

The impact of the COVID-19 pandemic is expected to push an additional 150 million people into extreme poverty by 2021. As a result of the pandemic, global extreme poverty is expected to rise in 2020 for the first time in over 20 years.¹ The still unfolding social and economic disruptions caused by the pandemic are a stark reminder of the importance to prioritise prevention, preparedness and to build resilient health systems. The pandemic threatens decades of progress in poverty reduction, disproportionately affecting women and vulnerable communities and interrupting global progress on the Sustainable Development Goals (SDGs).

The COVID-19 pandemic demands global solidarity and multilateral cooperation. The COVAX Facility, with a total of 186 economies either committed or eligible to receive vaccines through the Facility, representing majority of the global population, is just such a collective multilateral effort to address a global crisis equitably and leave no one behind.

Please find below **some high-level messages from Gavi, the Vaccine Alliance that you may want to consider for your interventions and engagement at the 73rd World Health Assembly:**

Agenda Item 11.2: Primary Health Care and Universal Health Coverage

The severe economic downturn caused by the COVID-19 pandemic is putting at risk the hard-earned progress on Universal Health Coverage (UHC). According to WHO², **low- and middle-income countries are reporting greater COVID-19 related disruptions in essential health services with routine immunisation being one of the most frequently disrupted areas.** This may lead to a secondary health crisis **with at least 80 million children under age 1 are at increased risk of contracting vaccine preventable diseases** such as diphtheria, measles, and polio.³

Routine immunisation is the most universally accessible essential health service. **Extending immunisation to children that have not received any routine vaccine (zero-dose children) and population groups that face multiple deprivations (missed communities) is the most direct, equitable and achievable approach for universal primary health care, achieve UHC and accelerate progress towards the SDGs.**

Asks:

- *Maintain, restore, and strengthen* routine immunisation as a platform for integrating additional high impact PHC services, including maternal health, nutrition, water and sanitation, and gender-based approaches, into national health policies and programmes.
- *Prioritise* reaching the zero-dose and missed communities with basic package of high impact PHC services such as immunisation to ensure leaving no one behind with quality UHC.
- *Mobilise* adequate and sustainable resources for health, including aligned international cooperation, and increased domestic resources, and ensure their efficient and equitable allocation to primary health care and good health sector governance.

Agenda Item 11.3: Immunization Agenda 2030

The COVID-19 pandemic has set back 25 years of progress in immunisation coverage in 25 weeks⁴, putting the achievement of the SDGs at risk. As one of the most cost-effective and far-reaching health interventions in global health, immunisation plays a critical role in realising the

¹ World Bank, Poverty and Shared Prosperity 2020: Reversals of Fortune

² WHO, Pulse Survey on continuity of essential health services during the COVID-19 pandemic, August 2020

³ Data collected by UNICEF, WHO, Gavi and the Sabin Institute

⁴ BMGF, 2020 Goalkeepers Report

SDG's ambition of Leaving No One Behind, triggering progress on multiple SDGs and advancing implementation at a much greater scale in the SDG Decade of Action.

Children who are under-immunised or have never received any routine vaccine (zero-dose children) are markers of multiple deprivations and inequities. Two-thirds of these children live below the poverty line and in countries that Gavi will support in the next decade. With the number of zero-dose children increasing due to COVID-19, identifying these children, and reaching them with routine immunisation will help countries identify and reach missed communities with a wider range of PHC services.

Asks:

- *Support* the globally coordinated COVAX Facility to ensure fair and equitable access to safe and efficacious SARS-CoV-2 vaccines and minimise disruptions to routine immunisation that puts at risk many years of progress to save children's lives. The Immunisation Agenda 2030 will have a key role in creating and sustaining the enabling environment for the introduction of SARS-CoV-2 vaccines.
- *Recognise* the alarming decline in the number of children receiving life-saving vaccines around the world due to disruptions in the delivery and uptake of immunization services caused by the COVID-19 pandemic.
- *Prioritise* maintaining, restoring, and strengthening immunisation services through and beyond COVID-19 with a focus on equity, quality, efficiency, and sustainability to prevent further backsliding of hard won immunisation gains and rebuild better immunisation and primary health care systems.
- *Promote* data-driven and differentiated implementation of the Immunisation Agenda 2030 at national and sub-national levels to reach zero-dose children through a bottom-up approach that takes into account gender-related barriers, poverty, education, socioeconomic and cultural factors hindering equitable access to immunization.

Agenda Item 11.4: Cervical Cancer

The COVID-19 pandemic has disrupted delivery and uptake of immunization services, including vaccination for protection against cervical cancer, and amplified global inequities within healthcare, disproportionately impacting women's health. Cervical cancer is the leading cause of cancer-related deaths in the world: one woman dies of cervical cancer every two minutes. Without changes in prevention and control, cervical cancer deaths are set to rise from about 311,000 women each year, to 416,000 by 2035⁵.

HPV vaccine is often the first-time adolescent girls reconnect with the health system since childhood, offering a unique touchpoint to access additional essential services such as reproductive health, nutrition, and health promotion.

The COVID-19 pandemic should not put the commitment for reducing or eliminating cervical cancer incidence and mortality at risk. Vaccinating girls against HPV is a key component of a national strategy to prevent and control cervical cancer across a woman's life course, particularly in high burden developing countries. This is a significant step towards achieving the elimination of cervical cancer globally.

Asks:

⁵ Source: IARC

- *Prioritise* interventions such as vaccination and cervical cancer screening that support achieving the 2030 targets of 90% coverage with HPV vaccination, especially the most vulnerable and most in need populations, to secure equitable access to HPV vaccines.
- *Implement* recommendations of the Meeting of the Strategic Advisory Group of Experts on Immunisation which in October 2019 called for more equitable and transparent global allocation of HPV vaccine supply by mobilizing and prioritizing support for HPV vaccine availability and vaccination for girls and young women particularly to high burden developing countries.

Agenda Item 13.2: Public Health Emergency Preparedness

By disrupting essential health services, COVID-19 has increased the risk of vaccine preventable diseases (VPDs) and outbreaks. **Nearly 50% of children dying of VPDs in Gavi countries are those who have not received any routine vaccine (zero-dose children).**⁶ Prioritising reaching these children and communities facing multiple deprivations is key to ensuring public health emergency preparedness.

Strong routine immunisation systems support pandemic preparedness and response and strengthen global health security by preventing outbreaks in the first place and building country capacities such as surveillance, laboratory capacity, emergency coordination, and health workforce to enable early detection of and early response to outbreaks when they occur.

Asks:

- *Prioritise* efforts to maintain, restore and strengthen immunisation and other high impact PHC services as part of the response to COVID-19 to prevent further VPD outbreaks.
- *Prioritise* investments in routine immunisation, people-centered and equitable primary health care in national strategies for UHC and national development plans to strengthen health system resilience and to effectively respond to the COVID-19 pandemic and future health emergencies.

Agenda Item 13.5: Polio eradication, transition planning and post-certification

Despite the global milestone of eradicating wild polio from Africa, COVID-19 disruptions to routine immunisation threaten global progress to protect children against polio and other VPDs. Some 13.5 million in 13 of the world's least developed countries have already missed out on vaccinations for polio and other diseases due to these disruptions, increasing the risk of the resurgence of these viruses and spreading to countries that are now polio-free.⁷

Comprehensive and equitable vaccine coverage is the most important consideration when planning for the eradication of both wild and vaccine-derived polioviruses. Gavi's coverage and equity agenda for the 2021-2025 strategic period, and support to national routine immunisation programmes will underpin achieving and maintaining a world free of polio.

With Gavi joining GPEI, collaboration between the two partnerships in the remaining endemic countries – Afghanistan and Pakistan – centers on specific initiatives to **strengthen routine immunisation in wild poliovirus entrenched priority areas** and facilitates the interruption of poliovirus circulation. This complements International Health Regulations country capacities, and **delivers routine immunisation to missed communities**, particularly in conflict-affected and marginalised settings.

Asks:

- *Integrate* co-delivery of polio vaccines with other vaccines and other primary health care interventions into planning, coordination, and management of VPD surveillance, support for

⁶ Gavi analysis

⁷ Gavi analysis

service delivery, community mobilisation, and outbreak response measures that strengthen components of routine immunisation systems.

- *Accelerate* the development of nationally-owned polio transition plans and leverage the experience and expertise of polio-funded assets – systems, infrastructure, and personnel – to strengthen routine immunisation coverage and the delivery of routine polio and other lifesaving vaccines.

Agenda Item 14 International Health Regulations (2005)

Strong routine immunisation systems help ensure global health security by preventing outbreaks in the first place and building the national and sub-national infrastructure required to detect and respond in the event of an outbreak through enhanced surveillance and laboratory capacity, emergency coordination, and availability of a trained health workforce. COVID-19 has once again highlighted that weak health systems anywhere heighten the risk of disease outbreaks everywhere.

Asks:

- *Prioritise* reaching zero-dose and under-immunised children through integrated primary health care and gender-based approaches, leaving no one behind, with a view to sustainably finance and strengthen country capacities in public health emergency preparedness.
- *Mainstream* people-centered primary health care, including community engagement and trust-building, within national strategies for universal health coverage and other national development plans to strengthen resilient health systems.