




European Vaccine Action Plan

2015-2020



World Health
Organization

REGIONAL OFFICE FOR **Europe**



European Vaccine Action Plan 2015-2020



Abstract

The European Vaccine Action Plan 2015–2020 (EVAP) is a regional interpretation of the Global Vaccine Action Plan developed to address the specific needs and challenges related to immunization in the WHO European Region. Aligned with Health 2020 and other key regional health strategies and policies, EVAP was formulated through a consultative process, reviewed by Member States and endorsed by the European Technical Advisory Group of Experts on Immunization before submission to the 64th session of the Regional Committee for Europe in September 2014. EVAP's aim is to guide Member States in the European Region towards their joint vision of a Region free of vaccine-preventable diseases. It establishes six goals (sustain polio-free status, eliminate measles and rubella, control hepatitis B infection, meet regional vaccination coverage targets at all administrative levels throughout the Region, make evidence-based decisions on introduction of new vaccines and achieve financial sustainability of national immunization programmes) and outlines a path to achieve them through defined objectives, priority action areas, proposed actions and an evaluation and monitoring framework.

Keywords

HEPATITIS B VACCINE
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MEASLES VACCINE
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Abbreviations

AEFI	adverse events following immunization
DTP	diphtheria-tetanus-pertussis
ETAGE	European Technical Advisory Group of Experts
EVAP	European Vaccine Action Plan
GVAP	Global Vaccine Action Plan
IBD	invasive bacterial diseases
JRF	WHO/UNICEF Joint Reporting Form
NCC	national certification commission for poliomyelitis eradication
NITAG	national immunization technical advisory group
NVC	national verification commission for measles and rubella elimination
RCC	Regional Certification Commission for Poliomyelitis Eradication
RVC	Regional Verification Commission for Measles and Rubella Elimination
SCRC	Standing Committee of the Regional Committee for Europe
UNICEF	United Nations Children's Fund
VPD	vaccine-preventable disease

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Contents

Foreword	VI
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Introduction

Background	2
Purpose of the European Vaccine Action Plan	6
Development	8
Guiding principles	10
Structure	14

Vision	16
--------	----

EVAP goals	18
------------	----

EVAP goal 1: Sustain polio-free status	20
EVAP goal 2: Eliminate measles and rubella	23
EVAP goal 3: Control hepatitis B infection	24
EVAP goal 4: Meet regional vaccination coverage targets at all administrative levels throughout the Region	26
EVAP goal 5: Make evidence-based decisions about introduction of new vaccines	29
EVAP goal 6: Achieve financial sustainability of national immunization programmes	30

EVAP objectives 32

EVAP objective 1: All countries commit to immunization as a priority 36

EVAP objective 2: Individuals understand the value of immunization services and vaccines and demand vaccination 42

EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies 48

EVAP objective 4: Strong immunization systems are an integral part of a well-functioning health system 54

EVAP objective 5: Immunization programmes have sustainable access to predictable funding and high-quality supply 60

Monitoring and evaluation 66

Monitoring and evaluation framework 68

Monitoring results 69

Implementation at national level 70

Action plan development at national level 72

The role of partners 73

Annex 1. World Health Assembly resolution WHA65.17 endorsing the Global Vaccine Action Plan 74

Annex 2. European Vaccine Action Plan 2015–2020: monitoring and evaluation framework 78

Annex 3. Acknowledgements 94

Foreword

Building on immunization progress and presenting new ways to take us forward

The European Vaccine Action Plan 2015–2020 (EVAP) takes us in a new direction with initiative and renewed momentum. Developed at the request of Member States to facilitate the implementation of the Global Vaccine Action Plan (GVAP) in the WHO European Region, it challenges and inspires us to aim beyond our current level of effort and achievement.

Resurgence of some vaccine-preventable diseases in the Region over the past five years has served as a wake up call, demanding urgent action. EVAP sets a new course by helping to ensure that immunization programmes are financially sustainable and anchored in well-functioning health systems. It particularly addresses equitable access to vaccination and empowers immunization programmes through new and ambitious strategies.

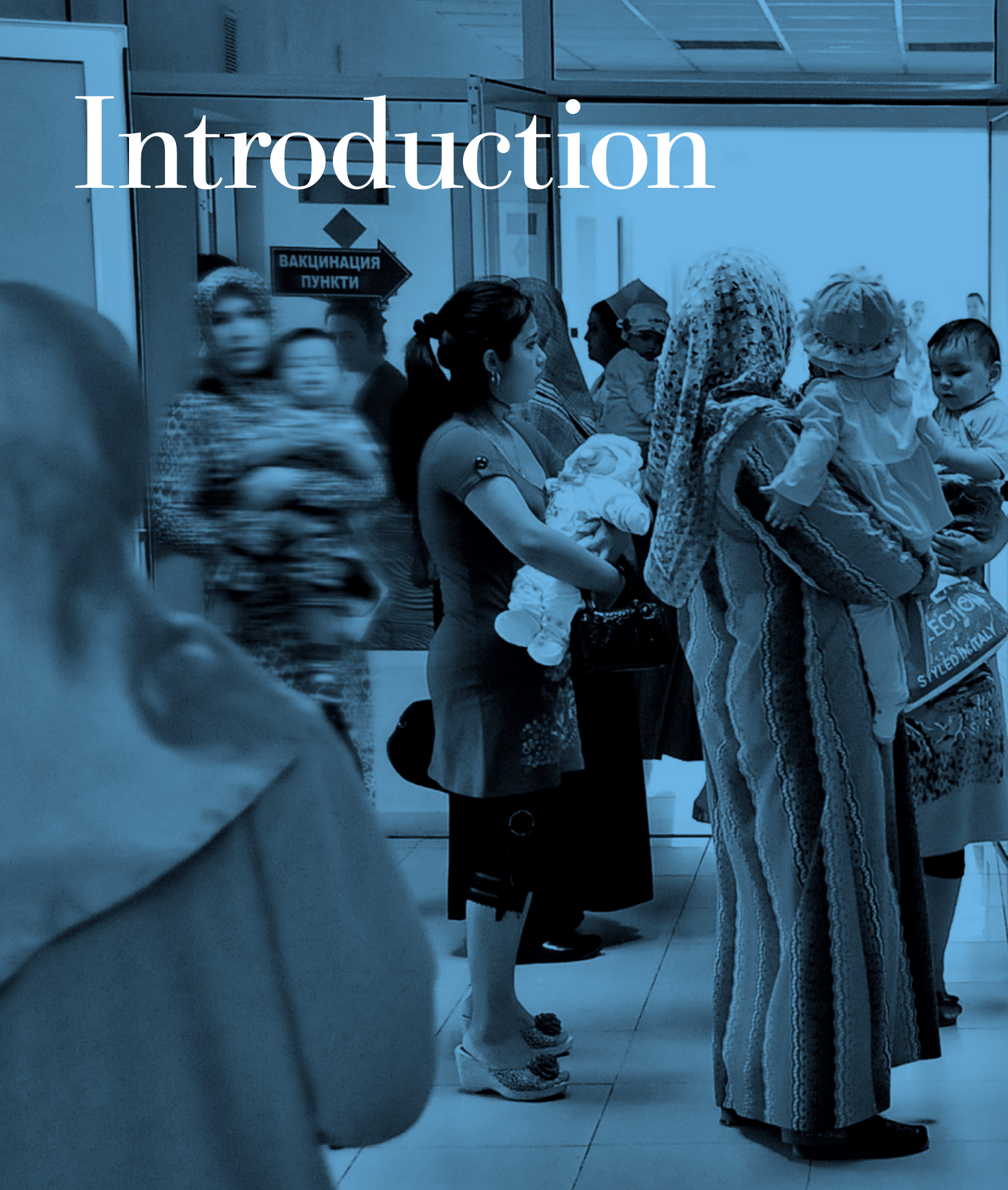
The consultative process that resulted in EVAP brought together WHO, Member States of the European Region and their strategic partners, regional and national advisory bodies, donors and development agencies. This finished product represents a clear commitment to the principles of the European policy framework Health 2020. And it bears testimony to the importance of strong partnerships to pursue the Region's immunization goals, including the elimination of measles and rubella, maintenance of the Region's polio-free status, control of hepatitis B infection and evidence-based introduction of new vaccines.

It is my privilege to launch this new chapter in the history of immunization in the European Region. The success of our collective vision for a Region free of vaccine-preventable diseases depends on the sustained commitment of us all to provide sufficient human and financial resources to fully implement this Plan. We stand ready to take on this challenge together in line with Health 2020's ultimate goal to equitably protect and promote health and well-being across the Region.



Zsuzsanna Jakab
WHO Regional Director for Europe

Introduction





Background

The aim of the global policy is to ensure that the full benefit of vaccination is available to all people

Immunization has brought about a remarkable reduction in child mortality in the WHO European Region over the past few decades. Today, nine of every 10 children in the Region receive at least a basic set of vaccinations during infancy and as a result lead healthier, more productive lives. Furthermore, significant advances have been made in developing and introducing new vaccines and expanding the reach of immunization programmes. More people than ever before are being vaccinated and access to and reception of vaccines by people other than infants is increasing.

The Sixty-fifth World Health Assembly endorsed the Global Vaccine Action Plan 2011–2020 (GVAP) in resolution WHA65.17 (Annex 1) as the operational framework for implementation of the vision of the Decade of Vaccines. This policy envisions a world in which all individuals enjoy lives free from vaccine-preventable diseases. The aim of the policy is to ensure that the full benefit

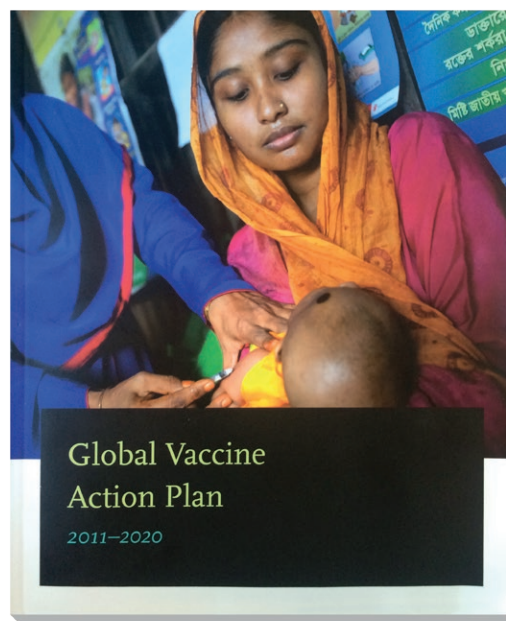
of vaccination is available to all people, regardless of where they are born, who they are or where they live.

The ultimate success of GVAP depends on the commitment of Member States and partners. In this context, the Sixty-fifth World Health Assembly requested WHO regional offices to translate GVAP into regional plans.

The “European Vaccine Action Plan 2015–2020” (EVAP) was drafted to complement, regionally interpret and adapt GVAP.

Despite the wide diversity of health systems in the European Region, national immunization programmes are generally strong and routine national vaccination coverage is high. Strong demand for immunization services has clearly had beneficial effects, increasing individual and social ability to protect infants and children and progress continues with the introduction of new vac-

The European Vaccine Action Plan (EVAP) 2015–2020 has been drafted to complement, regionally interpret and adapt GVAP. http://www.who.int/immunization/global_vaccine_action_plan/en/



“Variable commitment to action is impeding further progress.”

cines to protect more people in more areas from more diseases. Nevertheless, the gains and commitment of the Region continue to be tested.

Of the 11.2 million children born in the European Region in 2012, nearly 554 150 did not receive the complete three-dose series of diphtheria, pertussis and tetanus vaccine by the age of one year.¹ In 2013 alone, Member States reported 31 685 cases of measles,² 39 367 cases of rubella,² and wild poliovirus circulation was detected in the Region.

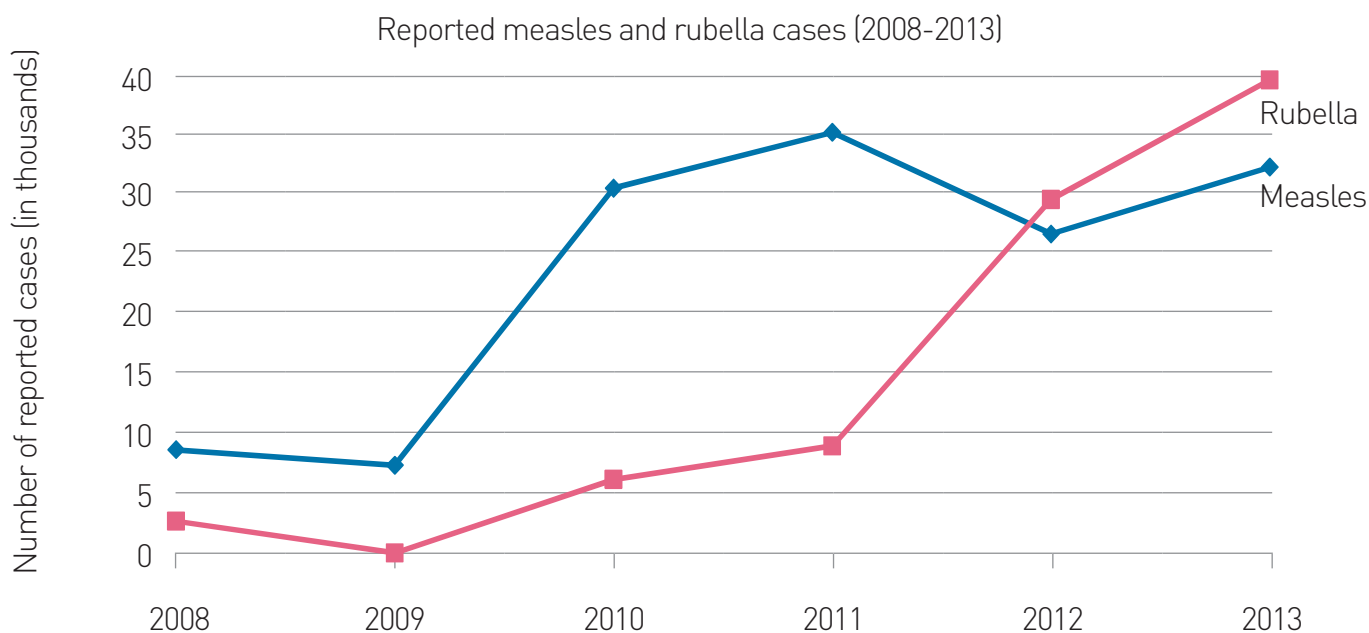
Vaccines are available to the vast majority of the population of the European Region; however, variable commitment to action is impeding further progress and the

innovative solutions and extension of services necessary to fulfil the rights of underserved, marginalized, migrant and disadvantaged children and families. The monitoring of vaccination and disease knowledge and attitudes and health-seeking behaviours are limited in the Region, which compromises the ability of authorities to respond adequately to the specific service delivery and information needs of susceptible and vulnerable populations, to successfully counter anti-vaccination sentiment and to tackle vaccine hesitancy. The capacity to manage and respond effectively to public concern about events related to vaccine safety also needs strengthening.

1 WHO vaccine-preventable disease monitoring system, 2013 global summary. Global and regional immunization profile: European Region. Geneva: World Health Organization; 2013 (http://apps.who.int/immunization_monitoring/data/gv_eurprofile.pdf, accessed 24 July 2014).

2 CISID: centralized information system for infectious diseases [online database]. Copenhagen: WHO Regional Office for Europe (<http://data.euro.who.int/cisid/>, accessed 24 July 2014).





Source: Centralized information system for infectious diseases (CIS-ID) (<http://data.euro.who.int/cisid/>, data extracted 18 July 2014)
The data are incomplete because not all Member States reported measles and rubella data for each year indicated.

The number of countries in the European Region with coherent, implemented legislation on vaccination is currently unknown and multiyear financial commitment to vaccination through a structured, fully integrated plan is highly variable. Regionally, the overall share of total domestic expenditure for vaccination is increasing relative to countries' economic growth. This is largely due to the introduction of new, more expensive vaccines, which require further investment in both vaccine and associated delivery costs. Procurement practices are also variable and vaccine pricing has been identified as one of the key obstacles to the use of new vaccines in middle-income countries that do not have donor support.

The increasing complexity of immunization service delivery requires that a larger volume of different types of data be collected, processed, analysed and shared for

decision-making at various levels. The quality of data on administrative coverage is suboptimal in many countries, as is the quality of surveillance for vaccine-preventable diseases. The higher demands on immunization programmes are testing whether investment in building human resources capacity is adequate.

An inclusive, integrated approach to immunization requires the engagement of a wide range of stakeholders and opinion leaders from within the health sector and, more broadly, from sectors affected by the economic and social burden of vaccine-preventable disease. Strategic intra- and intercountry partnerships must be strengthened and maintained to support immunization programmes, to raise the profile of immunization and to gain wide-ranging commitment.

Purpose of the European Vaccine Action Plan

The intention of EVAP is to set a course through a regional vision and goals for immunization and control of vaccine-preventable diseases from 2015 to 2020 and beyond, by defining priority action areas, indicators and targets and proposing a set of actions for each EVAP objective, taking into account the specific needs and challenges of Member States in the European Region.



Development

Strengthening participation
and ownership



At its 63rd session in Çesme Izmir, Turkey, in September 2013, the Regional Committee requested that a regional vaccine action plan be presented at its 64th session.

The Vaccine-preventable Diseases and Immunization Programme of the Regional Office consulted the European Technical Advisory Group of Experts on Immunization (ETAGE) in October 2013 on the scope of EVAP and the regional priorities and challenges that should be addressed. These were presented with a development plan and timeline to the Standing Committee of the Regional Committee for Europe (SCRC) in December 2013. The partners consulted include the United Nations Children's Fund (UNICEF), the European Centre for Disease Prevention and Control, the United States Centers for Disease Control and Prevention, the United States Agency for International Development, the GAVI Alliance and the European Commission Directorate-General for Health and Consumers. Member States were consulted at the WHO European Regional Meeting of National Immunization Programme Managers from 18–20 March 2014 in Antalya, Turkey, and feedback from dedicated review sessions contributed to further revision of the draft EVAP. In late March, the draft was pre-endorsed by ETAGE.

On the basis of feedback from the SCRC in May 2014 and in line with input from Member States and partners during an online consultation in May 2014, the draft EVAP was finalized and endorsed by ETAGE before its submission to the Regional Committee in September 2014.

This document provides an overview of EVAP's goals, objectives, priority action areas and key components of its monitoring and evaluation framework. A shorter version of EVAP was submitted as a working document to the 64th session of the WHO Regional Committee for Europe (EUR/RC64/15).



A shorter version of EVAP was submitted to the 64th session of the Regional Committee in September 2014

Guiding principles

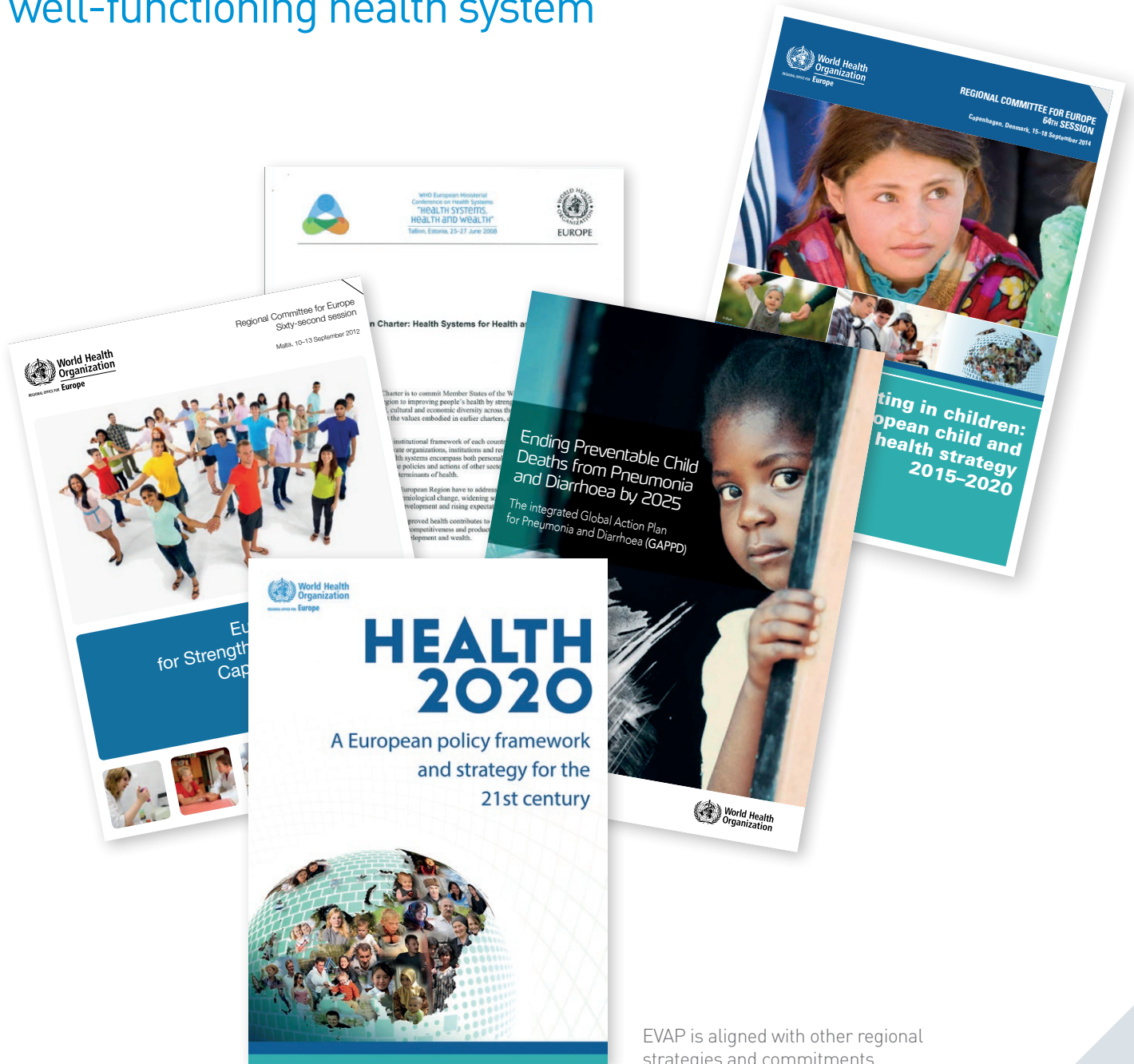
EVAP echoes the key strategic directions of Health 2020

The objectives of EVAP, expanding on GVAP, echo the policy priorities of Health 2020, through which the Region is committed to reduce inequities and thus significantly improve the health and well-being of populations, strengthen public health and ensure people-centred health systems that are equitable, sustainable and of high quality (Table 1). Additionally, EVAP takes into consideration the guidance and directions of *The Tallinn Charter: Health Systems for Health and Wealth*³ (EVAP objective 1), “Investing in children: the European child and adolescent health strategy 2015–2020”⁴ (EVAP objectives

2 and 3), the *European Action Plan for Strengthening Public Health Capacities and Services*⁵ (EVAP objectives 4 and 5) and *Ending preventable child deaths from pneumonia and diarrhoea by 2025: the integrated global action plan for pneumonia and diarrhoea (GAPD)*⁶ (EVAP objectives 1 and 4). Furthermore, EVAP will contribute significantly to meeting the “Renewed commitment to elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and sustained support for polio-free status in the WHO European Region” endorsed in resolution EUR/RC60/R12.

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- 3 The Tallinn Charter: health systems for health and wealth. Copenhagen: WHO Regional Office for Europe; 2008 (http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf?ua=1, accessed 24 July 2014).
- 4 Investing in children: the European child and adolescent health strategy 2015–2020 [document EUR/RC64/12]. To be submitted to the Regional Committee for Europe in September 2014 for consideration and adoption (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/sixty-fourth-session/documentation/working-documents/eurrc6412-investing-in-children-the-european-child-and-adolescent-health-strategy-20152020>, accessed 24 July 2014).
- 5 European Action Plan for Strengthening Public Health Capacities and Services. Copenhagen: WHO Regional Office for Europe; 2012 [document EUR/RC62/12 Rev.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-second-session/documentation/working-documents/eurrc6212-rev.1-euro-pean-action-plan-for-strengthening-public-health-capacities-and-services>, accessed 24 July 2014]
- 6 Integrated Global Action Plan for Pneumonia and Diarrhoea. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/79200/1/9789241505239_eng.pdf, accessed 24 July 2014).
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“Equitable access to immunization as a cornerstone of a well-functioning health system”



EVAP is aligned with other regional strategies and commitments

Table 1. Alignment of European Vaccine Action Plan 2015–2020 to Health 2020 policy framework and strategy

Health 2020	European Vaccine Action Plan
Strategic objectives	EVAP objectives
Improving health for all and reducing health inequalities	EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies.
Improving leadership and participatory governance for health	EVAP objective 1: All countries commit to immunization as a priority. EVAP objective 5: Immunization programmes have sustainable access to predictable funding and high-quality supply.
Policy priorities	EVAP objectives
Investing in health through a life-course approach and empowering people	EVAP objective 2: Individuals understand the value of immunization services and vaccines and demand vaccination. EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies. EVAP objective 5: Immunization programmes have sustainable access to predictable funding and high-quality supply.
Tackling the Region’s major health challenges of noncommunicable and communicable diseases	All five EVAP objectives are related to reducing the burden of vaccine-preventable disease.
Strengthening people-centered health systems, public health capacity and emergency preparedness, surveillance and response	EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies. EVAP objective 4: Strong immunization systems are an integral part of a well-functioning health system.
Creating resilient communities and supportive environments	EVAP objective 2: Individuals understand the value of immunization services and vaccines and demand vaccination. EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies.



Structure

The objectives form the operational component of EVAP, for realization of the six goals by 2020.

Within the aspirational vision of EVAP, six regional goals have been set, aligned with the Decade of Vaccines and the Global Vaccine Action Plan and in the context of the European Region. To attain these six goals, five EVAP objectives incorporating priority action areas and indicators have been developed. Progress towards achieving both the goals and the objectives will be monitored within a monitoring and evaluation framework (Annex 2).





Six regional goals

Indicators and targets



Five EVAP objectives

Indicators and targets

Priority action areas



**Monitoring
and evaluation framework**

Vision

The EVAP vision incorporates regional principles and directions for immunization programmes during the period covered by EVAP and beyond. The vision reflects joint commitment to a common purpose by Member States, stakeholders and partners, with a long-term collective goal:

“A European Region free of vaccine-preventable diseases, where all countries provide equitable access to high-quality, safe, affordable vaccines and immunization services throughout the life course.”



EVAP goals

Achievement of the vision and the outcomes of the actions undertaken within EVAP will be measured against the following EVAP goals.

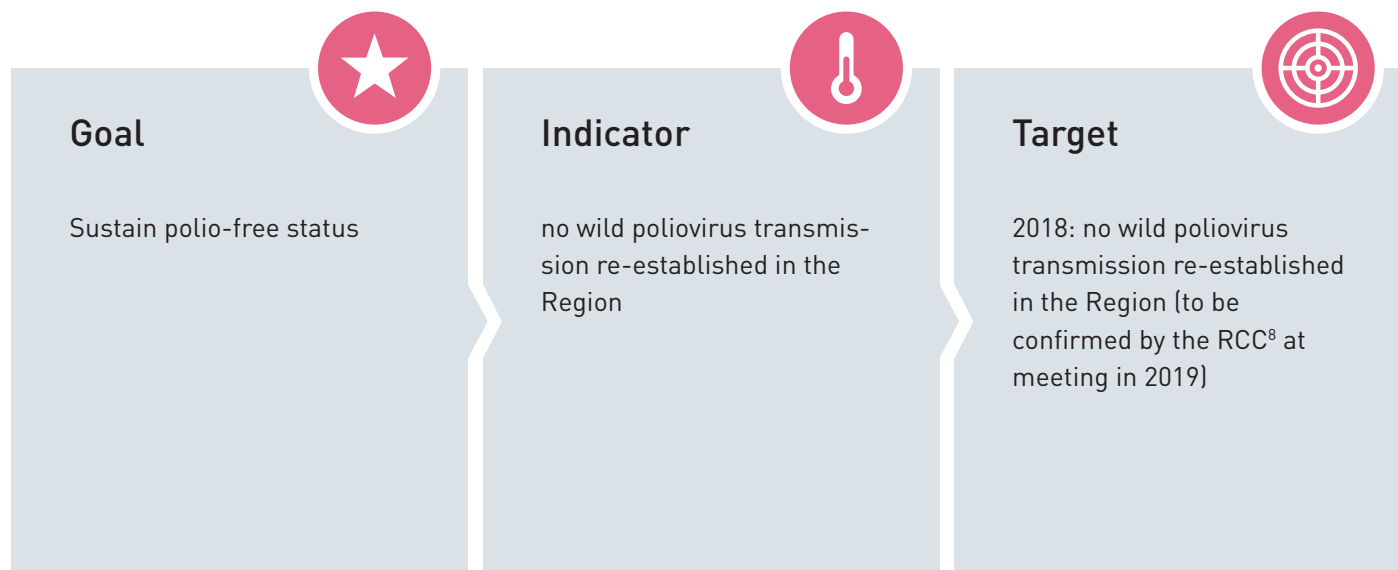
- Sustain polio-free status.
- Eliminate measles and rubella.
- Control hepatitis B infection.
- Meet regional vaccination coverage targets at all administrative levels throughout the Region.
- Make evidence-based decisions on introduction of new vaccines.
- Achieve financial sustainability of national immunization programmes.



EVAP goal 1

Sustain polio-free status

The European Region achieved certification of polio-free status in 2002 and has maintained this status. In line with the Global Polio Eradication Initiative, sustaining polio-free status depends largely on high vaccination coverage (EVAP objectives 2 and 3), high-quality surveillance (EVAP objective 4) and shifting to bivalent oral poliovirus vaccine and introducing inactivated poliovirus vaccine in line with the *Polio Eradication and Endgame Strategic Plan 2013–2018*⁷ (EVAP objective 5).



⁷ Global polio eradication initiative. Geneva: World Health Organization; 2013 (http://www.polioeradication.org/Portals/0/Document/Resources/StrategyWork/PEESP_EN_US.pdf, accessed 24 July 2014.)

⁸ Regional Certification Commission for Poliomyelitis Eradication

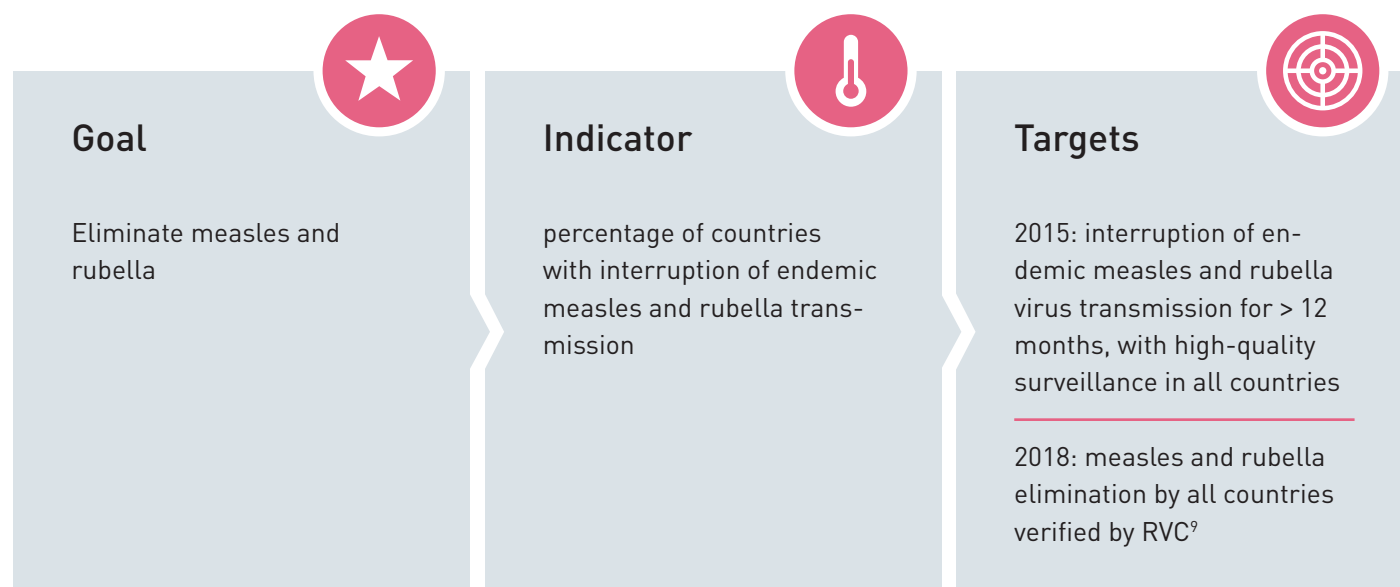




EVAP goal 2

Eliminate measles and rubella

The Region has set 2015 as the target for interrupting transmission of measles and rubella. Once this target has been met, certification will follow in 2018, after three years of confirmed interrupted transmission. Elimination of measles and rubella will depend largely on obtaining political commitment (EVAP objective 1), achieving high coverage and closing immunity gaps (EVAP objectives 2 and 3) and ensuring high-quality, case-based surveillance (EVAP objective 4).

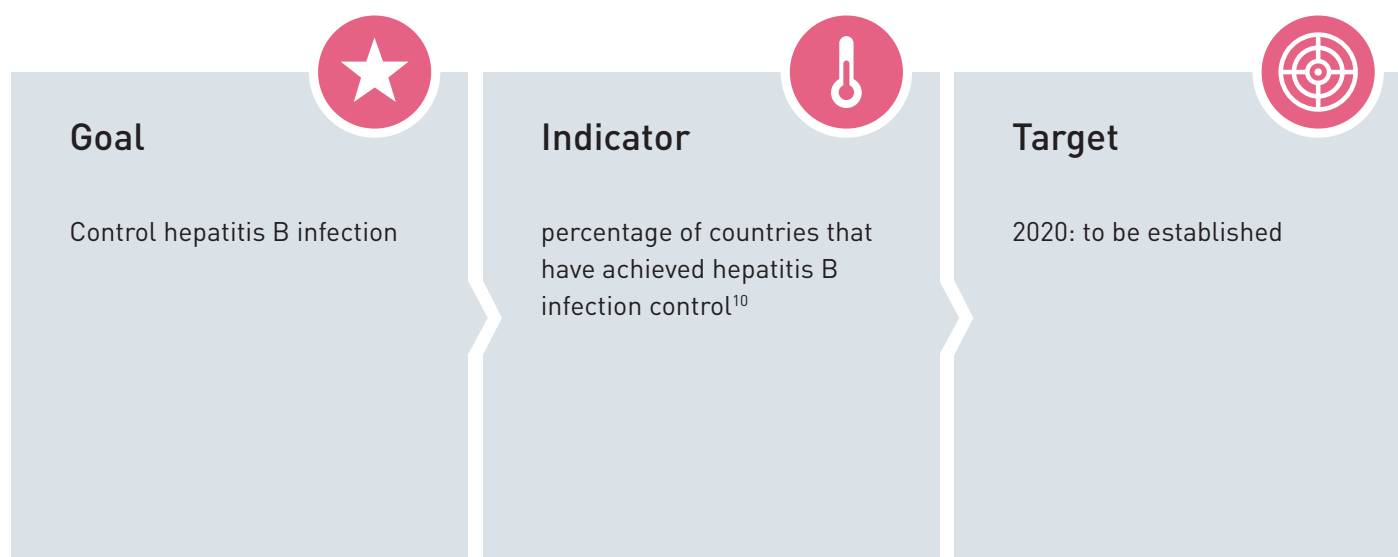


⁹ Regional Verification Commission for Measles and Rubella Elimination

EVAP goal 3

Control hepatitis B infection

The Region has the opportunity to establish and commit to controlling hepatitis B and achieving further progress in controlling infection. Through EVAP, the Regional Office commits itself to prepare a programme and action plan for the control of hepatitis B infection and identify targets for 2020. The action plan will benefit from the strategic direction and objectives of EVAP and is expected to be discussed at the Regional Committee meeting in 2015.



¹⁰ Provisional indicator to be finalized after establishment of the regional hepatitis B control goal and endorsement by the Regional Committee in 2015.

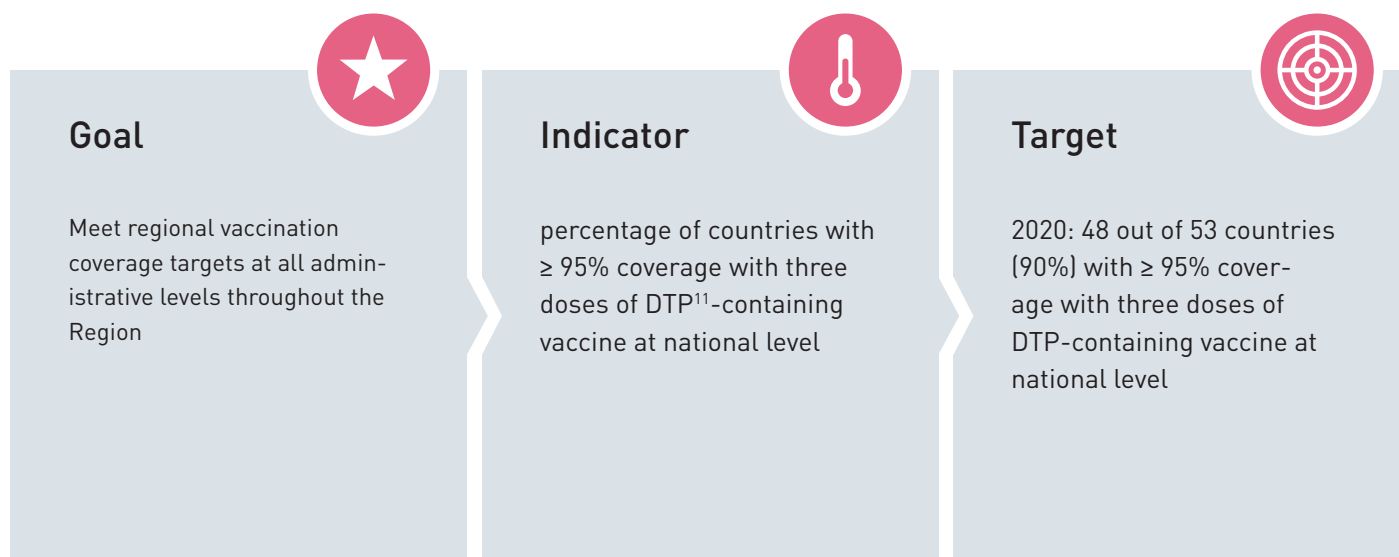




EVAP goal 4

Meet regional vaccination coverage targets at all administrative levels throughout the Region

Member States in the WHO European Region are committed to further reducing health inequalities through Health 2020 by taking action on the determinants of health. EVAP frames this commitment within immunization by establishing regional vaccination coverage targets that are higher than those of the GVAP. It promotes a change in the way of working, by tailoring immunization programmes to address inequities (EVAP objectives 2 and 3) and strengthening commitment to and the sustainability and functionality of national immunization programmes (EVAP objectives 1, 4 and 5).



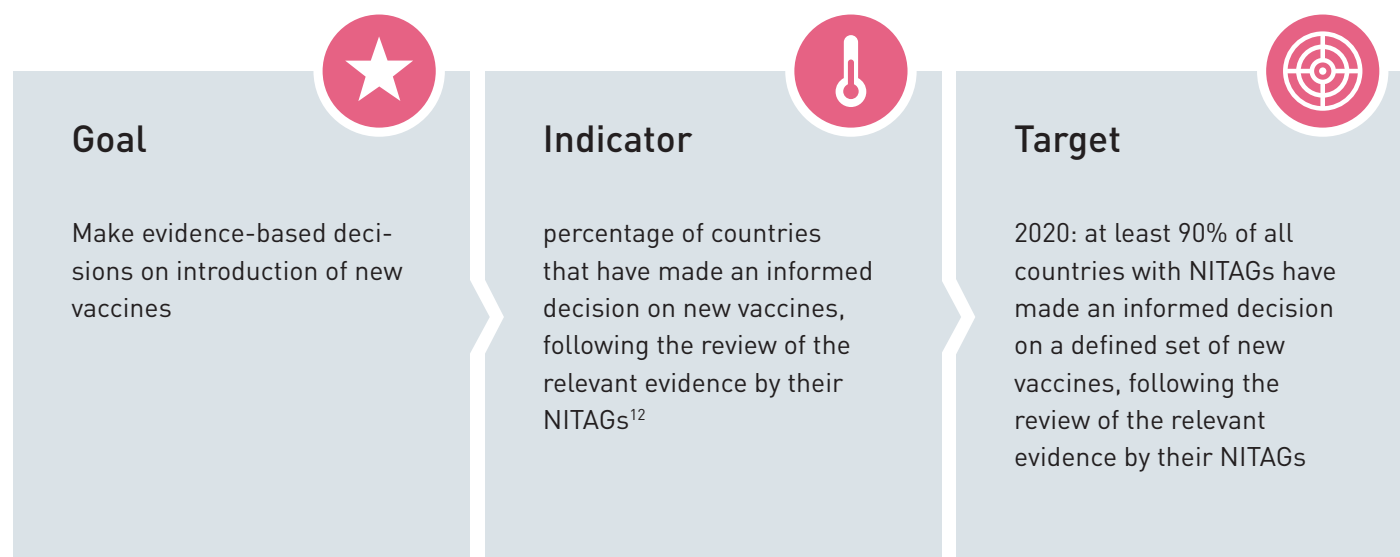
11 DTP: diphtheria-tetanus-pertussis

EVAP goal 5

Make evidence-based decisions on the introduction of new vaccines

EVAP stresses the importance of evidence-based immunization policies in further improving good governance of immunization programmes. Establishing and strengthening independent advisory mechanisms at the national level (national immunization technical advisory groups) is critical for improving leadership and participatory governance (EVAP objective 1).

EVAP recommends that countries review the evidence and make informed decisions, particularly with regard to the introduction of new vaccines, using all the available information, including disease burden and cost-effectiveness.



¹² NITAG: national immunization technical advisory group

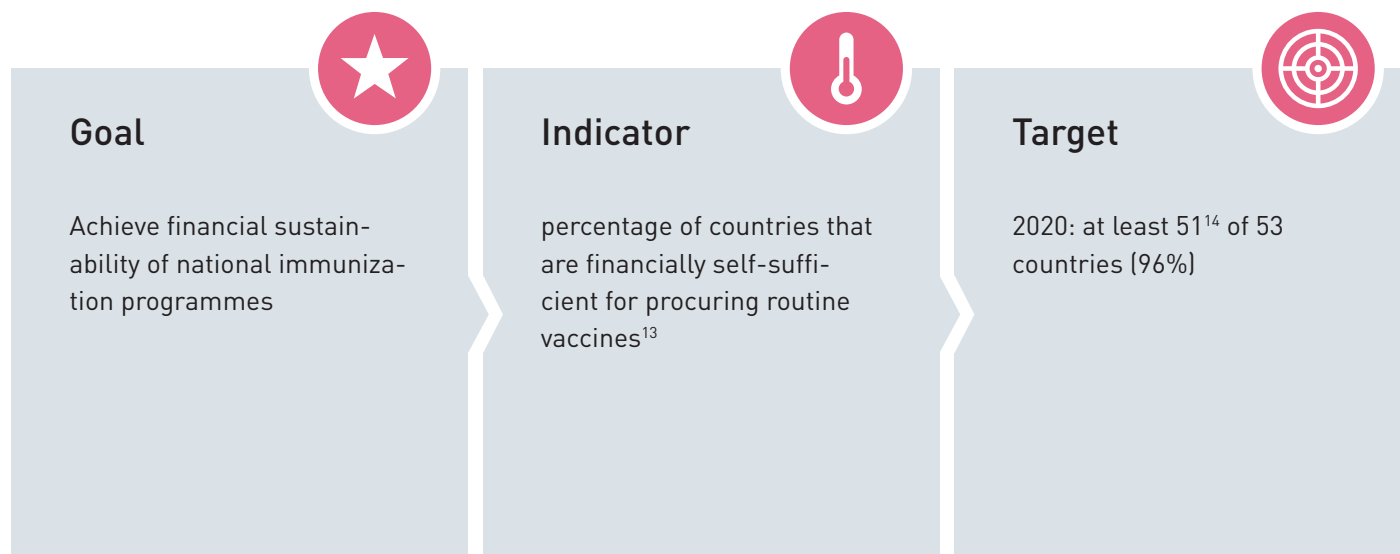




EVAP goal 6

Achieve financial sustainability of national immunization programmes

Most countries in the Region have achieved financial self-sufficiency for vaccines, and donor support is limited mainly to technical and financial assistance for operational components of immunization programmes, except in countries currently eligible for support from the GAVI Alliance. In the European Region, the remaining challenge in most countries is allocation of additional financial resources to expand immunization programmes. This will require increased commitment to immunization and sustainable access to long-term domestic funding (EVAP objectives 1 and 5).



¹³ Proposed regional indicator. Required data for the indicator already exists in the current JRF, but its definition requires revision. No additional reporting by countries is required.

¹⁴ This excludes two countries classified as low income as of 2012.



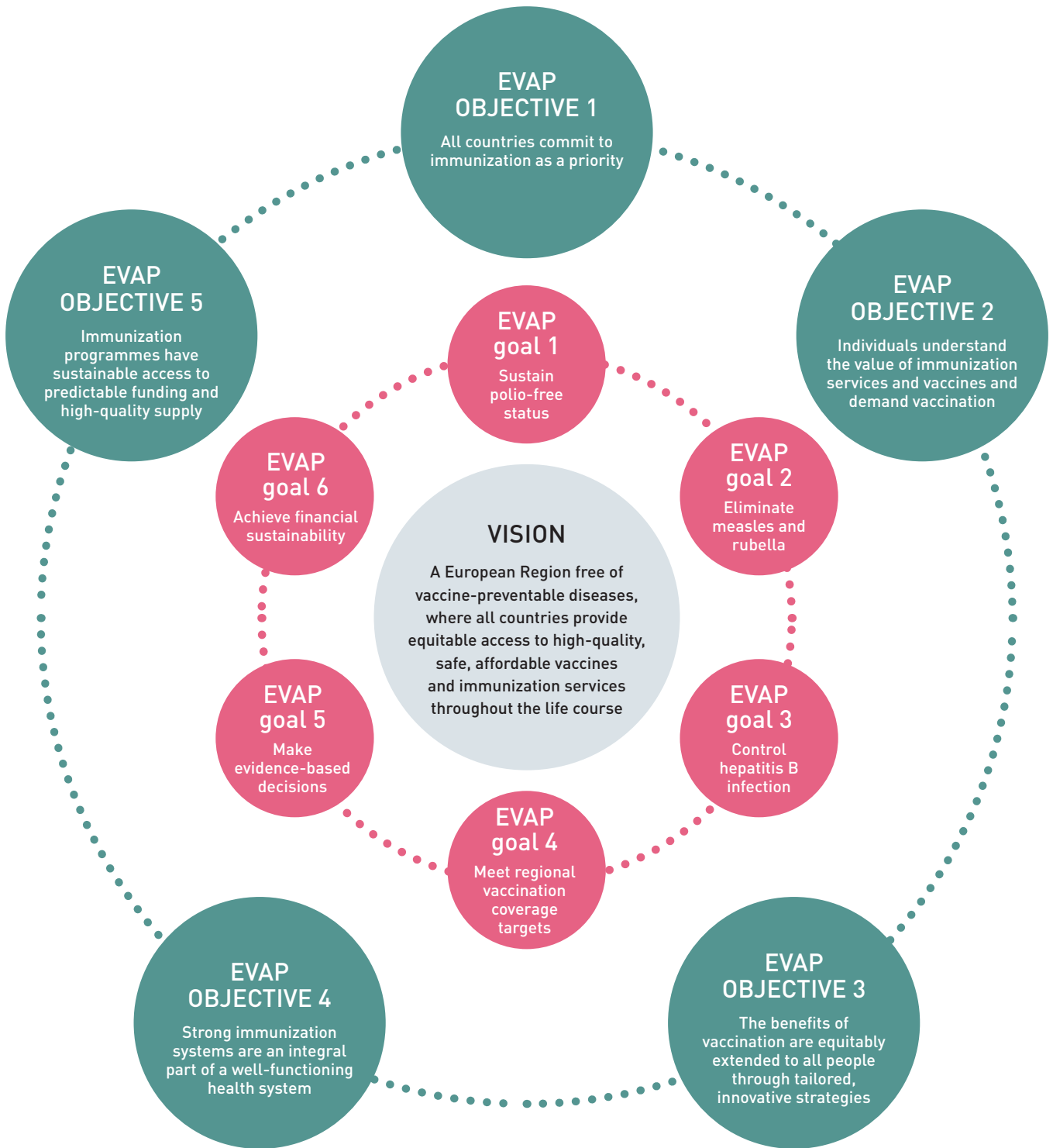
EVAP objectives



EVAP objectives

The objectives of EVAP and the priority action areas thereunder are the technical and operational components required to achieve its six goals. EVAP incorporates the strategic objectives of GVAP that are relevant to the Region; priority action areas are defined to address regional priorities and challenges.

Priority action areas have been set for each of the five EVAP objectives (see figure), with proposed actions that add further specificity and provide a framework for the Regional Office, Member States and partners to achieve the objectives.



EVAP objective 1

All countries commit to immunization as a priority

Political commitment to immunization as a priority is essential for optimizing the performance and impact of any immunization programme. Through such commitment, countries recognize the importance of vaccination as a critical public health intervention and a public good and acknowledge the value that immunization represents in terms of health, social and economic returns.

Introducing and implementing an appropriate legislative framework is a tangible output, which allows ministries and public health agencies to define the national priorities and to make a sustainable commitment to immunization. Engaging with stakeholders and establishing formal, accountable, credible, transparent structures based on evidence-based decisions are required.

The integration of immunization plans into broader health plans provides a platform for sustainable financial investment. Integration and commitment can be further enhanced by using immunization performance as one measure of the functionality of an integrated health system.

Developing and disseminating advocacy tools and materials to enhance the profile of immunization and increase knowledge about its value and benefits will strengthen commitment to immunization.

Objective



All countries commit to immunization as a priority

Indicators



presence of a NITAG

domestic expenditure for routine vaccines per newborn¹⁵

Targets



2020: 48 out of 53 countries (90%) have a NITAG

2020: to be determined after assessing baseline value in 2015

¹⁵ Proposed regional indicator to be introduced in 2015. Required data for the indicator already exist in the current JRF. No additional reporting by countries is required. Indicator to be calculated at regional level from data reported in the JRF.



EVAP objective 1

All countries commit to immunization as a priority



Priority action area 1

Enhance governance of national immunization programmes with legislative and managerial tools.



Proposed actions

1. Establish and strengthen legislative basis for immunization to enhance financial and programmatic sustainability of national immunization programmes.
2. Develop and utilize costed (multi-year) immunization plans (through engagement and consultation with all stakeholders) that include attainable vaccine-preventable disease burden reduction and programmatic targets, and that are well aligned with broader plans (i.e. health, social sector and government plans).
3. Establish or strengthen monitoring and evaluation mechanisms to assess financial and programmatic sustainability of national immunization programmes.
4. Establish, or strengthen existing, coordination and collaboration mechanisms between immunization stakeholders to enhance performance of the immunization programme through alignment and effective management.
5. Strengthen immunization programme management capacity through continuous sustainable investment in immunization programme administration at all levels (on programme planning, implementation, evaluation).
6. Use immunization coverage as one of the key performance indicators for the national functionality of the overall health system.



Priority action area 2

Inform and engage opinion leaders and stakeholders with regard to the value of immunization to enhance commitment to immunization as a priority.



Proposed actions

1. Establish and support mechanisms to engage opinion leaders to build a strong alliance for the promotion of immunization at all levels, including the regional level.
2. Develop and disseminate audience-targeted evidence on the value and benefits of immunization (public health value, averting vaccine-preventable diseases and deaths; eliminating and eradicating targeted vaccine-preventable diseases; minimizing risks, social and economic costs associated with vaccine-preventable diseases).
3. Develop and disseminate the evidence base for the broader impact of immunization for individuals, households, communities and countries (on school enrollment, productivity, physical and cognitive development).
4. Advocate for inclusion of immunization in the agendas, plans and policies of wider governmental and nongovernmental fora both at an intra- and inter-country level.
5. Train immunization programme core staff and provide tools to build alliances, advocate for immunization and facilitate peer-to-peer exchange of information and best practices.

EVAP objective 1

All countries commit to immunization as a priority



Priority action area 3

Strengthen the national immunization technical advisory mechanism to formulate and implement evidence-based policies.

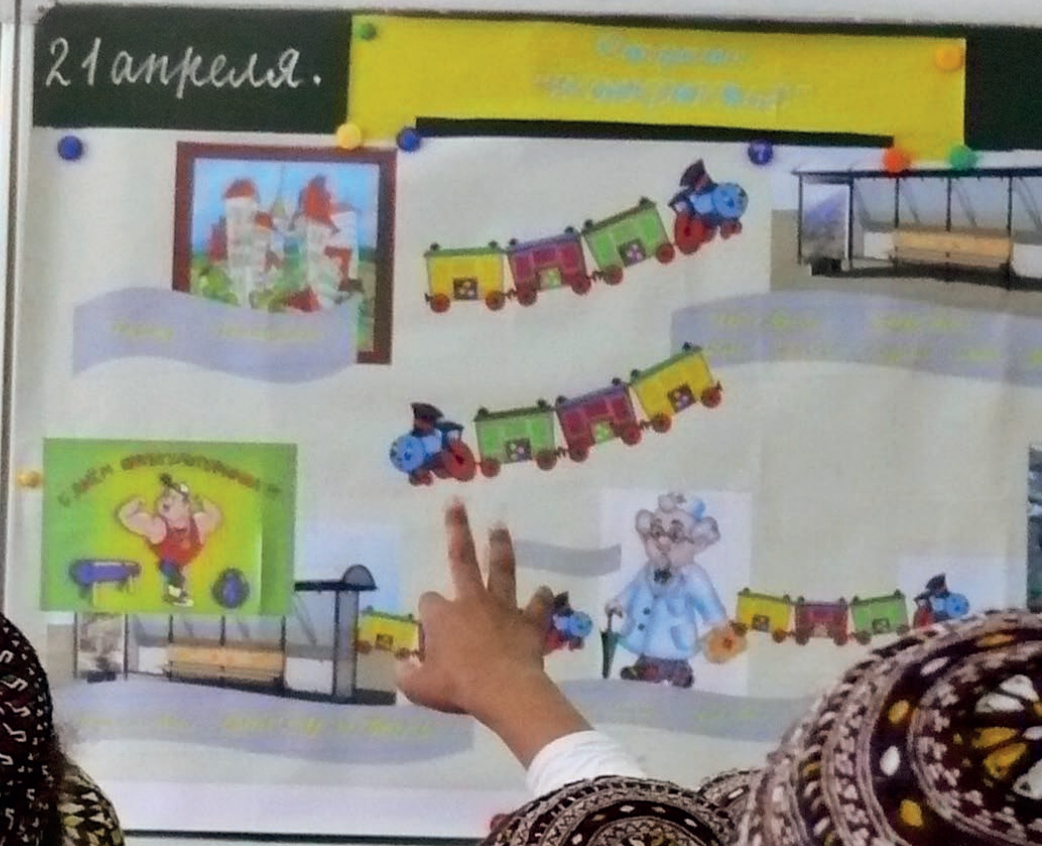


Proposed actions

1. Establish, or strengthen existing, independent advisory groups on immunization composed of recognized experts that provide evidence-based policy and strategy guidance to national immunization programmes in order to ensure improved credibility and good governance.
2. Establish, or strengthen existing, links with equivalent regional (European Technical Advisory Group of Experts) and global (Strategic Advisory Group of Experts) advisory bodies to promote improved access to and dissemination of immunization policies, strategies and tools.
3. Establish a regional platform for peer-to-peer exchange of information, best practices and tools between national immunization technical advisory groups (NITAGs) to create synergies.
4. Introduce tools to guide the analysis of evidence and methods to evaluate the quality of evidence to strengthen the strategic guidance formulation (decision-making) process.
5. Consider briefing the public on advisory group recommendations to contribute to transparency and credibility.
6. Assess regularly the performance and impact of NITAGs against indicators set by WHO.

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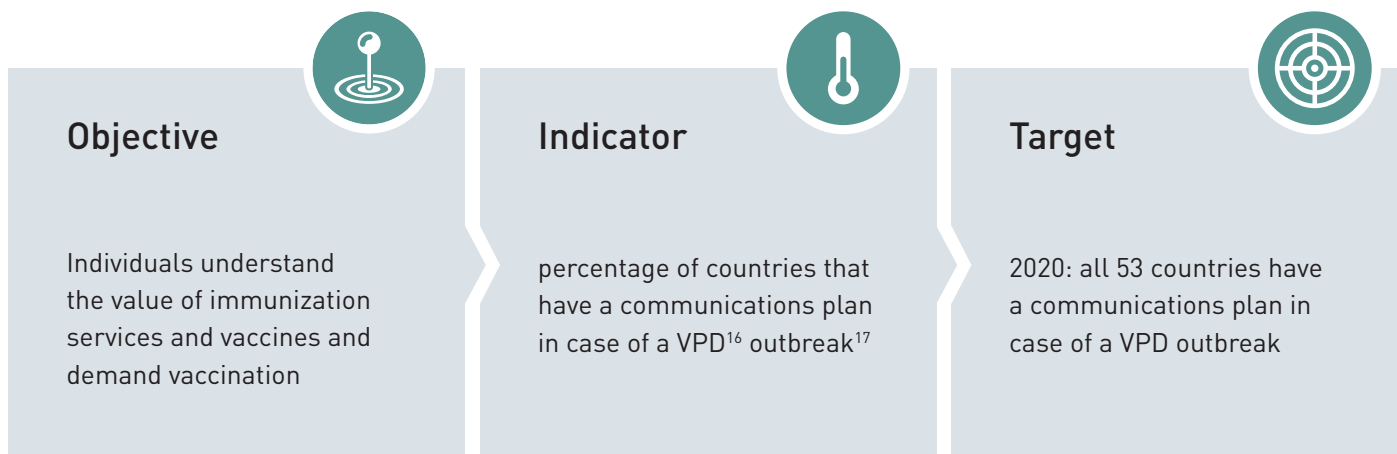
21 апреля.



EVAP objective 2

Individuals understand the value of immunization services and vaccines and demand vaccination





Protecting the public health gains made by immunization programmes and improving their impact depend on individuals understanding the benefits and risks of vaccination and the diseases it prevents, demanding vaccination as both their right and their responsibility, making evidence-informed choices, being encouraged to seek immunization services, taking responsibility to protect children, adolescents and adults throughout the life course and being sufficiently engaged and empowered to influence health service provision and overcome barriers to vaccination.

EVAP positions immunization as a right and a responsibility, thus recognizing vaccination as a responsible public health measure and prompting countries to view the immunization gap not as a burden but as an opportunity to advocate for commitment. It also presents a basis for which countries, partners and stakeholders can hold each other accountable. Generating and maintaining demand for immunization services and addressing vac-

cine hesitancy in the European Region will require use of traditional and new social communication platforms, optimizing the role of front-line health care workers, identifying and leveraging immunization champions and agents of change, tailoring immunization programme advocacy and communication to susceptible populations, including mobile, marginalized and migrant populations, and communicating the benefits of immunization and the risks presented by vaccine-preventable diseases.

The barriers to vaccine demand are complex and context specific. They include social, cultural and other behavioural determinants, and programmes must therefore monitor and assess general public and subgroup attitudes, knowledge and behaviour more frequently, to inform and tailor programme delivery and response. Success in countering anti-vaccination sentiment and safety concerns will depend on this in particular.

¹⁶ VPD: vaccine-preventable disease

¹⁷ Proposed regional indicator to be introduced in 2015 from data already in the JRF. Proxy indicator for assessing communication planning capacity.

EVAP objective 2

Individuals understand the value of immunization services and vaccines and demand vaccination



Priority action area 1

Ensure that individuals receive information about the risks of vaccine-preventable diseases and the benefits of and risks of vaccination, and that trust in vaccines, immunization services and health authorities is enhanced.



Proposed actions

1. Introduce research methods to monitor public perceptions, knowledge, attitudes and opinions. Ensure that research-practice mechanisms are in place to assure evidence-informed communication and messaging.
2. Open and maintain dialogue through multiple communication channels; with particular emphasis on utilizing social media and new media technology.
3. Implement multi-channel vaccination advocacy and communication activities and dedicated media campaigns, using traditional and new media to transmit information that responds to people's concerns and fears.
4. Monitor and respond to inaccurate or false information and anti-vaccination sentiment.
5. Ensure a timely, transparent and trustworthy response to reported or suspected adverse events following immunization or vaccine safety scares.
6. Expand the immunology and vaccinology components of the basic medical education curricula and provide health worker in-service training opportunities – through medical education institutions, health authorities and health professional associations and societies.
7. Train health workers on risk communication in order to maximize the role they play in allaying vaccine safety fears, tackling vaccine hesitancy and emphasizing the benefits and value of vaccines.



Priority action area 2

Engage new partners, advocates, champions and ambassadors to convey messages and maintain a positive media environment.



Proposed actions

1. Map and recruit new voices and agents of change, including educators, religious leaders, traditional and social media personalities, family physicians, community health workers, health mediators and trained immunization champions.
2. Cultivate relationships with media, encouraging balanced immunization reporting and immunization training of national and subnational media, ultimately increasing the share of voice in the media for the benefits of vaccines, especially online.
3. Engage, enable and support in-country professional associations and societies, academic institutions and civil society organizations, to advocate the value of vaccines to communities, policy-makers and the media.
4. Link national and subnational authorities and immunization service providers with the global elimination and eradication advocacy efforts (Global Polio Eradication Initiative and Measles & Rubella Initiative), so that they may maximize utilization of global initiative communication and advocacy resources, materials and expertise.

EVAP objective 2

Individuals understand the value of immunization services and vaccines and demand vaccination



Priority action area 3

Build the risk communication capacity of authorities, so that they can prepare and implement communication strategies and campaigns based on reliable research and evidence in order to stimulate demand for routine childhood vaccination and for inclusion of new and underused vaccines in the national immunization schedule.



Proposed actions

1. Develop evidence-informed communication plans for new vaccine introduction.
2. Leverage the routine immunization communications and advocacy legacy to support new vaccine introduction. At the same time, maximize the opportunity presented by vaccine introduction to promote immunization services and advocate for vaccination.
3. Include a public opinion, knowledge and attitudes research component in all post-introduction evaluations



EVAP objective 3

The benefits of vaccination are equitably extended to all people through tailored, innovative strategies

National immunization programmes should provide services to everyone to ensure that every individual can benefit from good health throughout the life course without the negative consequences of vaccine-preventable diseases. Every individual in society should be eligible to receive all appropriate vaccines, irrespective of their geographical location, age, gender, educational level, socio-economic status, ethnicity, nationality or religious or philosophical affiliation. Member States should ensure that immunization policies are non-discriminatory and that the services are fully inclusive and user-friendly, particularly for marginalized communities and minorities.

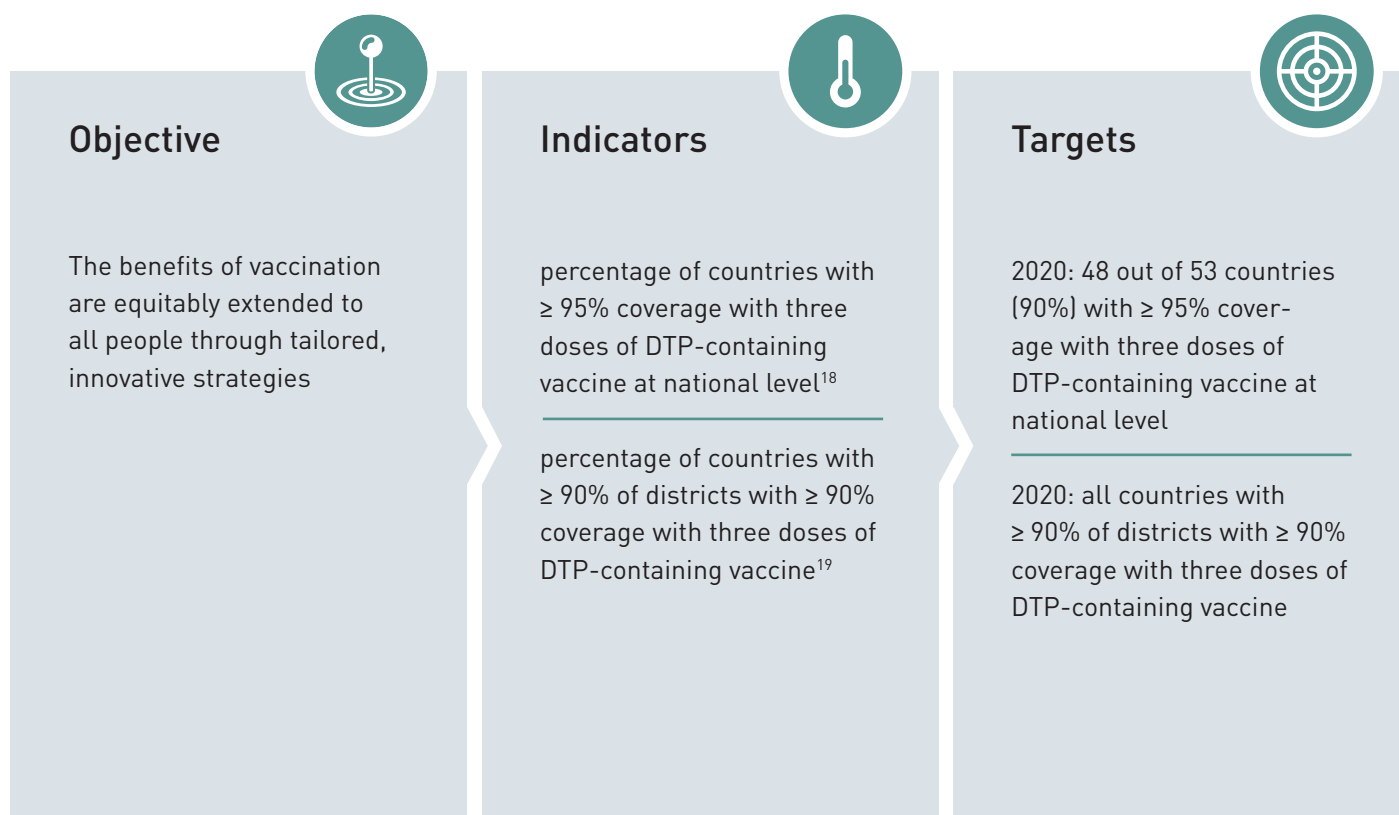
While some underserved groups have been identified in the Region, operational research, including social research, is needed to identify other such populations and to determine the causes of their inadequate access. Tools and approaches to identify susceptible populations, determine barriers to vaccination and implement new, evidence-based strategies or service components should be applied to meet the needs of underserved populations, including adolescents and adults not usually targeted by immunization programmes. Research is required to identify the main causes of low coverage of vaccination, assess systematic and programmatic issues and socioeconomic and cultural barriers, determine the best

approaches for vaccinating individuals of various age groupings and assess the most effective interventions for reaching different groups. In humanitarian crises, outbreaks and emergencies, equitable access must be assured for all affected groups.

Integrated electronic immunization registries are a powerful tool for identifying unvaccinated and undervaccinated individuals and groups and for monitoring the success of immunization programmes. The development and extension of such registries and their integration

into broader health and social registries should be actively encouraged. The extent of implementation and appropriate use of electronic immunization registries in the European Region is not yet known. A baseline assessment will be conducted in 2015 to permit measurement of improvement during the period covered by EVAP.

Strategies that successfully reach and improve coverage of underserved populations should be documented and shared to ensure best practice throughout the Region.



18 Percentage of countries with $\geq 95\%$ coverage with three doses of DTP-containing vaccine at national level. [Same as the indicator of EVAP Goal 4.]

19 Proposed regional indicator to be introduced in 2015. The data required for the indicator are already in the current JRF. No additional reporting by countries is required.

EVAP objective 3

The benefits of vaccination are equitably extended to all people through tailored, innovative strategies



Priority action area 1

Identify underserved populations (groups) and the causes of inequities on a regular basis.



Proposed actions

1. Make use of immunization programme data (vaccination coverage and disease epidemiology data) and other information to identify underserved populations (groups).
2. Utilize operational research and social sciences to identify underlying causes for inequities.
3. Ensure that there is no legal barrier to accessing immunization services by underserved populations.



Priority action area 2

Design and implement tailored, innovative strategies to address identified causes of inequity.



Proposed actions

1. Develop and implement tailored approaches that address underlying causes in eliminating inequities through improving accessibility and quality of immunization services.
2. Involve representatives of underserved and marginalized populations throughout the process of developing and delivering tailored service delivery approaches.
3. Develop and implement target-group-specific immunization delivery approaches when expanding immunization beyond infancy and early childhood within the framework of a life-course approach.
4. Pay special attention to migrants, international travellers and marginalized communities, in ensuring their eligibility and access to (culturally) appropriate immunization services and information.
5. Apply oversight to ensure that immunization policy is nondiscriminatory and that services are fully inclusive and user friendly, particularly for marginalized communities and minorities.
6. Develop plans and standard operating procedures for timely and effective response to vaccine-preventable diseases during outbreaks, humanitarian crises and emergencies.
7. Build upon proven-effective approaches in reaching underserved groups, such as the “Reaching Every District” strategy. (Microplanning for immunization service delivery using the Reaching Every District strategy, Geneva: World Health Organization; 2009 (http://www.who.int/immunization/sage/9_Final_RED_280909.pdf, accessed 24 July 2014)).
8. Track each individual’s immunization status, preferably through introduction of electronic immunization registries that are well integrated within health information systems and leverage other relevant civil registries.
9. Train immunization managers and service providers to implement new strategies and tailored approaches to underserved and marginalized populations (training on planning and implementing tailored approaches, communication skills, engaging existing community structures and civil society organizations in planning and implementing tailored approaches, monitoring and evaluation).

EVAP objective 3

The benefits of vaccination are equitably extended to all people through tailored, innovative strategies



Priority action area 3

Create a system and capacity to ensure equitable delivery.



Proposed actions

1. Supervise implementation and monitor performance of tailored approaches in reaching underserved groups and reducing inequities.
2. Document and disseminate best practices in reaching underserved groups.



EVAP objective 4

Strong immunization systems are an integral part of a well-functioning health system

The relationship between a strong national immunization programme and a well-functioning health system is mutually beneficial. National immunization programmes benefit from integration into strong health systems by coordination with other programmes, the private sector, partners and communities to deliver existing and introduce new vaccines, ensure vaccination throughout the life course and attain quality, equity and coverage goals.

Integration of immunization into broader health systems policy is essential for a coordinated, multidisciplinary approach to building cohesive, non-fragmented, well-functioning immunization services, working in synergy with other public health and individual care programmes and linked to national health policy values, priorities and strategies. Immunization service delivery can support other public health priorities, and other health programmes should support immunization. Particularly when new vaccines are being introduced and during campaigns and emergencies, vaccination is one component of a wider public health effort and should be integral to comprehensive disease control strategies and plans.

A strong immunization programme requires well-trained, competent staff, high-quality data and information, laboratory-based surveillance of vaccine-preventable disease, coordinated systems management and effective monitoring, evaluation and communication. Sufficient human resources with adequate knowledge and skills are the most important element for ensuring the success of increasingly complex immunization programmes and increasingly ambitious goals. Continuous medical education and structured learning systems within the broader health context are required.

The functionality of national regulatory authorities is critical in assuring vaccine quality. Post-marketing surveillance is of particular importance for informing decision-making on risk mitigation and responding to vaccine safety concerns.

Strategies are required to ensure that sufficient supplies (for example, of vaccines and safe injection materials) are available at the right time, at the right place and in the right condition in order to reach vaccination coverage goals.



Objective

Strong immunization systems are an integral part of a well-functioning health system



Indicators

percentage of countries with less than 5% drop-out rate between first and third dose of DTP-containing vaccine

percentage of countries with sustained coverage with DTP-containing vaccines of $\geq 90\%$ for three or more consecutive years²⁰

percentage of countries with immunization coverage data assessed as of high quality by WHO and UNICEF²¹

percentage of countries with case-based surveillance for vaccine-preventable diseases²²

percentage of countries with sustained access to WHO-accredited polio and measles-rubella laboratories²³

presence of an expert review committee to assess causality for AEFI²⁴

percentage of countries with no stock-outs for any routine vaccine at national level



Targets

2020: all 53 countries with $< 5\%$ dropout rate between first and third dose of DTP-containing vaccines

2020: all countries with sustained coverage with DTP-containing vaccines of 90% or greater for three or more consecutive years

2020: all countries with high-quality immunization coverage data

2015: all 53 countries have country-wide surveillance for poliomyelitis, measles and rubella
2020: 40 out of 53 countries (75%) have sentinel site surveillance for IBDs and rotavirus

2020: all 53 countries have sustained access to WHO-accredited polio and measles-rubella laboratories

2020: all 53 countries have an expert review committee in place

2020: 50 out of 53 countries (95%) with no stock-outs for any routine vaccine at national level

²⁰ Global indicator to be calculated at regional level from data in JRF. No additional reporting by countries is required.

²¹ WHO and UNICEF estimates on national immunization coverage grade of confidence based on reported and survey coverage data.

²² Global indicator. Required data already exist in the current JRF. No additional reporting by countries is required. Vaccine-preventable disease surveillance will consist at a minimum of country-wide surveillance for poliomyelitis, measles and rubella, and hospital-based sentinel surveillance for IBDs and rotavirus

²³ Proposed regional indicator. Required data already exist in the current JRF. No additional reporting by countries is required.

²⁴ AEFI: adverse events following immunization

EVAP objective 4

Strong immunization systems
are an integral part of a
well-functioning health system



Priority action area 1

Develop comprehensive, coordinated approaches within the immunization programme and the health system.



Proposed actions

1. Ensure that global disease eradication and elimination initiatives (polio eradication, measles–rubella elimination) are incorporated into national immunization programmes and do not operate independently.
2. Ensure that new vaccine (rotavirus, pneumococcal, human papilloma virus vaccine) introduction plans are accompanied by comprehensive plans to control targeted diseases in a more effective manner.
3. Ensure coordination between the public and private sectors for new vaccine introduction, administration of vaccines, reporting of vaccine-preventable diseases and vaccinations; and ensure the quality of vaccination delivered by private providers.
4. Consider expanding immunization beyond infancy and early childhood by inclusion of vaccines (as appropriate to national priorities) in national immunization programmes through a life-course approach.
5. Ensure that national immunization programme components (such as vaccine procurement, vaccine regulations, vaccine pharmacovigilance, laboratory-based vaccine-preventable disease surveillance, immunization information systems) are well integrated with broader (health) system components.
6. Ensure coherence and alignment with broader health policies (child and adolescent health, public health and health systems policies).
7. Ensure active engagement of immunization advocates in planning and management of health system changes (decentralization, changes in service provision and financing) to secure and reposition essential functions of the national immunization programmes within restructured health systems.
8. Ensure that essential functions of immunization programmes are kept centralized under decentralized health systems (so that the public good aspect of immunization is not neglected, inequities are not exacerbated and economies of scale are not lost).



Priority action area 2

Strengthen monitoring and surveillance systems.



Proposed actions

1. Improve the quality of immunization data and promote its analysis and use on a regular basis at all administrative levels (facility, subnational and national levels) to improve programme performance (through introduction of standard operating procedures).
2. Develop and promote the use of new information technologies for collection, transmission and analysis of immunization data within immunization information systems that are well integrated with communicable disease and health information systems.
3. Assess quality of immunization data by checking validity of immunizations and accuracy of processed data and target population data for immunizations.
4. Further strengthen and expand laboratory-based and case-based vaccine-preventable disease surveillance systems to generate information for decision-making and monitor the impact of immunization.
5. Strengthen the quality of laboratories through introduction of quality assurance and accreditation systems.
6. Strengthen data management systems so that laboratory-based surveillance and epidemiology data systems reconcile and support each other.
7. Ensure capacity for vaccine safety activities, including capacity to collect and interpret safety data, with particular emphasis on newly developed and introduced vaccines.
8. Ensure that adverse events following immunization (AEFI) surveillance systems (pharmacovigilance) are in place and are an integral part of regional and global networks.
9. Secure monitoring and surveillance systems and their functionality in health systems in transition.

EVAP objective 4

Strong immunization systems
are an integral part of a
well-functioning health system



Priority action area 3

Strengthen the capacity of managers and front-line workers.



Proposed actions

1. Ensure that immunization and other primary health care programmes have adequate human resources to plan and deliver predictable high-quality services, and efficiently use existing human resources (through incentive mechanisms).
2. Increase levels of pre-service and in-service training for human resources, and develop new, relevant curricula that approach immunization as a component of comprehensive disease control.
3. Utilize new learning techniques to intensify capacity building efforts, and promote and support learning at all levels (such as e-learning, peer-to-peer, twinning, networking).
4. Enhance sustainability of in-service training activities through integration with continuous medical education and accreditation systems.
5. Ensure synergies between training and supervision efforts.



Priority action area 4

Strengthen infrastructure and logistics.



Proposed actions

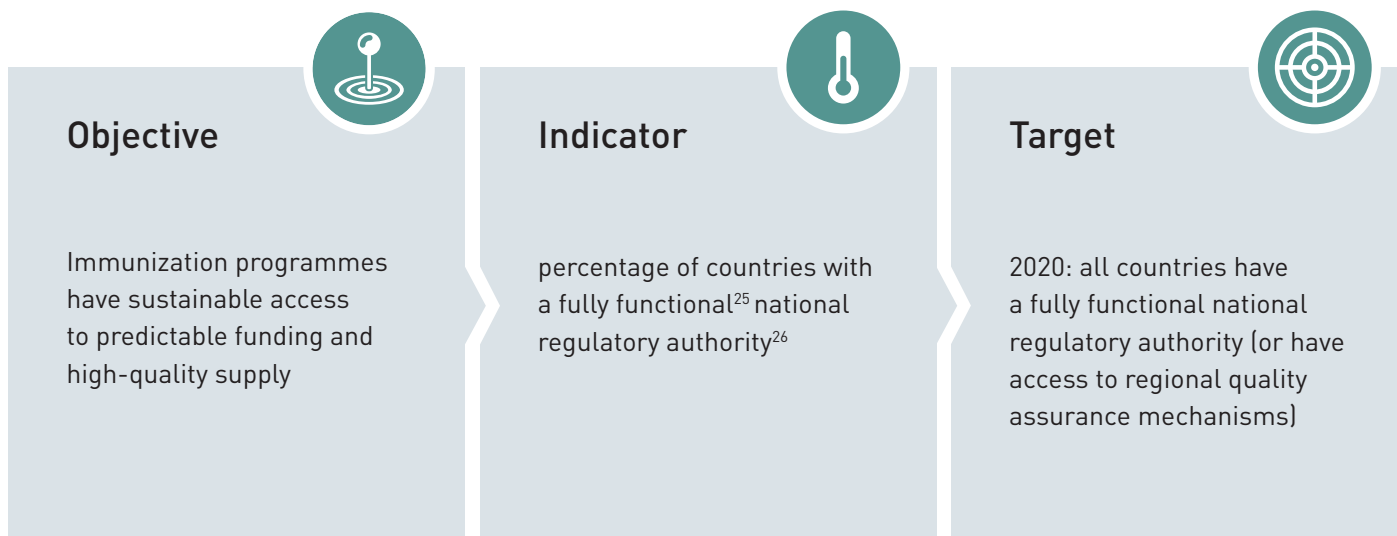
1. Develop and introduce standards and operating procedures for immunization supply systems that are well integrated with broader supply systems.
2. Explore introduction of new technologies and innovative solutions to immunization supply systems and waste management systems.
3. Adopt systematic approaches to assess the quality of immunization supply systems on a regular basis, and develop and implement immunization supply system improvement plans.
4. Apply similar standards to the quality of supply systems that are not directly supervised by national immunization programmes (private sector supply and outsourced systems).
5. Minimize the environmental impact of energy, materials and processes used in immunization supply systems, where applicable and affordable.
6. Staff supply systems with adequate competent, motivated and empowered personnel at all levels.
7. Establish information systems and where affordable, electronic systems, that help staff to accurately track available supply and to monitor quality of the cold chain system.

EVAP objective 5

Immunization programmes have sustainable access to predictable funding and high-quality supply

The financial sustainability of a national immunization programme is crucial to its continued impact and performance in achieving national, regional and global disease prevention goals. Financial sustainability includes secured long-term domestic funding to meet programme objectives and efficient use of available resources. In view of the investment required, strong decision-making processes must be based on economic evaluation to support and justify investment in vaccines and vaccination. Promoting the benefits of immunization among decision-makers is important for increasing investment.

Strengthening immunization financing, finding new, innovative financing mechanisms and enhancing resource mobilization to sustain financial resources are necessary to achieve the expanding objectives of national immunization programmes. Evidence-based justification for greater investment will require strengthened national immunization technical advisory groups. A planned approach is required to move towards greater financial self-sufficiency in the funding of both vaccines and essential services of national immunization programmes, especially in low- and middle-income countries.



Access to quality-assured vaccines at affordable prices is a major component of efficient use of funds. This requires an efficient procurement system and a fully functional regulatory authority.

Predictable, transparent pricing and innovative procurement mechanisms are needed to alleviate funding pressure and scale-up the use of existing vaccines at affordable prices. Exploring the best procurement options to meet country needs and better understanding of the vaccine market will empower self-procuring countries

to operate appropriately in the global vaccine market to secure a sustainable, affordable supply.

Networking and information exchange among national regulatory authorities in the Region will result in effective standardization, alignment and compatibility of normative and regulatory processes. Capacity in licensing and registration, particularly in middle-income countries, should be developed in a planned, systematic way to enhance competition and ensure vaccine quality.

²⁵ Fully functional: for countries that produce vaccines, all functions (marketing authorization and licensing, post-marketing surveillance, lot release, laboratory access, regulatory inspections and supervision of clinical trials); for countries with self-procurement, at least marketing authorization and licensing, post-marketing surveillance, lot release and laboratory access; for countries that procure vaccines through United Nations agencies, at least marketing authorization and licensing and post-marketing surveillance.

²⁶ Proposed regional indicator to be introduced in 2015. Data required for the indicator already exist in the current JRF, but the definition requires revision. No additional reporting by countries is required.

EVAP objective 5

Immunization programmes have sustainable access to predictable funding and high-quality supply



Priority action area 1

Allocate adequate financial resources to national immunization programmes to achieve their objectives in the context of achievement of financial self-sufficiency.



Proposed actions

1. Establish a commitment from governments to allocate adequate financial resources to immunization as required, to meet programme objectives.
2. Conduct representative epidemiological, immunological, social and operational studies and investigations of vaccine impact to guide advocacy efforts on benefits of immunization and value of vaccines.
3. Advocate for benefits of immunization to sustain political commitment to immunization (in order to sustain and take forward immunization achievements) in alignment with Objective 1.
4. Allocate adequate funding for operational activities to improve the quality of immunization services, such as training, supervision, monitoring, surveillance, advocacy and communication.
5. Identify and implement strategies that lead to increased programme efficiency without compromising equity gains.
6. Increase reliability of funds through earmarking and ensuring timely disbursement of funds.
7. Develop the next generation of innovative financing mechanisms to increase and sustain funding for immunization, as required.



Priority action area 2

Increase access to quality-assured vaccines at affordable prices.



Proposed actions

1. Improve efficiency of vaccine procurement systems based on regular performance assessment findings.
2. Improve knowledge on the specificities of vaccine procurement and global market dynamics to optimize actions and activities in countries.
3. Support price transparency efforts regionally and globally through increased sharing of vaccine price information.
4. Optimize competitiveness in the local vaccine market through increasing the range of available quality-assured vaccines.
5. Explore pooled negotiation, innovative procurement mechanisms and information exchange of best practices to optimize outcomes.
6. Support and engage with global efforts in defining explicit criteria for access to vaccine prices (particularly for middle-income countries).

EVAP objective 5

Immunization programmes have sustainable access to predictable funding and high-quality supply



Priority action area 3

Strengthen regulatory mechanisms to ensure access to and use of quality-assured vaccines in national immunization programmes.



Proposed actions

1. Conduct assessment of national regulatory authorities on a regular basis (against established international standards for required functions) and formulate institutional development plans that address challenges.
2. Implement institutional development plan activities and recommendations to strengthen national regulatory authority functions.
3. Harmonize national vaccine quality assurance activities with regional and global systems.
4. Build and support networks of regulators to share best practices and to improve quality assurance capacities.





Monitoring and evaluation



Monitoring and evaluation framework

Streamlined reporting on progress towards regional goals

In resolution WHA65.17, the World Health Assembly urged Member States to report every year to the regional offices on lessons learnt, progress made, remaining challenges and updated actions to reach the national immunization targets and requested the WHO Secretariat to monitor progress and report annually to the Health Assembly on progress towards achievement of global immunization targets, using the proposed monitoring and evaluation framework (Annex 1).

On the basis of guidance from the ETAGE, a regional monitoring and evaluation framework, aligned with the global framework, has been developed to monitor progress in implementation of EVAP (Annex 2).

In order not to overburden Member States, they may use the existing WHO/UNICEF Joint Reporting Form (JRF) to report data for EVAP monitoring and evaluation. To use the JRF for this purpose, the Secretariat of the Regional Office suggests minor changes to some indicators, with no new indicators or variables. It is proposed that the same timelines for reporting will be used.

The Secretariat will prepare annual progress reports on the implementation of EVAP (including reporting on GVAP indicators) in the Region on the basis of these data, which will be reviewed by the ETAGE and submitted to the Health Assembly through the Executive Board.



Monitoring results

Progress towards achieving the EVAP goals and objectives, as measured by the respective indicators, will serve as the basis for monitoring throughout the decade. It is therefore essential that reporting on the JRF by Member States be timely and complete.

Implementation at national level



Action plan development at national level

Developing effective national policies and strategies on vaccine-preventable diseases and immunization and setting up mechanisms for their implementation and monitoring require the active involvement of all stakeholders, guided by national immunization programmes. Therefore, the starting point for action must be shared recognition by all stakeholders of the need for a national immunization plan that addresses national priorities and challenges and provides clear strategic and operational guidance on meeting national targets aligned with regional and global ones. Member States should consider taking the following steps to ensure successful outcomes.

- Review, prepare or update national immunization plans in line with the strategic guidance provided by EVAP and national priorities, with the engagement of all stakeholders.
- Develop or update actions on the basis of lessons learnt, and target remaining challenges.

- Cost the national immunization plan, and identify any funding gaps.
- Ensure that adequate financial resources are allocated to meet the objectives.
- Ensure that accountable monitoring and evaluation mechanisms are in place to monitor implementation.

EVAP provides guidance to Member States in formulating national immunization plans that reflect key issues and challenges in the Region. It thus orients all stakeholders towards a unified regional vision and provides strategic and operational guidance for policy-makers and planners for addressing priorities and challenges most efficiently and effectively through the proposed strategies and actions.

The WHO Regional Office for Europe will continue to support Member States in protecting their populations against vaccine-preventable diseases.

The role of partners

Collaborative action to protect and promote health

The contributions of national and regional partners ensure adoption of a shared approach and optimized efforts to protect the health of individuals. Country actions and initiatives to reach EVAP objectives should be technically supported and complemented by the activities of the Region's immunization partners and donors.

Important partners for Member States include UNICEF, the European Commission and its institutions and agencies (such as the European Centre for Disease Prevention and Control), partners and donors of the Measles and Rubella Initiative and the Global Polio Eradication Initiative, including the United States Centers for Disease Control and Prevention, the United States Agency for International Development, the GAVI Alliance and Rotary International, European bilateral development agencies, academic institutions, WHO collaborating centres, professional associations and civil society and nongovernmental organizations.

“EVAP orients all stakeholders towards a unified regional vision.”



Annex 1:

World Health Assembly
resolution WHA65.17
endorsing the Global
Vaccine Action Plan



Global Vaccine Action Plan

The Sixty-fifth World Health Assembly,

Having considered the report on the draft global vaccine action plan^{A1};

Recognizing the importance of immunization as one of the most cost-effective interventions in public health, which should be recognized as a core component of the human right to health;

Acknowledging the remarkable progress made in immunization in several countries to ensure that every eligible individual is immunized with all appropriate vaccines, irrespective of geographical location, age, gender, disability, educational level, socioeconomic level, ethnic group or work condition;

Applauding the contribution of successful immunization programmes in achieving global health goals, in particular in reducing childhood mortality and morbidity, and their potential for reducing mortality and morbidity across the life-course;

Noting that the introduction of new vaccines targeted against several important causes of major killer diseases such as pneumonia, diarrhoea and cervical cancer can be used as a catalyst to scale up complementary interventions and create synergies between primary health care programmes; and that beyond the mortality gains, these new vaccines will prevent morbidity with resulting economic returns even in countries that have already succeeded in reducing mortality;

A1 Document A65/22

Concerned that, despite the progress already made, disease eradication and elimination goals such as the eradication of poliomyelitis, the elimination of measles, rubella, and maternal and neonatal tetanus cannot be met without achieving and sustaining high and equitable coverage;

Concerned that low-income and middle-income countries where the adoption of available vaccines has been slower may not have the opportunity to access newer and improved vaccines expected to become available during this decade;

Alarmed that globally routine immunization services are not reaching one child in five, and that substantial gaps persist in routine immunization coverage within countries;

Recalling resolutions WHA58.15 and WHA61.15 on the global immunization strategy,

1. ENDORSES the Global Vaccine Action Plan;

2. URGES Members States:

- 1 to apply the vision and the strategies of the Global Vaccine Action Plan in order to develop the vaccines and immunization components of their national health strategy and plans, paying particular attention to improving performance of the Expanded Programme on Immunization, and according to the epidemiological situation in their respective countries;
- 2 to commit themselves to allocating adequate human and financial resources to achieve the immunization goals and other relevant key milestones;

- 3 to report every year to the regional committees during a dedicated Decade of Vaccines session, on lessons learnt, progress made, remaining challenges and updated actions to reach the national immunization targets;

3. REQUESTS the Director-General:

- 1 to foster alignment and coordination of global immunization efforts by all stakeholders in support of the implementation of the Global Vaccine Action Plan;
- 2 to ensure that the support provided to the Global Vaccine Action Plan's implementation at regional and country level includes a strong focus on strengthening routine immunization;
- 3 to identify human and financial resources for the provision of technical support in order to implement the national plans of the Global Vaccine Action Plan and monitor their impact;
- 4 to mobilize more financial resources in order to support implementation of the Global Vaccine Action Plan in low-income and middle-income countries;
- 5 to monitor progress and report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets, as a substantive agenda item, using the proposed accountability framework to guide discussions and future actions.

Tenth plenary meeting, 26 May 2012, A65/VR/10

Annex 2:

European Vaccine Action Plan
2015–2020: monitoring and
evaluation framework



EVAP goals

EVAP goal 1: Sustain polio-free status



Indicator

no wild poliovirus transmission re-established in the Region



Operational definition

confirmed absence of re-established transmission of wild poliovirus in the Region by RCC^{A2} (based on review of annual country reports on population immunity level and quality of poliovirus surveillance submitted by the NCCs^{A3})



Data source and collection

annual country updates submitted by NCCs for review by RCC



Baseline

2013: no wild poliovirus transmission re-established in the Region (confirmed by the RCC at meeting in June 2014)



Target

2018: no wild poliovirus transmission re-established in the Region (to be confirmed by the RCC at meeting in 2019)



Milestone

2015–2018: no wild poliovirus transmission re-established in the Region (to be confirmed by the RCC annually)

A2 RCC: Regional Certification Commission

A3 NCC: National certification commission

EVAP goal 2: Eliminate measles and rubella

EVAP goal 3: Control hepatitis B infection

percentage of countries with interruption of endemic measles and rubella transmission

percentage of countries that have achieved hepatitis B infection control^{A6}

number of countries with interruption of endemic measles and rubella virus transmission for > 12 months, with high-quality surveillance verified by RVC^{A4}

number of countries that have achieved hepatitis B infection control^{A7}

annual country updates submitted by NVCs^{A5} for review by RVC

JRF^{A8}, annual

2012: 16 countries interrupted endemic measles virus transmission and 19 countries interrupted rubella virus transmission

2014 or earlier: to be measured or estimated during establishment of regional control goal in 2015

2015: interruption of endemic measles and rubella virus transmission for > 12 months, with high-quality surveillance in all countries
2018: measles and rubella elimination by all countries verified by RVC

2020: to be established

2014–2015: monitoring of number of countries with verified interruption of endemic measles and rubella virus transmission by RVC

2016: establish regional hepatitis B control goal

A4 RVC: Regional Verification Commission

A5 NVC: National verification commission

A6 Provisional indicator to be finalized after establishment of the regional hepatitis B control goal and endorsement by the Regional Committee in 2015.

A7 The proposed operational definition of the indicator is "number of countries with prevalence of hepatitis B infection < 1% in a selected age cohort", but this is subject to change or revision during establishment of the regional control goal.

A8 JRF: WHO/UNICEF Joint Reporting Form

EVAP goals

EVAP goal 4: Meet regional vaccination coverage targets at all administrative levels throughout the Region



Indicator

percentage of countries with $\geq 95\%$ coverage with three doses of DTP^{A9}-containing vaccine at national level



Operational definition

number of countries with $\geq 95\%$ coverage with three doses of DTP-containing vaccine at national level



Data source and collection

JRF, annual



Baseline

2013: 27 out of 53 countries (51%)



Target

2020: 48 out of 53 countries (90%) with $\geq 95\%$ coverage with three doses of DTP-containing vaccine at national level



Milestone

2018: 42 out of 53 countries (80%)
2015–2020: monitor and report trend in number of countries meeting target annually at regional level

A9 DTP: diphtheria-tetanus-pertussis

EVAP goal 5: Make evidence-based decision on introduction of new vaccines

EVAP goal 6: Achieve financial sustainability of national immunization programmes

percentage of countries that have made an informed decision on new vaccines, following the review of the relevant evidence by their NITAGs^{A10}

percentage of countries that are financially self-sufficient for procuring routine vaccines^{A12}

number of countries that have made an informed decision on a defined set of new vaccines,^{A11} following the review of the relevant evidence by their NITAGs

number of countries that are financially self-sufficient for procuring routine vaccines (domestic resources)

JRF, annual

JRF, annual

2014: to be measured in 2015

2012: 46 out of 53 countries (87%)

2020: at least 90% of all countries with NITAGs have made an informed decision on a defined set of new vaccines, following the review of the relevant evidence by their NITAGs

2020: at least 51 of 53 countries (96%) (except two low-income countries as of 2012)

2018: to be determined after assessing baseline value in 2015
2015–2020: monitor and report trend in number of countries meeting the target on annual basis at regional level

2016: 46 out of 53 countries (87%)
2018: 48 out of 53 countries (91%)
2015–2020: monitor and report on trend in number of countries meeting the target at regional level

A10 NITAG: national immunization technical advisory group

A11 Provisional indicator to be finalized after identification of a defined set of new vaccines. The initial set of new vaccines will consist of rotavirus, pneumococcal and HPV vaccines, which could be extended by the Regional Office on the basis of consultations with countries.

A12 Proposed regional indicator. Required data for the indicator already exists in the current JRF, but its definition requires revision. No additional reporting by countries is required.

EVAP objectives

EVAP objective 1: All countries commit to immunization as a priority



Indicator

presence of a NITAG



Operational definition

number of countries that have established a NITAG that meets all WHO criteria for functionality (written terms of reference; legislative basis; minimum expertise represented; at least one meeting per year; agenda and background documentation; disclosure of conflicts of interest)



Data source and collection

JRF (status and functionality of NITAG as reported); annual



Baseline

2013: 23 out of 53 countries (76%) have a NITAG



Target

2020: 48 out of 53 countries (90%) have a NITAG



Milestone

2016: 30 out of 53 countries (57%) have a NITAG
2018: 40 out of 53 countries (76%) have a NITAG
2015–2020: monitor and report trend in establishment of NITAGs annually at regional level

	EVAP objective 2: Individuals understand the value of immunization services and vaccines and demand vaccination
domestic expenditure for routine vaccines per newborn ^{A13}	percentage of countries that have a communications plan in case of a VPD ^{A14} outbreak ^{A15}
expenditure for routine vaccines from domestic resources, as reported in JRF size of birth cohort as reported in JRF (domestic expenditure for routine vaccines, birth cohort)	number of countries that have a communications plan in case of a VPD outbreak
JRF; annual	JRF; annual
2014: to be measured in 2015	2014: to be measured in 2015
2020: to be determined after assessing baseline value in 2015	2020: all 53 countries have a communications plan in case of a VPD outbreak
2016: to be determined after assessing baseline value in 2015 2018: to be determined after assessing baseline value in 2015 2015–2020: monitor and report annually on trend in government expenditure on vaccines at regional level	2018: to be determined after assessing baseline value in 2015 2015–2020: monitor and report trend annually at regional level

A13 Proposed regional indicator to be introduced in 2015. Required data for the indicator already exist in the current JRF. No additional reporting by countries is required. Indicator to be calculated at regional level from data reported in the JRF.

A14 VPD: vaccine-preventable disease

A15 Proposed regional indicator to be introduced in 2015 from data already in the JRF. Proxy indicator for assessing communication planning capacity.

EVAP objectives

EVAP objective 3: The benefits of vaccination are equitably extended to all people through tailored, innovative strategies



Indicator

percentage of countries with $\geq 95\%$ coverage with three doses of DTP-containing vaccine at national level^{A16}



Operational definition

number of countries with $\geq 95\%$ coverage with three doses of DTP-containing vaccine at national level



Data source and collection

JRF; annual



Baseline

2013: 27 out of 53 countries (51%) coverage with three doses of DTP-containing vaccine at national level



Target

2020: 48 out of 53 countries (90%) with $\geq 95\%$ coverage with three doses of DTP-containing vaccine at national level



Milestone

2018: 42 out of 53 countries (80%) coverage with three doses of DTP-containing vaccine at national level
2015–2020: monitor and report annually on trend in number of countries meeting the target at regional level

A16 Percentage of countries with $\geq 95\%$ coverage with three doses of DTP-containing vaccine at national level. (Same as the indicator of EVAP Goal 4.)

	EVAP objective 4: Strong immunization systems are an integral part of a well-functioning health system
percentage of countries with $\geq 90\%$ of districts with $\geq 90\%$ coverage with three doses of DTP-containing vaccine ^{A17}	percentage of countries with $< 5\%$ drop-out rate between first and third dose of DTP-containing vaccine
number of countries with $\geq 90\%$ of districts with $\geq 90\%$ coverage with three doses of DTP-containing vaccine	number of countries with $< 5\%$ drop-out rate between first and third dose of DTP-containing vaccine $((DTP1-DTP3)*100)/DTP1$
JRF; annual	JRF; annual
2014: to be measured in 2015	2013: 20 out of 53 countries (38%) with $< 5\%$ dropout rate between first and third dose of DTP-containing vaccines
2020: all countries with $\geq 90\%$ of districts with $\geq 90\%$ coverage with three doses of DTP-containing vaccine	2020: all 53 countries with $< 5\%$ dropout rate between first and third dose of DTP-containing vaccines
2018: to be decided 2015–2020: monitor and report annually on trend in number of countries meeting the target at regional level	2018: 90% of countries with $< 5\%$ dropout rate 2015–2020: monitor and report trend annually in drop-out rate between first and third dose of DTP-containing vaccines at regional level

A17 Proposed regional indicator to be introduced in 2015. The data required for the indicator are already in the current JRF. No additional reporting by countries is required.

EVAP objectives

EVAP objective 4: Strong immunization systems are an integral part of a well-functioning health system



Indicator

percentage of countries with sustained coverage with DTP-containing vaccines of $\geq 90\%$ for three or more consecutive years^{A18}



Operational definition

number of countries with sustained coverage with DTP-containing vaccines of $\geq 90\%$ for three or more consecutive years



Data source and collection

JRF; annual



Baseline

2013: 25 out of 53 countries (47%) with sustained coverage with DTP-containing vaccines of $\geq 90\%$ for three or more consecutive years



Target

2020: all countries with sustained coverage with DTP-containing vaccines of 90% or greater for three or more consecutive years



Milestone

2018: 40 out of 53 countries (76%) with sustained coverage with DTP-containing vaccines of $\geq 90\%$ for three or more consecutive years
2015–2020: monitor and report annually on trend in number of countries with sustained coverage at regional level

A18 Global indicator to be calculated at regional level from data in JRF. No additional reporting by countries is required.

percentage of countries with immunization coverage data assessed as of high quality by WHO and UNICEF^{A19}

percentage of countries with case-based surveillance for vaccine-preventable diseases^{A20}

number of countries with immunization coverage data assessed as of high quality by WHO and UNICEF

number of countries that have established country-wide surveillance for poliomyelitis, measles and rubella, number of countries that have sentinel site surveillance for IBDs^{A21} and rotavirus

coverage as reported in JRF annually; and WHO and UNICEF estimate of national immunization coverage

JRF; annual

2013: 50 out of 53 countries

2013: 27 out of 53 countries (50%) have country-wide surveillance for poliomyelitis, measles and rubella; and 20 out of 53 countries (38%) have sentinel site surveillance for IBDs^{A21} and rotavirus

2020: all countries with high-quality immunization coverage data

2015: all 53 countries have country-wide surveillance for poliomyelitis, measles and rubella
2020: 40 out of 53 countries (75%) have sentinel site surveillance for IBDs and rotavirus

2018: 52 out of 53 countries
2015–2020: monitor and report annually on trend in immunization coverage data assessed as of high quality by WHO and UNICEF at regional level

2015–2020: monitor and report annually on trend in number of countries with case-based surveillance at regional level

A19 WHO and UNICEF estimates on national immunization coverage grade of confidence based on reported and survey coverage data.

A20 Global indicator. Required data already exist in the current JRF. No additional reporting by countries is required. Vaccine-preventable disease surveillance will consist at a minimum of country-wide surveillance for poliomyelitis, measles and rubella, and hospital-based sentinel surveillance for IBDs and rotavirus diarrhoea with laboratory confirmation of cases.

A21 IBD: invasive bacterial disease

EVAP objectives

EVAP objective 4: Strong immunization systems are an integral part of a well-functioning health system



Indicator

percentage of countries with sustained access to WHO-accredited polio and measles-rubella laboratories ^{A22}



Operational definition

number of countries with both national polio and measles-rubella laboratories accredited by WHO or with access to WHO-accredited laboratories



Data source and collection

JRF and WHO database on accreditation of laboratories; annual



Baseline

2013: all 53 countries have sustained access to WHO-accredited polio and measles-rubella laboratories



Target

2020: all 53 countries have sustained access to WHO-accredited polio and measles-rubella laboratories



Milestone

2015–2020: monitor and report annually on sustained access at regional level

A22 Proposed regional indicator. Required data already exist in the current JRF. No additional reporting by countries is required.

presence of an expert review committee to assess causality for AEFI ^{A23}

percentage of countries with no stock-outs for any routine vaccine at national level

number of countries with an expert review committee to assess causality for cases and clusters of serious AEFI ^{A24}

number of countries with no stock-outs for any routine vaccine at national level

JRF and WHO database on national regulatory authorities; annual

JRF; annual

2013: 26 out of 53 countries (49%) have an expert review committee in place

2012: 41 out of 53 countries (77%) with no stock-outs for any routine vaccine at national level

2020: all 53 countries have an expert review committee in place



2020: 50 out of 53 countries (95%) with no stock-outs for any routine vaccine at national level

2018: 45 out of 53 countries (85%) have an expert review committee in place
2015–2020: monitor and report annually on trend at regional level

2018: 48 out of 53 countries (90%) with no stock-outs for any routine vaccine at national level
2015–2020: monitor and report annually on trend at regional level

A23 AEFI: adverse events following immunization

A24 Serious AEFI: a serious adverse event after vaccination is one that poses a potential threat to the health or life of a recipient leading to hospitalization, disability or incapacity, congenital abnormality or birth defect or death. A cluster is two or more cases of the same adverse event related in time, place or vaccine administered.

EVAP objectives		EVAP objective 5: Immunization programmes have sustainable access to predictable funding and high-quality supply
 Indicator		percentage of countries with a fully functional ^{A25} national regulatory authority ^{A26}
 Operational definition		number of countries with a fully functional national regulatory authority (or that have access to regional quality assurance mechanisms) to ensure quality of vaccines used in national immunization programmes
 Data source and collection		JRF and WHO database on national regulatory authorities; annual
 Baseline		2013: 39 out of 53 countries (74%) have a fully functional national regulatory authority (or have access to regional quality assurance mechanisms)
 Target		2020: all countries have a fully functional national regulatory authority (or have access to regional quality assurance mechanisms)
 Milestone		2018: 48 out of 53 countries (90%) have a fully functional national regulatory authority (or have access to regional quality assurance mechanisms) 2015–2020: monitor and report annually on trend in number of countries meeting the target at regional level

A25 Fully functional: for countries that produce vaccines, all functions (marketing authorization and licensing, post-marketing surveillance, lot release, laboratory access, regulatory inspections and supervision of clinical trials); for countries with self-procurement, at least marketing authorization and licensing, post-marketing surveillance, lot release and laboratory access; for countries that procure vaccines through United Nations agencies, at least marketing authorization and licensing and post-marketing surveillance.

A26 Proposed regional indicator to be introduced in 2015. Data required for the indicator already exist in the current JRF, but the definition requires revision. No additional reporting by countries is required.



Annex 3:

The European Vaccine Action Plan was developed through a consultative process



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At national level

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- ministries of health of the 53 Member States of the WHO European Region
- national immunization technical advisory groups
- national certification commissions for poliomyelitis eradication
- national verification commissions for measles and rubella elimination
- national public health institutes

At regional level

- European Centre for Disease Prevention and Control
- European Commission Directorate-General for Health and Consumers
- United Nations Children's Fund Regional Office for Central, Eastern Europe and the Commonwealth of Independent States

- Rostropovich-Vishnevskaya Foundation
- Rotary International
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- European Society for Paediatric Infectious Diseases
- Participants in the online forum for consultation on the European Vaccine Action Plan
- Standing Committee of the WHO Regional Committee for Europe
- European Technical Advisory Group of Experts
- Regional Certification Commission for Poliomyelitis Eradication
- Regional Verification Commission for Measles and Rubella Elimination

At global level

- GAVI Alliance
- United Nations Children's Fund
- United States Centers for Disease Control and Prevention
- United States Agency for International Development
- Partners of the Global Polio Eradication Initiative
- Partners of the Measles and Rubella Initiative
- International Association of Immunization Managers
- WHO headquarters
- WHO Strategic Advisory Group of Experts

The WHO Regional Office for Europe



The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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