

How to present the European Vaccine Action Plan 2015-2020 (EVAP)

HOW TO USE THIS DOCUMENT

By adopting the European Vaccine Action Plan 2015-2020 (EVAP) in September 2014, all Member States of the WHO European Region made **an unprecedented commitment to immunization as a priority, pledging to ensure political commitment and long-term and sustainable investment in immunization.**

Immunization managers and programmes need to make sure that their national decision-makers are aware of the EVAP and of the commitment that they have made. This document introduces the EVAP and the key elements in the action plan.

Use this document:

- To prepare for meetings with decision-makers
- As a hand-out to decision-makers or partners



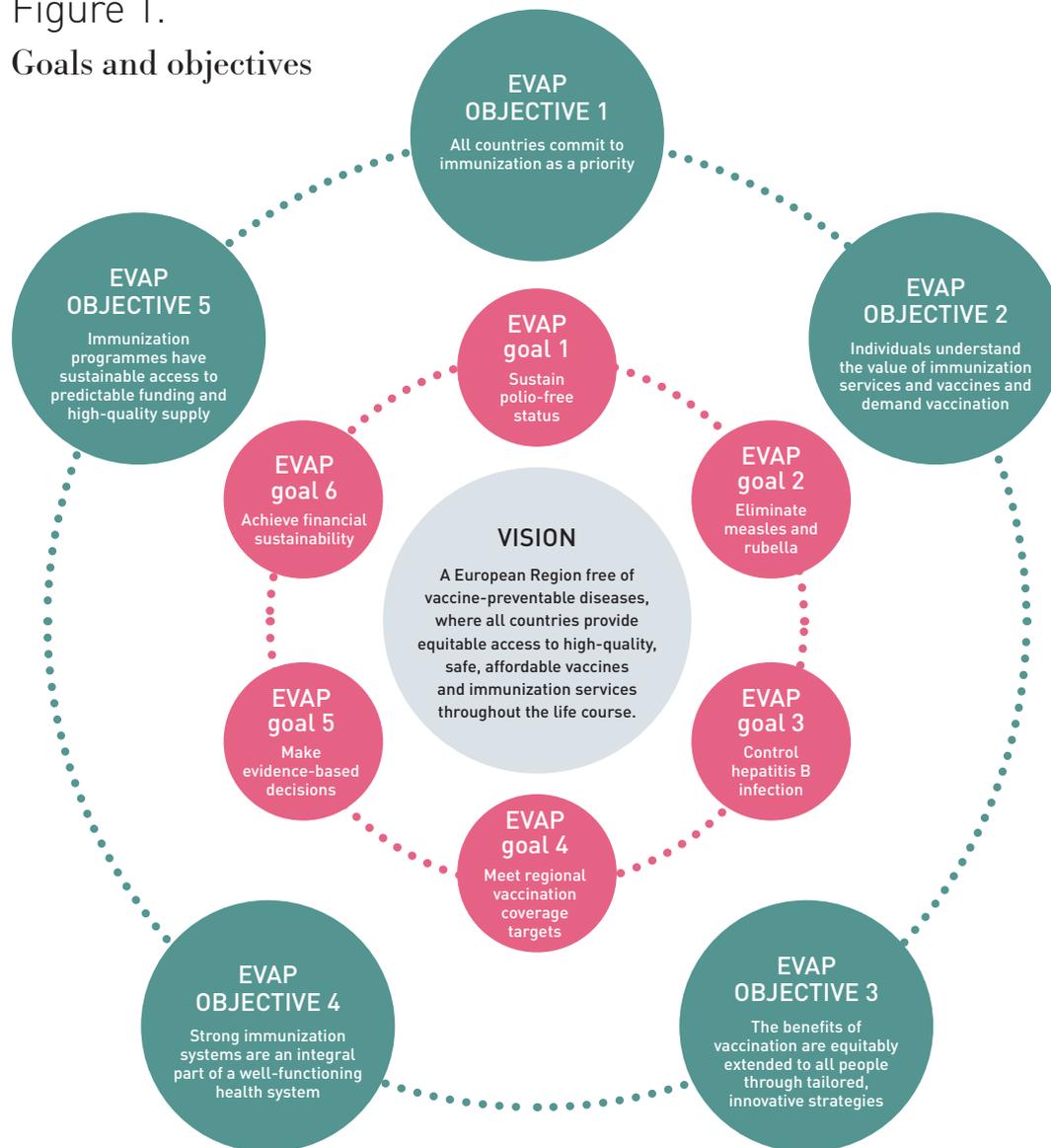
The European Vaccine Action Plan

Countries pledging to prioritize immunization

On 17 September 2014, the Member States of the WHO European Region unanimously adopted the European Vaccine Action Plan 2015-2020 (EVAP). They made an unprecedented pledge to ensure long-term domestic funding of and political commitment to immunization.

The key aspects of the EVAP are summarized below.

Figure 1.
Goals and objectives



Game changers

The EVAP outlines a path to achieve these goals and objectives in the form of innovative strategies and proposed actions by Member States. These include:

Strengthening immunization information systems:

Ensuring strong and reliable monitoring and surveillance and improving the quality of immunization data and using this to improve programme performance, including capacity to respond to vaccine safety-related events.

Tailoring immunization programmes:

Using improved immunization data and research methods that monitor public perceptions, knowledge and attitudes to develop tailored and innovative strategies ensuring equitable extension of immunization and stimulating the demand for immunization among all population groups.

Establishing and strengthening the role of technical advisory groups:

Ensuring evidence-based decision-making on immunization, incl. new vaccines, through independent national advisory bodies (NITAGs).

Targets

A set of targets* agreed to by Member States in the EVAP will be used to evaluate and monitor their progress. These include:

Financing, supply and quality assurance

- financial self-sufficiency for procuring routine vaccines (domestic resources) (2020: all countries, except two low-income countries as of 2012)
- a national immunization technical advisory group (NITAG) or equivalent body (2020: 90% of countries)
- an expert review committee in place (2020: all countries)
- a fully functional national regulatory authority (or access to regional quality assurance mechanisms) (2020: all countries)
- no stock-outs for any routine vaccine at national level (2020: 95% of countries)

Immunization and coverage

- immunization coverage data which is assessed as of high-quality by WHO and UNICEF (2020: all countries)
- 95% or higher coverage with three doses of DTP-containing vaccine at national level (2020: 90% of countries)
- 90% or higher coverage in 90% or more districts with three doses of DTP-containing vaccine (2020: all countries)
- sustained coverage with DTP-containing vaccines of 90% or greater for three or more consecutive years (2020: all countries)
- less than 5% dropout rate between first and third dose of DTP-containing vaccines (2020: all countries)
- an informed decision on a defined set of new vaccines, following the review of the relevant evidence by the NITAG (2020: at least 90% of countries with NITAGs)

Outbreaks, transmission and surveillance

- no wild poliovirus transmission re-established in the Region (2018: all countries)**
- interruption of endemic measles and rubella virus transmission for more than 12 months, with high-quality surveillance (2015: all countries)
- measles and rubella elimination verified by the Regional Verification Committee (2018: all countries)
- a communications plan in case of a vaccine-preventable disease outbreak (2020: all countries)
- sustained access to WHO-accredited polio and measles-rubella laboratories (2020: all countries)
- country-wide surveillance for poliomyelitis, measles and rubella (2015: all countries)
- sentinel site surveillance for invasive bacterial disease and rotavirus (2020: 75% of countries)

*More targets will be added based on baseline data collected in 2014 and 2015

**{To be confirmed by the European Regional Certification Commission for Poliomyelitis Eradication at meeting in 2019}

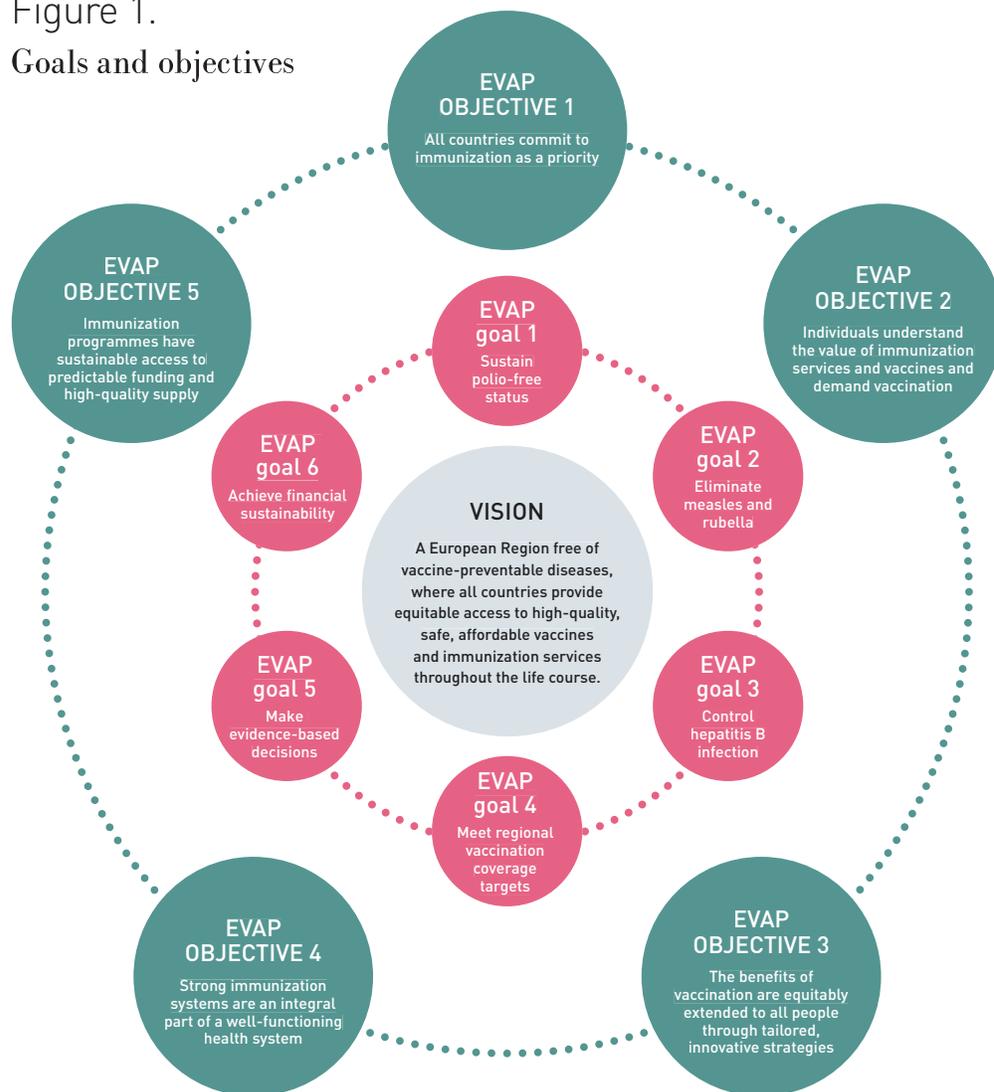
The European Vaccine Action Plan

Countries pledging to prioritize immunization

On 17 September 2014, the Member States of the WHO European Region unanimously adopted the European Vaccine Action Plan 2015-2020 (EVAP). They made an unprecedented pledge to ensure long-term domestic funding of and political commitment to immunization.

The key aspects of the EVAP are summarized below.

Figure 1.
Goals and objectives



Game changers

The EVAP outlines a path to achieve these goals and objectives in the form of innovative strategies and proposed actions by Member States. These include:

Strengthening immunization information systems:

Ensuring strong and reliable monitoring and surveillance and improving the quality of immunization data and using this to improve programme performance, including capacity to respond to vaccine safety-related events.

Tailoring immunization programmes:

Using improved immunization data and research methods that monitor public perceptions, knowledge and attitudes to develop tailored and innovative strategies ensuring equitable extension of immunization and stimulating the demand for immunization among all population groups.

Establishing and strengthening the role of technical advisory groups:

Ensuring evidence-based decision-making on immunization, incl. new vaccines, through independent national advisory bodies (NITAGs).

Targets

A set of targets* agreed to by Member States in the EVAP will be used to evaluate and monitor their progress. These include:

Financing, supply and quality assurance

- financial self-sufficiency for procuring routine vaccines (domestic resources) (2020: all countries, except two low-income countries as of 2012)
- a national immunization technical advisory group (NITAG) or equivalent body (2020: 90% of countries)
- an expert review committee in place (2020: all countries)
- a fully functional national regulatory authority (or access to regional quality assurance mechanisms) (2020: all countries)
- no stock-outs for any routine vaccine at national level (2020: 95% of countries)

Immunization and coverage

- immunization coverage data which is assessed as of high-quality by WHO and UNICEF (2020: all countries)
- 95% or higher coverage with three doses of DTP-containing vaccine at national level (2020: 90% of countries)
- 90% or higher coverage in 90% or more districts with three doses of DTP-containing vaccine (2020: all countries)
- sustained coverage with DTP-containing vaccines of 90% or greater for three or more consecutive years (2020: all countries)
- less than 5% dropout rate between first and third dose of DTP-containing vaccines (2020: all countries)
- an informed decision on a defined set of new vaccines, following the review of the relevant evidence by the NITAG (2020: at least 90% of countries with NITAGs)

Outbreaks, transmission and surveillance

- no wild poliovirus transmission re-established in the Region (2018: all countries)**
- interruption of endemic measles and rubella virus transmission for more than 12 months, with high-quality surveillance (2015: all countries)
- measles and rubella elimination verified by the Regional Verification Committee (2018: all countries)
- a communications plan in case of a vaccine-preventable disease outbreak (2020: all countries)
- sustained access to WHO-accredited polio and measles-rubella laboratories (2020: all countries)
- country-wide surveillance for poliomyelitis, measles and rubella (2015: all countries)
- sentinel site surveillance for invasive bacterial disease and rotavirus (2020: 75% of countries)

*More targets will be added based on baseline data collected in 2014 and 2015

**[To be confirmed by the European Regional Certification Commission for Poliomyelitis Eradication at meeting in 2019]