

The Middle Income Country Strategy

MIDDLE
INCOME
COUNTRY

Task
Force

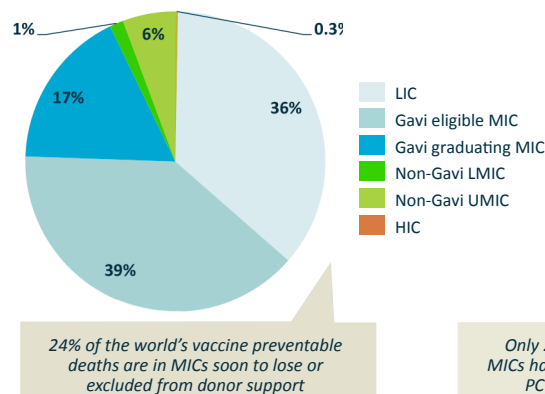
Enhancing sustainable access to vaccines for populations in Middle-Income Countries

Two thirds of the world's poor now live in 103 middle income countries (MICs) and two thirds of vaccine-preventable deaths occur in these countries. Following repeated calls and recommendations from the Strategic Advisory Group of Experts (SAGE) on Immunization and the World Health Assembly (WHA), a Task Force was convened by WHO to develop a partner-shared strategy for sustainable access to vaccines in MICs.

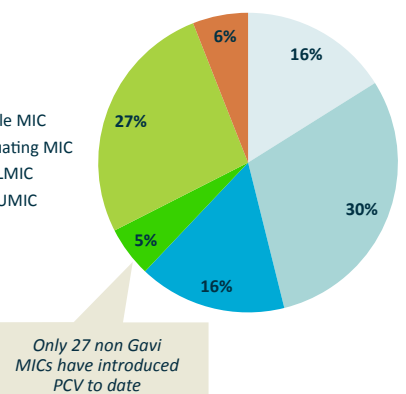
The MIC issue:

- Despite important progress, **MICs are not on track** to meet Global Vaccine Action Plan (GVAP)¹ targets by 2020.
- 40 MICs** which contribute the highest shares of vaccine preventable diseases (VPD) and unvaccinated children currently receive financial support and technical assistance through Gavi, The Vaccine Alliance. However, about 20 of these countries are **expected to transition from Gavi support by 2020**.
- 63 MICs are not eligible** for external financial support and lack access to technical initiatives to reach immunization targets. While these countries contribute a comparatively lower share of the world's vaccine preventable deaths and unvaccinated children, they do face obstacles in introducing new vaccines as well as in raising and sustaining high and equitable immunization coverage.

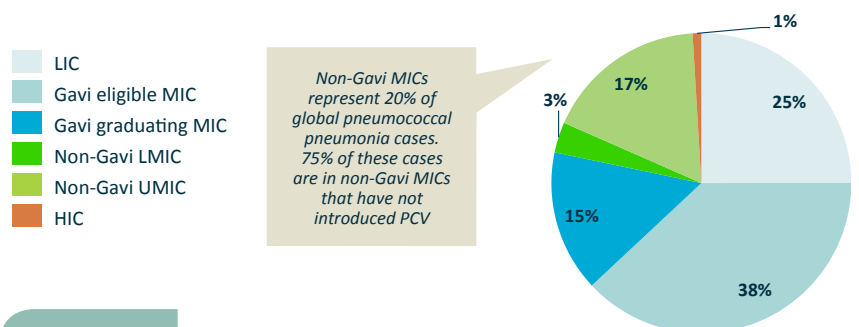
Share (%) of global vaccine-preventable deaths
(2010, WHO)²



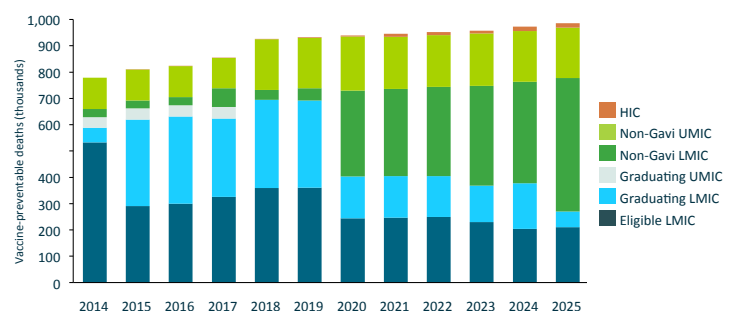
Share of pneumococcal conjugate vaccine (PCV) unvaccinated children
(2013, WUENIC)³



Share of pneumococcal pneumonia cases
(2013, TRIVAC)⁴



Over time, the number of non-Gavi MICs will grow along with the group's share of VPD⁵



References

- ¹ The Global Vaccine Action Plan (GVAP) 2011-2020. Geneva: World Health Organization; 2013.
- ² Share of global vaccine-preventable deaths: WHO CHERG data (2010) for deaths from diarrhea, measles, meningitis, and pneumonia.
- ³ Share of PCV unvaccinated children: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) 2013.
- ⁴ Share of pneumococcal pneumonia cases: TRIVAC v.2.0, based on unpublished country-level 2008 Global Burden of Disease estimates.
- ⁵ The analysis relating to the progression in the number of non-Gavi MICs over time pre-dates the Gavi policy decision on transition dated June 2015, and excludes India.

The MIC Strategy:

In consultation with over 50 countries, civil society organizations, and vaccine manufacturers, eight immunization stakeholders represented on the MIC Task Force developed a partner-shared MIC strategy to harmonize existing initiatives targeting MICs and to address important gaps. The strategy aims to support immunization efforts in non-Gavi MICs and to sustain and consolidate immunization gains in countries transitioning from Gavi support over time.

The strategy aims to coordinate partner action across **four main areas** identified by countries as critical enablers for immunization gains. The areas and related proposed actions represent a menu of options for countries to select from based on identified needs and priorities.

**Strengthen
decision
making**

**Increase political
commitment
and financial
sustainability**

**Enhance demand
for and equitable
delivery of
vaccines**

**Improve access
to affordable and
timely supply**

Country ownership and national funding of immunization efforts are central to the strategy, which proposes to provide only limited and targeted catalytic support to countries: the model capitalizes on relatively strong systems and institutions in place in MICs, relying on peer-to-peer exchanges and strengthening existing in-country resources, platforms and mechanisms.

The MIC strategy was endorsed by WHO SAGE in April 2015. The 68th WHA adopted resolution A68/73 that specifically addresses access to sustainable supplies of affordable vaccines for low and middle income countries including many of the MIC strategies proposed through this framework. While partners work to secure limited but predictable financial resources for full implementation of the MIC strategy, regions and countries are called to engage to make use of already existing efforts.

Next steps:

The Task Force will begin to engage a limited number of MICs prior to extending this support more widely. In parallel, the Task Force will call on countries to identify and describe the main constraints and challenges that they face in reaching the GVAP goals, the activities they consider would help to address these, as well as the domestic resources they are able to mobilize to support these efforts. This process is expected to allow the international community to better assess country demand for external assistance in enhancing access to vaccines in MICs and to establish a basis for future fundraising efforts.

The Task Force will implement these efforts while continuing to:

- 1. Coordinate**, monitor and provide visibility to ongoing efforts by partners and by MICs themselves to introduce new vaccines and increase vaccine coverage, including regional and cross-country initiatives;
- 2. Advocate** for limited but predictable financial resources to support implementation of the MIC strategy;
- 3. Stimulate** the development of creative financial/procurement platforms as well as new ways to incubate and spread best practices among MICs.

The MIC Task Force:

Created in June 2014, its role is to act as an information-sharing and coordination forum across immunization agencies active in MICs.



*Supporting
analytical work for
the Task Force*

MIC strategy 2015-2020 (Endorsed by WHO SAGE April 2015)

Goal	Enhance sustainable access to vaccines for populations in middle-income countries to meet GVAP targets			
Driving Principles	<ul style="list-style-type: none"> • Uphold GVAP principles of country ownership, shared responsibility, integration, sustainability and innovation. • Address inequities within and among countries • Maximize health impact • Consider technical and political feasibility • Maximize value for money by complementing existing and planned efforts 			
Geography	All MICs not supported through the Gavi Alliance			
Objective	Raise and sustain high and equitable immunization coverage and enable new vaccine introductions			
Focus areas	① Strengthened decision-making for timely and evidence-based immunization policy and programmatic choices <ul style="list-style-type: none"> • Establishing and strengthening NITAGs • Strengthening national capacity to generate evidence for decision-making 	② Increased political commitment and financial sustainability of immunization programmes <ul style="list-style-type: none"> • Strengthening legislative basis for immunization • Advocating for immunization to achieve set immunization spending targets • Mobilizing national resources and increasing efficiency in resource use • Increasing MICs funding credibility through innovative financial platforms 	③ Enhanced demand for and equitable delivery of immunization services <ul style="list-style-type: none"> • Addressing vaccine hesitancy and building community demand • Strengthening in country supply chain and data systems 	④ Improved access to affordable and timely supply <ul style="list-style-type: none"> • Increasing procurement skills and knowledge • Increasing access to revolving funds • Harmonizing product choice & registration processes • Increasing price information • Ensure external procurement options are effective and fit for purpose • Influencing market dynamics
Strategic enablers	<ul style="list-style-type: none"> • Country commitment and cost sharing • Coordination among international and local partners • International and national advocacy and country-to-country peer learning • Strong monitoring and evaluation efforts 			

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