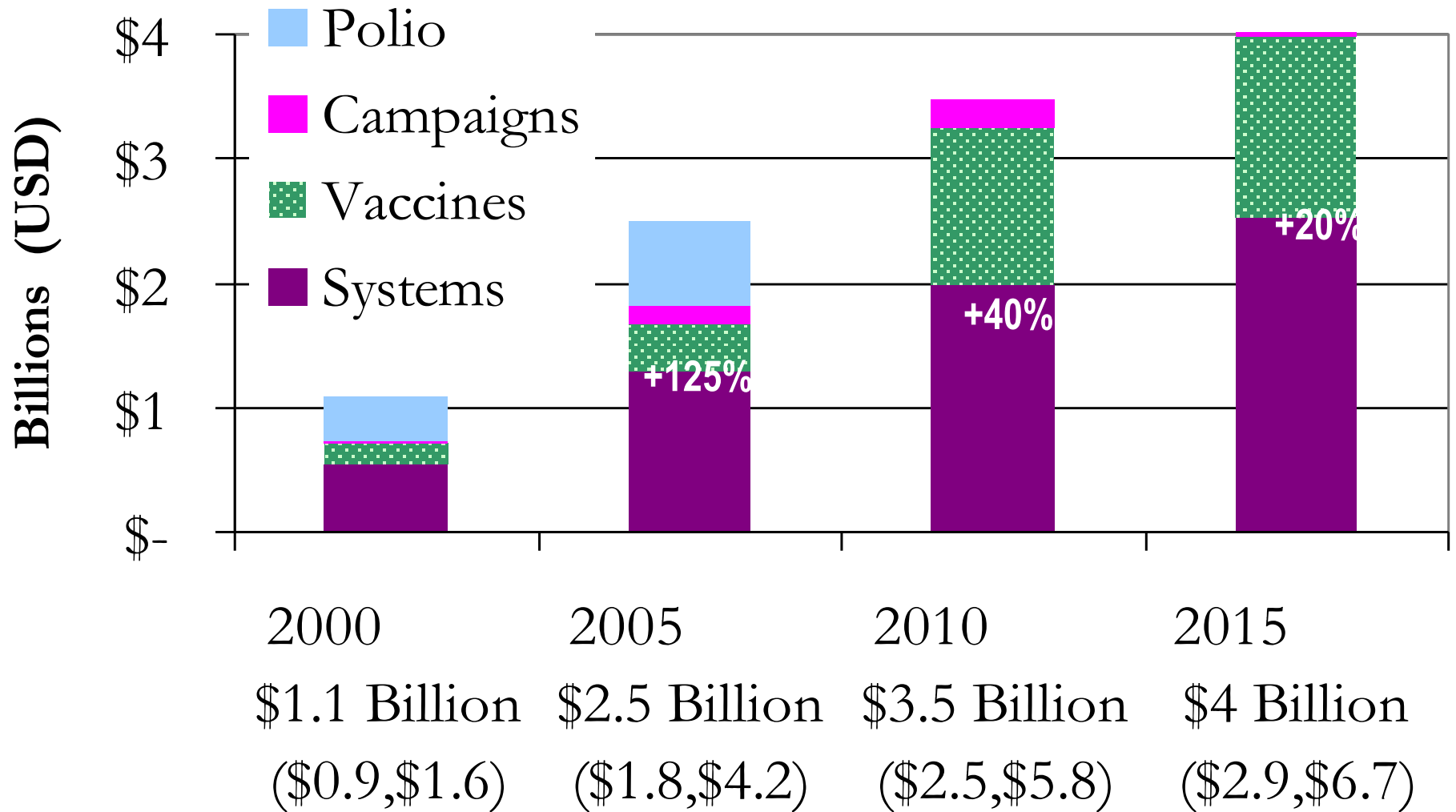
Immunization Costs in 117 Poorest Countries  
2000-2005 (USD Billions)



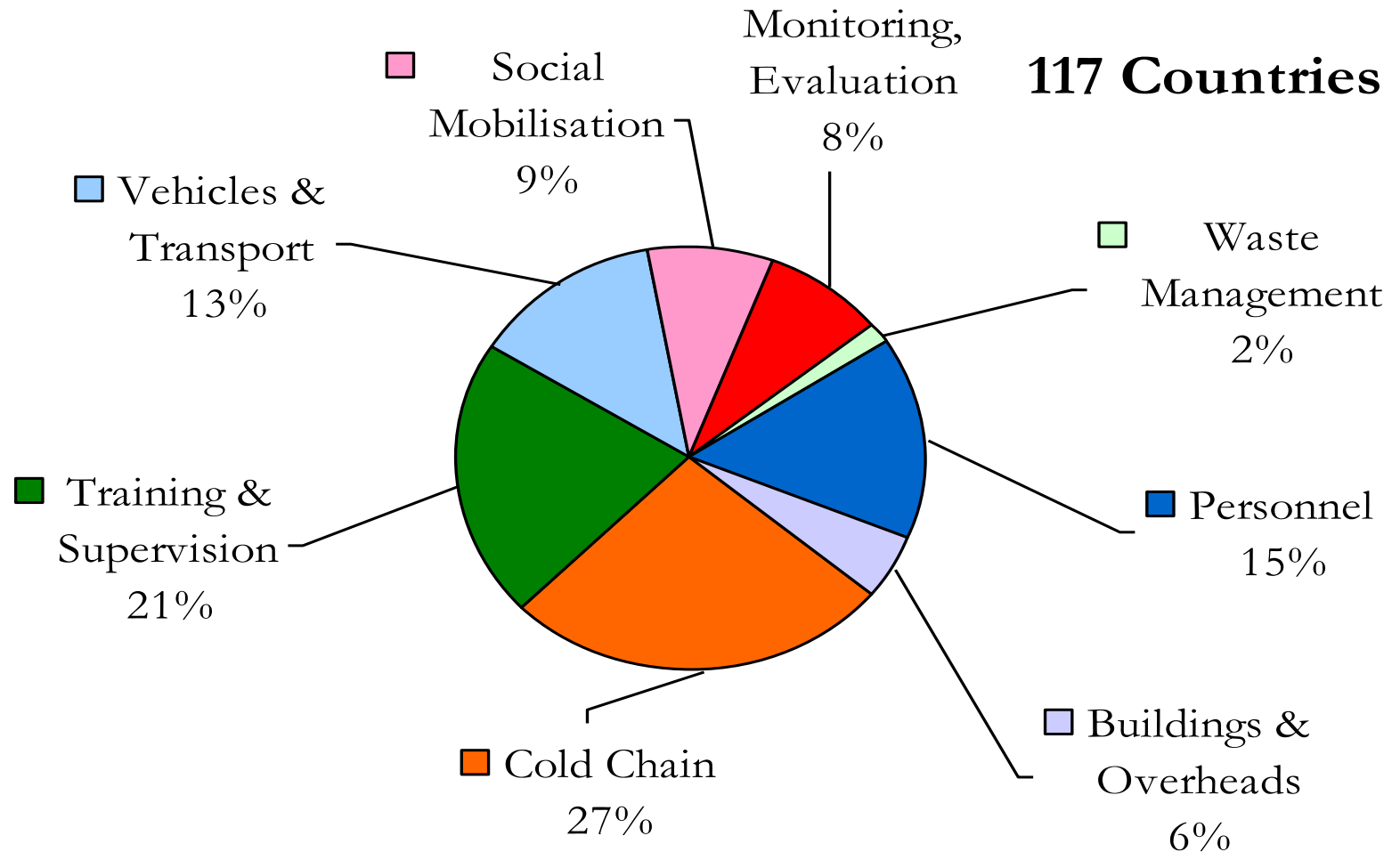
# The total costs for 2006-15

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

# 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