



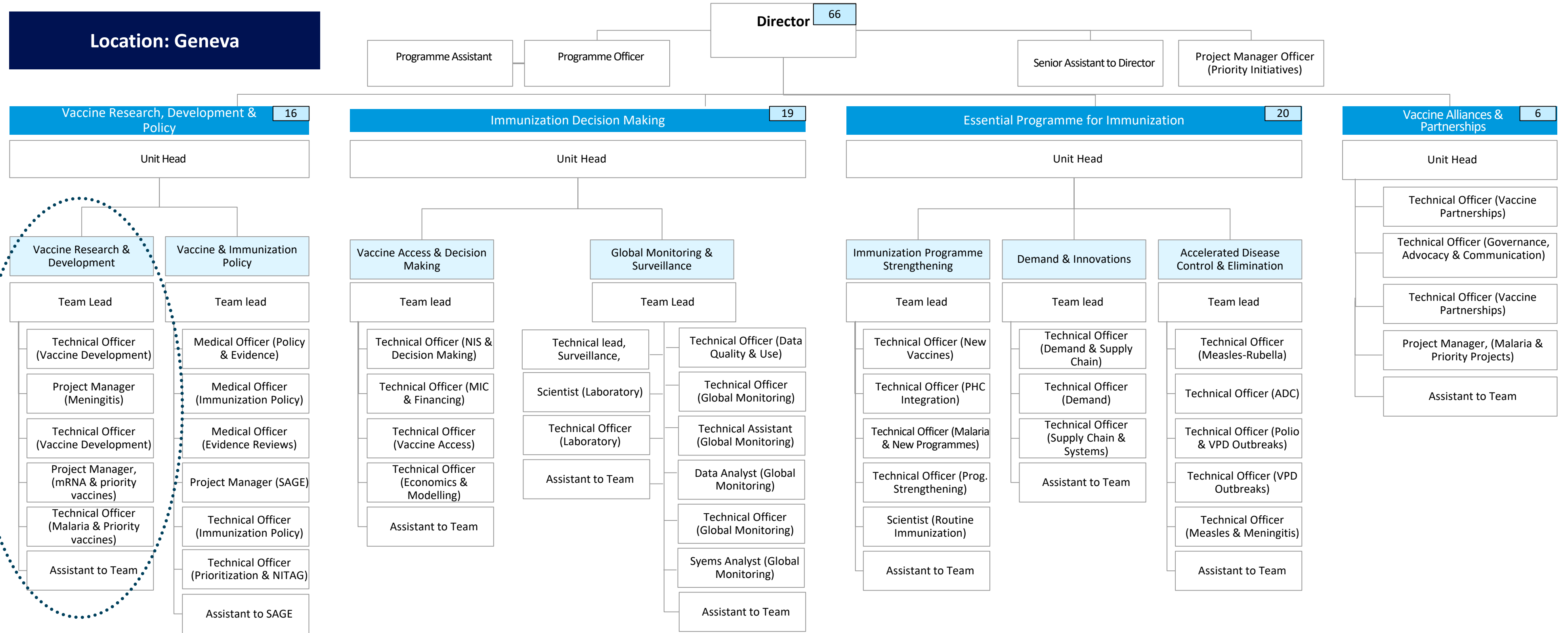
*Re-prioritization within WHO IVB  
and challenges facing immunization programmes and vaccine R&D*



# Presentation overview

- New structure of the WHO Department of Immunization, Vaccines & Biologicals
- Current state of immunization & issues facing immunization programmes
- Decline in vaccine funding and confidence
- Strategic opportunities

# Immunization, Vaccines, & Biologicals (IVB) | DG Approved IVB Organigram (66 post)



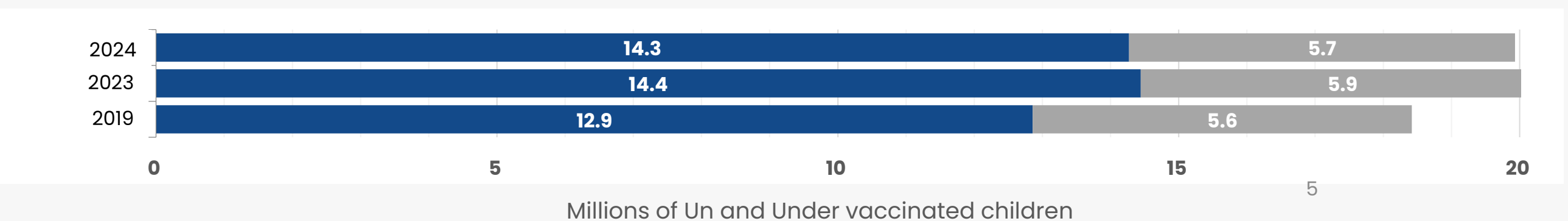
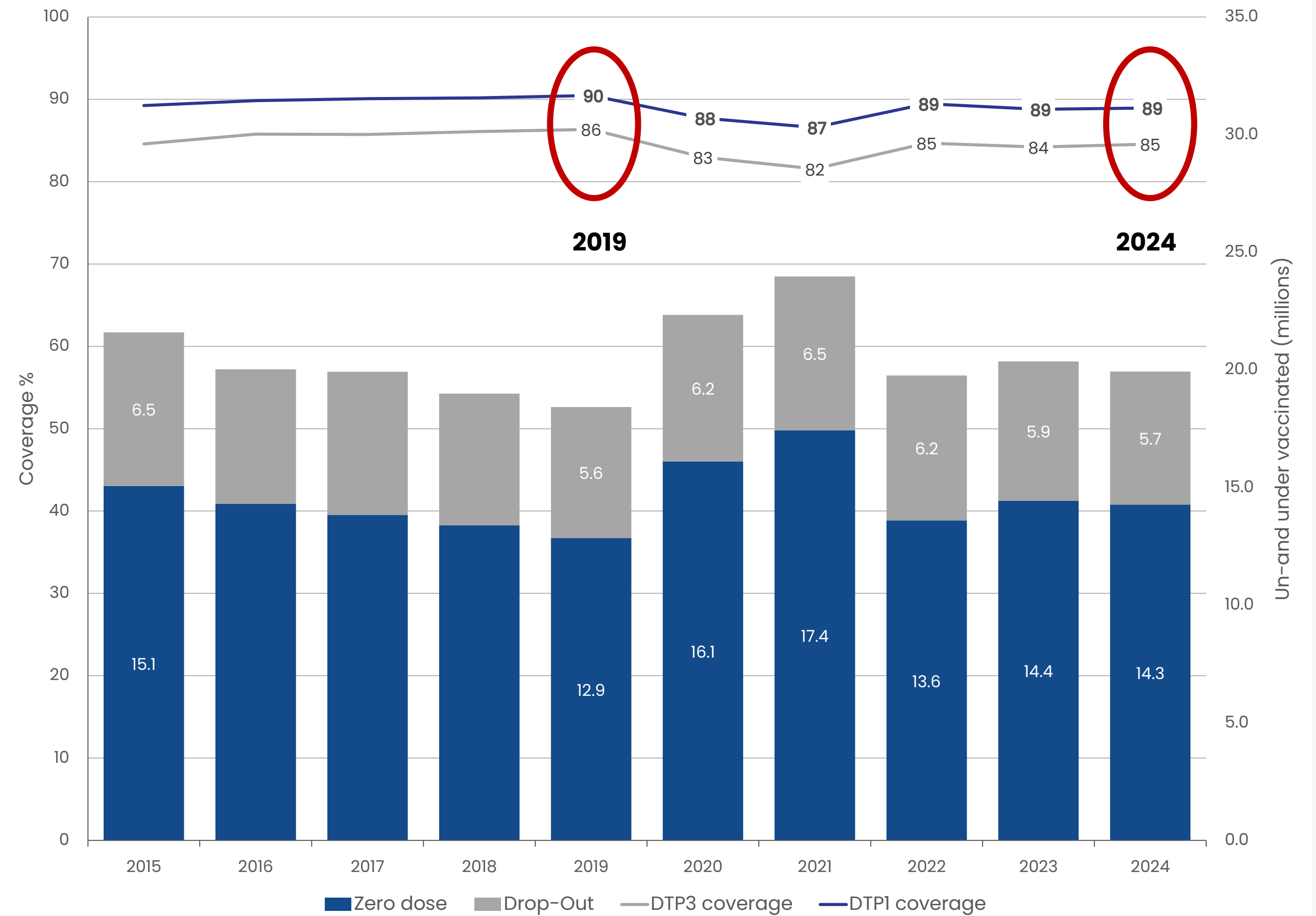
Key: **Division** **Dpt** **Unit** **Team** **Position** **xx** # of positions

# The state of immunization



# Immunization coverage is nearly back to pre-pandemic levels, with improvements in 2024 compared to 2023:

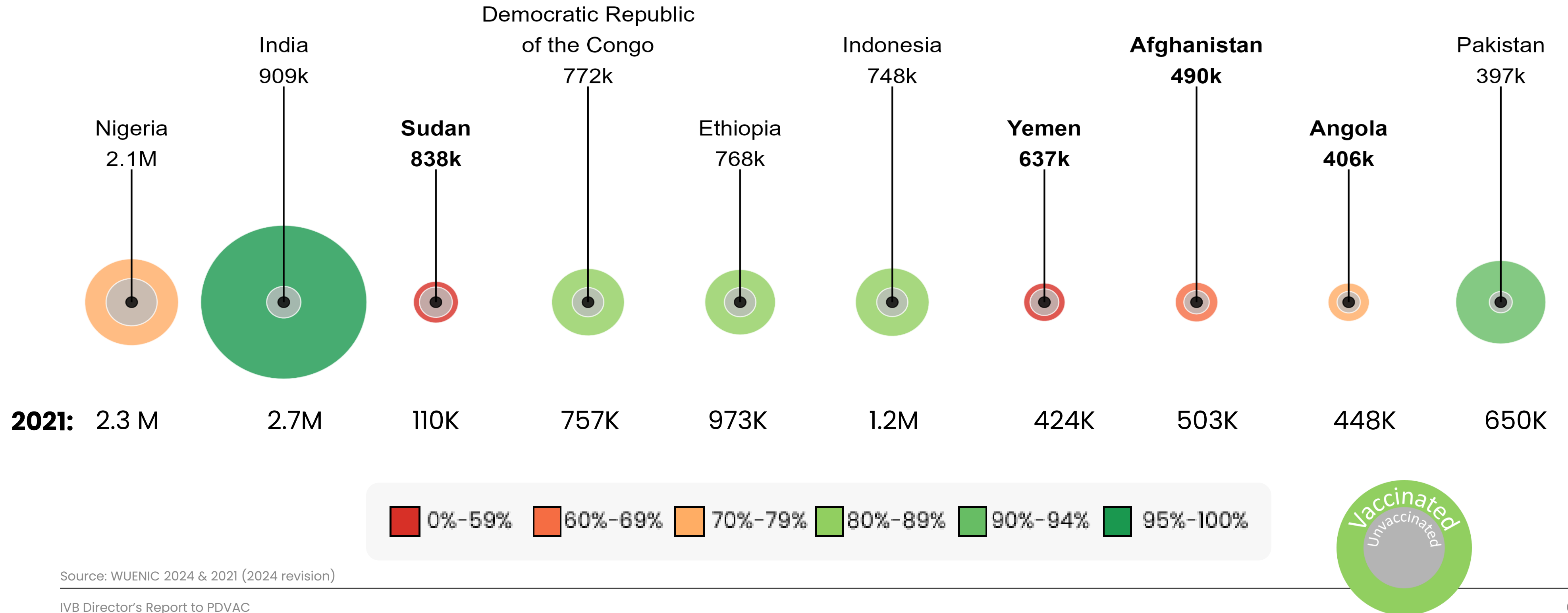
- 171k fewer Zero Dose Children (ZDC)
- 426k fewer Un and Under vaccinated



# The list of countries with most ZDC includes the same countries in 2024 as in 2023, although order shifted

Sudan continuing to worsen under conflict

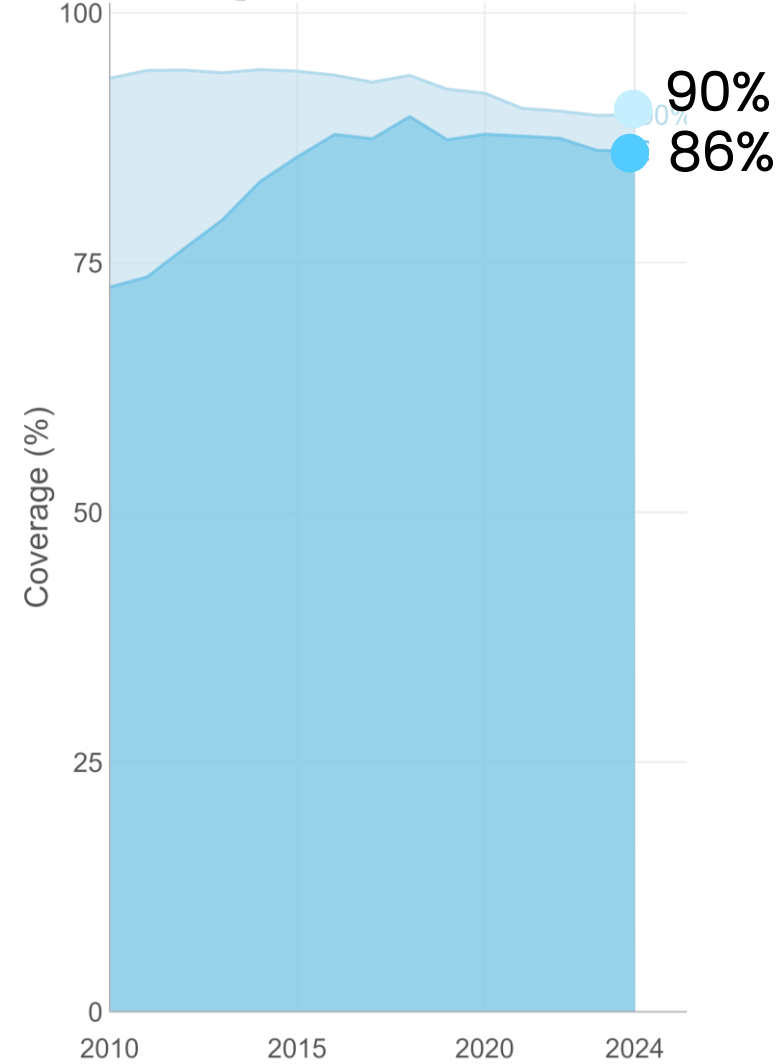
No DTP1 (zero dose)



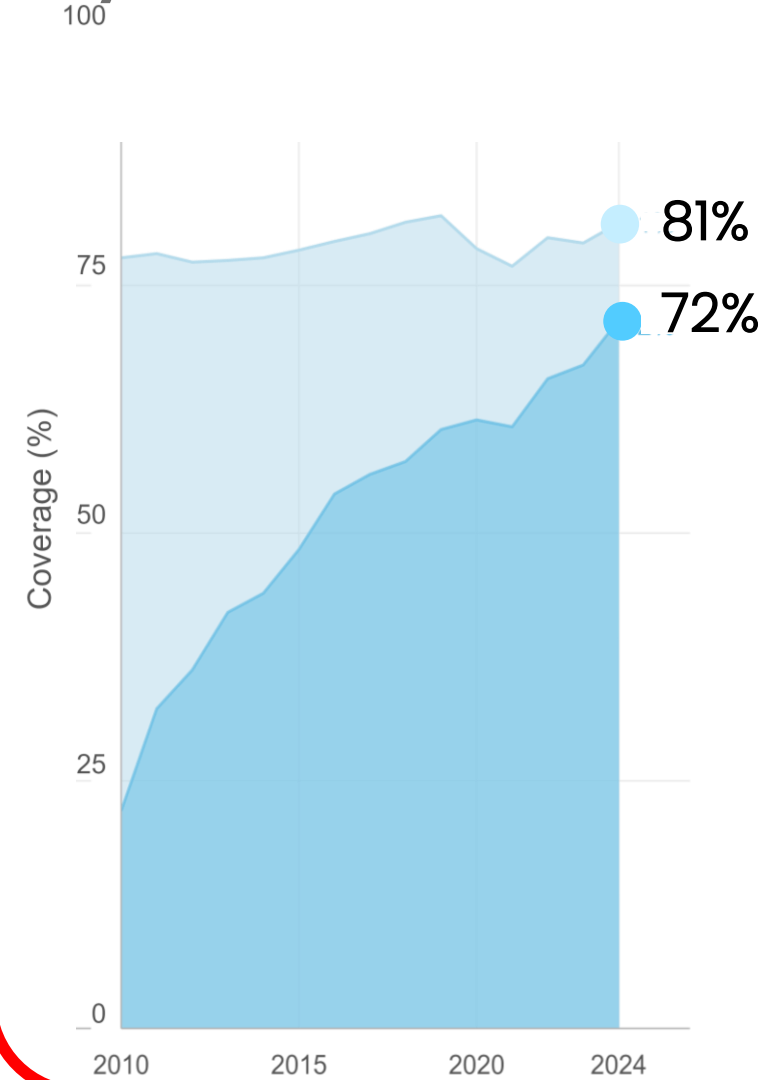
Source: WUENIC 2024 & 2021 (2024 revision)

# However, large/disruptive measles outbreaks continue increasing: MCV1 & MCV2 coverage too low to avoid them, despite efforts to fill immunity gaps

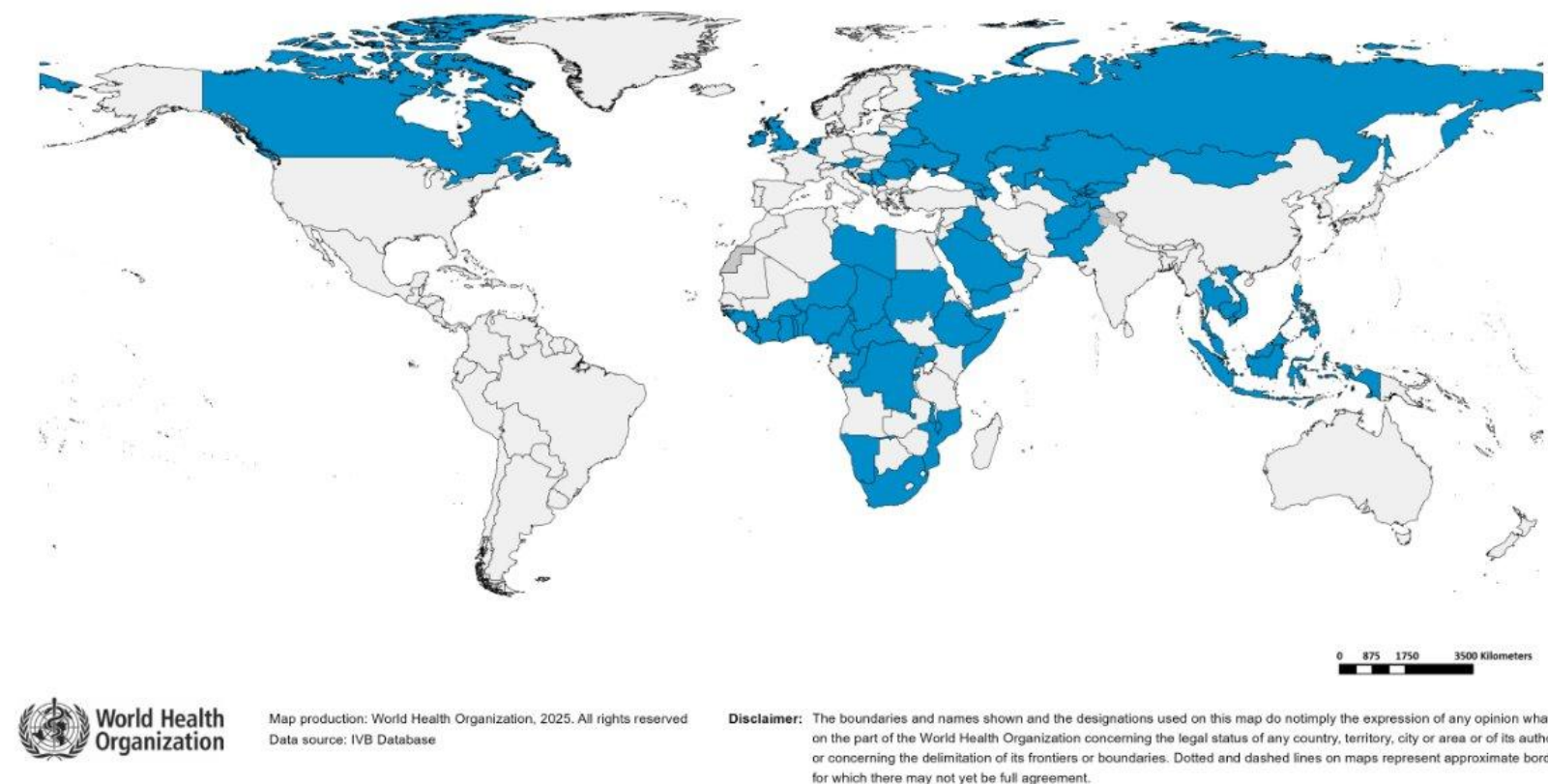
No outbreaks in the last 5 years (N=115)



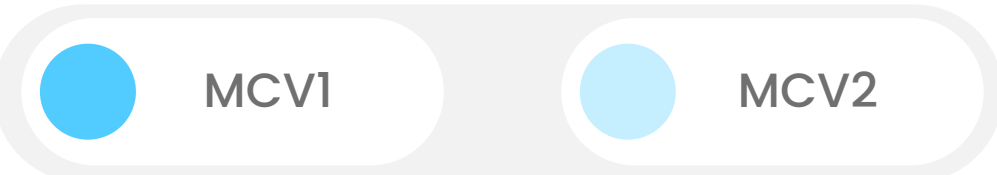
Outbreaks in the last 5 years (N=80)



62 countries with large or disruptive outbreaks (May 2024 to April 2025)



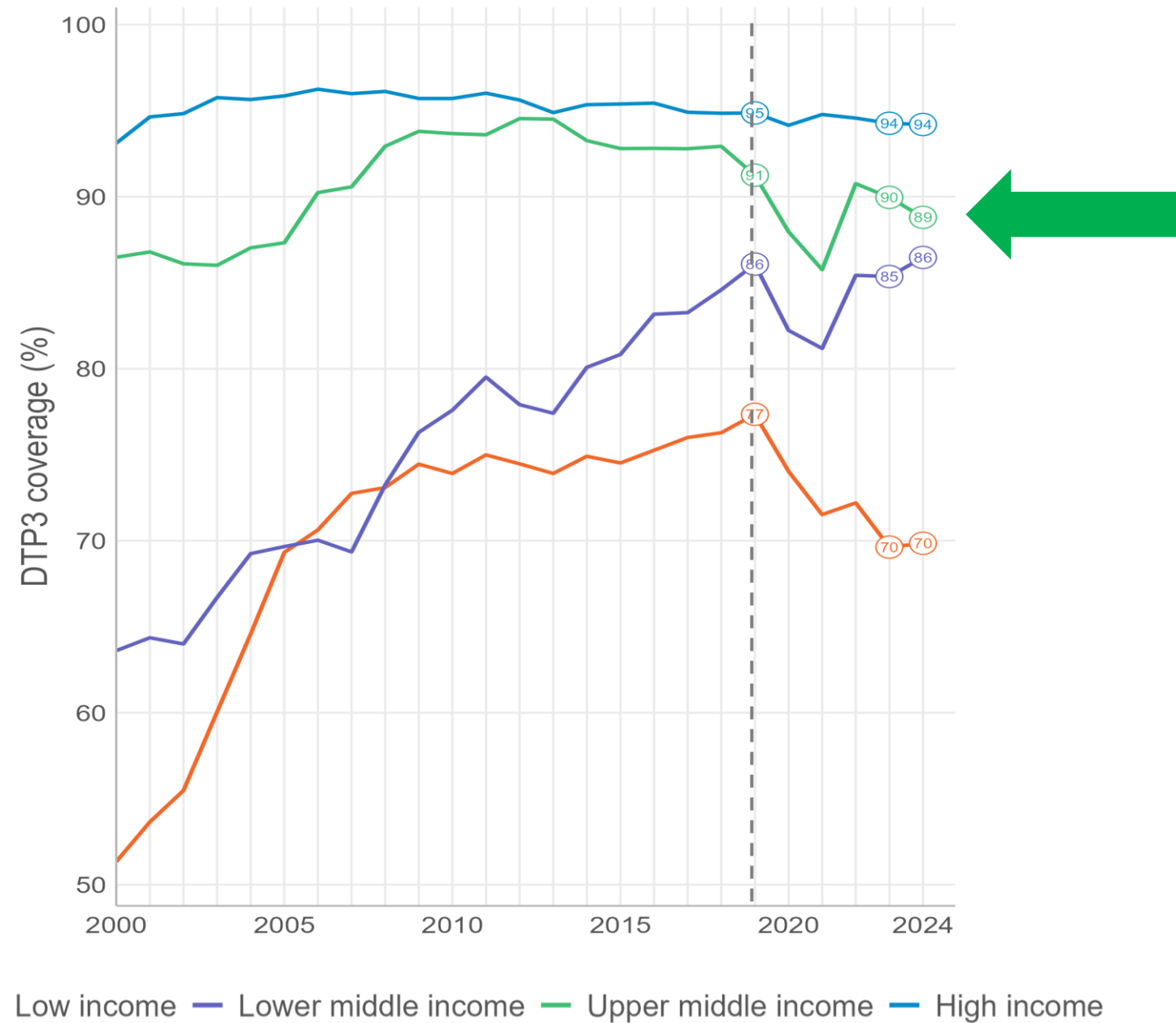
Based on data received 2025-09 and covering the period between 2024-05 and 2025-04



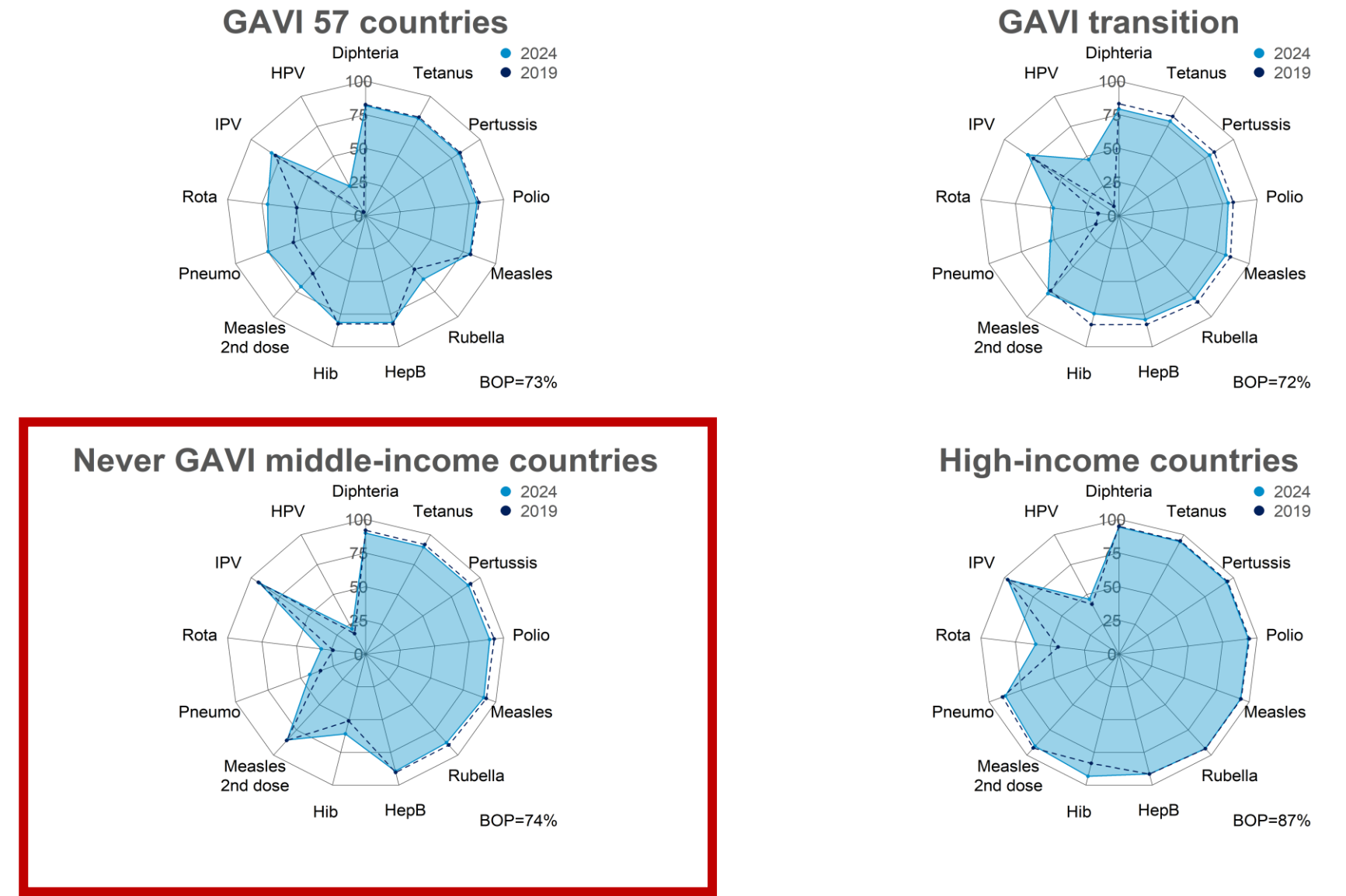
# Limited progress in recovery of coverage and Breadth of Protection (BOP) in middle-income countries (MICs)

40% of children are born in non-Gavi-eligible MICs

**Upper-Middle income countries faring worse than Lower-Middle since 2019**



**Lagging BOP in MICs that were not Gavi eligible (especially Rota, PCV)**

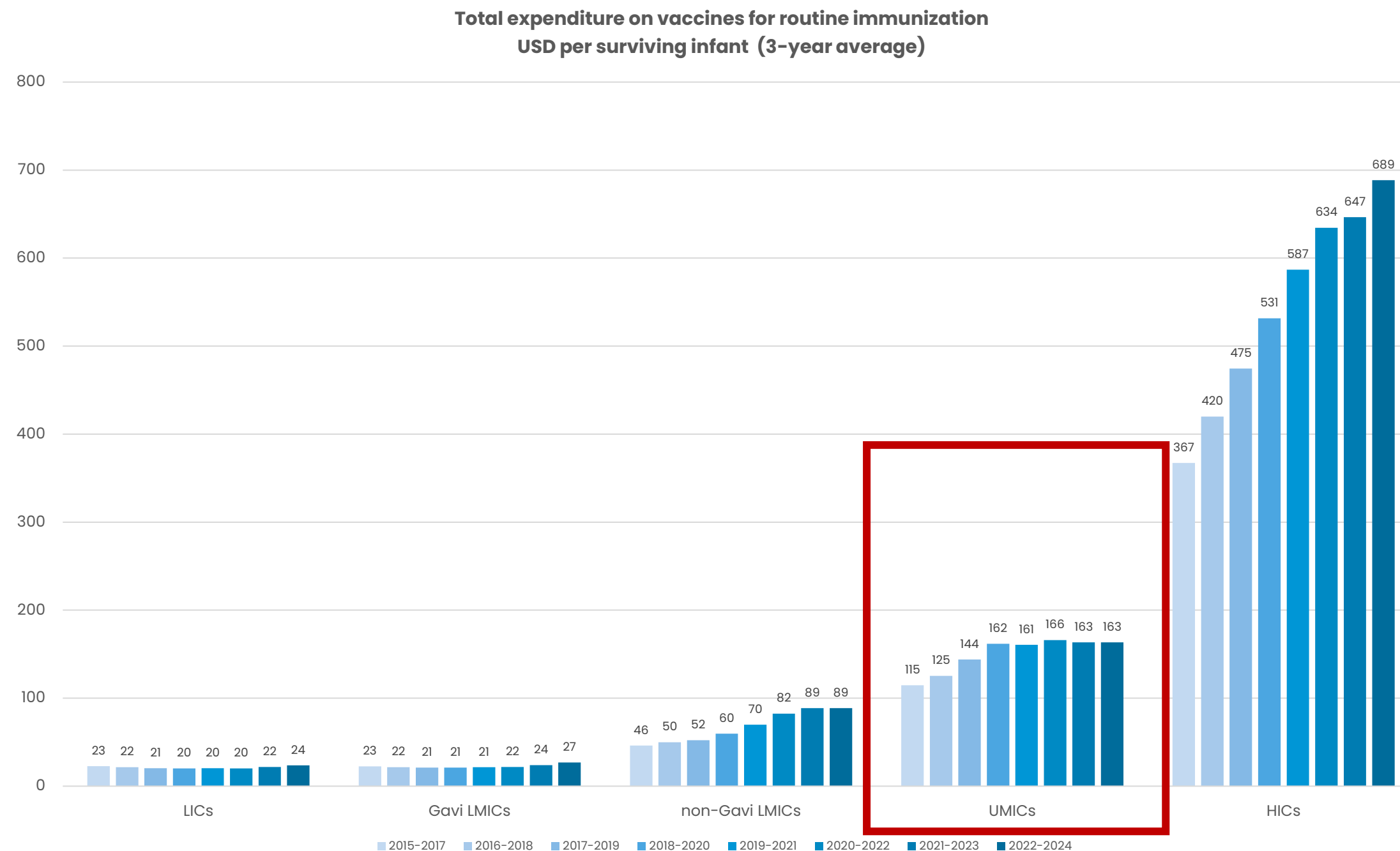


$$\text{Breadth of protection} = ((\text{DTP3} \times 3) + \text{HepB3} + \text{Hib3} + \text{IPV1} + \text{MCV1} + \text{MCV2} + \text{PCV3} + \text{POL3} + \text{RCV1} + \text{RotaC} + \text{HPV}) / 13$$

# Stagnant routine immunization expenditures in middle-income countries (MICs)

*40% of children are born in non-Gavi-eligible MICs*

**Stall in total expenditure on vaccines for routine immunization**



# Promoting country ownership in decision-making to maximise health impact, within available resources

→ Maximize the present

**Vaccine Optimisation**  
Assessing new products, presentations, schedules, or uses and switch to more suitable ones based on countries contexts



→ Anticipate the future

**Vaccine prioritisation:**  
Deciding which new vaccine introductions programmes to invest in, when and in what order

## Shifting towards a systematic, portfolio lens, process led by national stakeholders

≡

**24**  
NITAGs trained

**NITAGs strengthening**

**+25**  
sensitized

Linkages with NIS

≡

**WHO Compendium**

**3**  
Vaccines to date

≡

**Coordinated technical support**

**1**  
Working Group VPOP

# WHO and SAGE's normative role in immunization policy is more critical than ever



- WHO's 2025–28 strategy: 'developing evidence-based norms and standards' a key component for advancing equity and resilience in a turbulent world
- WHO's prioritization exercise highlighted immunization and policy as core function

## THE LANCET

CORRESPONDENCE · Volume 405, Issue 10485, P1140–1141, April 05, 2025 [Download Full Issue](#)

### Safeguarding immunisation: a core function of WHO

Rebecca F Grais on behalf of SAGE and RITAG

Affiliations & Notes Article Info

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» Vaccination remains the most cost-effective public health intervention, preventing millions of deaths and reducing disease burden worldwide.<sup>1</sup> However, their impact is rendered meaningless if vaccines are not epidemiologically relevant to the populations they serve, are not accepted by communities, or are not effectively delivered through routine or mass immunisation programmes. As history has shown, immunisation programmes have always faced threats—from political instability to misinformation—and these challenges are growing more severe in today's global landscape.<sup>2</sup>

The integrity of immunisation decision making must be upheld through robust, evidence-based guidance tailored to the needs of individual countries. The normative function underpinning the global immunisation structure—comprising the Immunization, Vaccines and Biologicals department at WHO, the Strategic Advisory Group of Experts on Immunization (SAGE), the Regional Immunization Technical Advisory Groups (RITAGs), and the National Immunization Technical Advisory Groups—plays a vital role in ensuring that vaccine policies are informed by scientific data and contextual realities.<sup>3,4</sup> Together they produce WHO Vaccine Position Papers that serve as global public goods, providing updated and harmonised guidance to support national immunisation programmes.<sup>5</sup> These structures are essential to help countries to maintain the credibility and effectiveness of vaccination strategies.

The normative function underpinning the global immunization structure (SAGE, RITAGS & NITAGS) play a vital role in ensuring vaccine policies are informed by scientific data & contextual realities

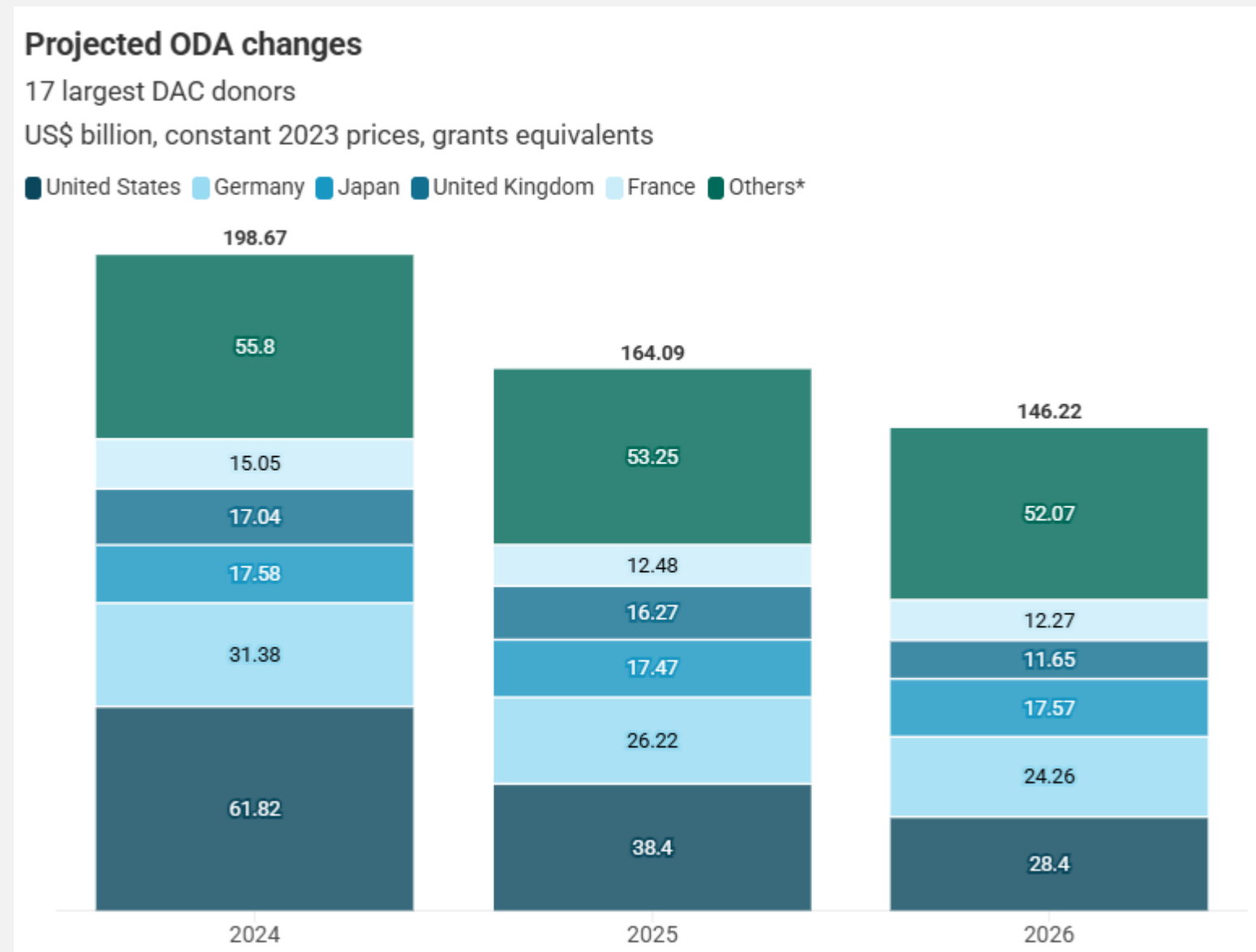
### Key Attributes

- Transparency
- Independence
- Best available evidence
- Evidence to policy methodology
- Support country decision-making in evolving contexts

# Decline in vaccine funding and confidence



# Cuts in overseas development assistance have especially hit vaccine and immunization efforts



ODA due to reduce by 26% or \$52 billion between 2024 & 2026<sup>1</sup>

**US to stop financial support of global vaccine alliance Gavi, health secretary says**

**RFK Jr cancels \$500m in funding for mRNA vaccines for diseases like Covid**

Funding cuts have been particularly targeted at immunization, via cuts to WHO, Gavi, and mRNA vaccine funding.

However, some Federal funding for vaccination research programs still exists.

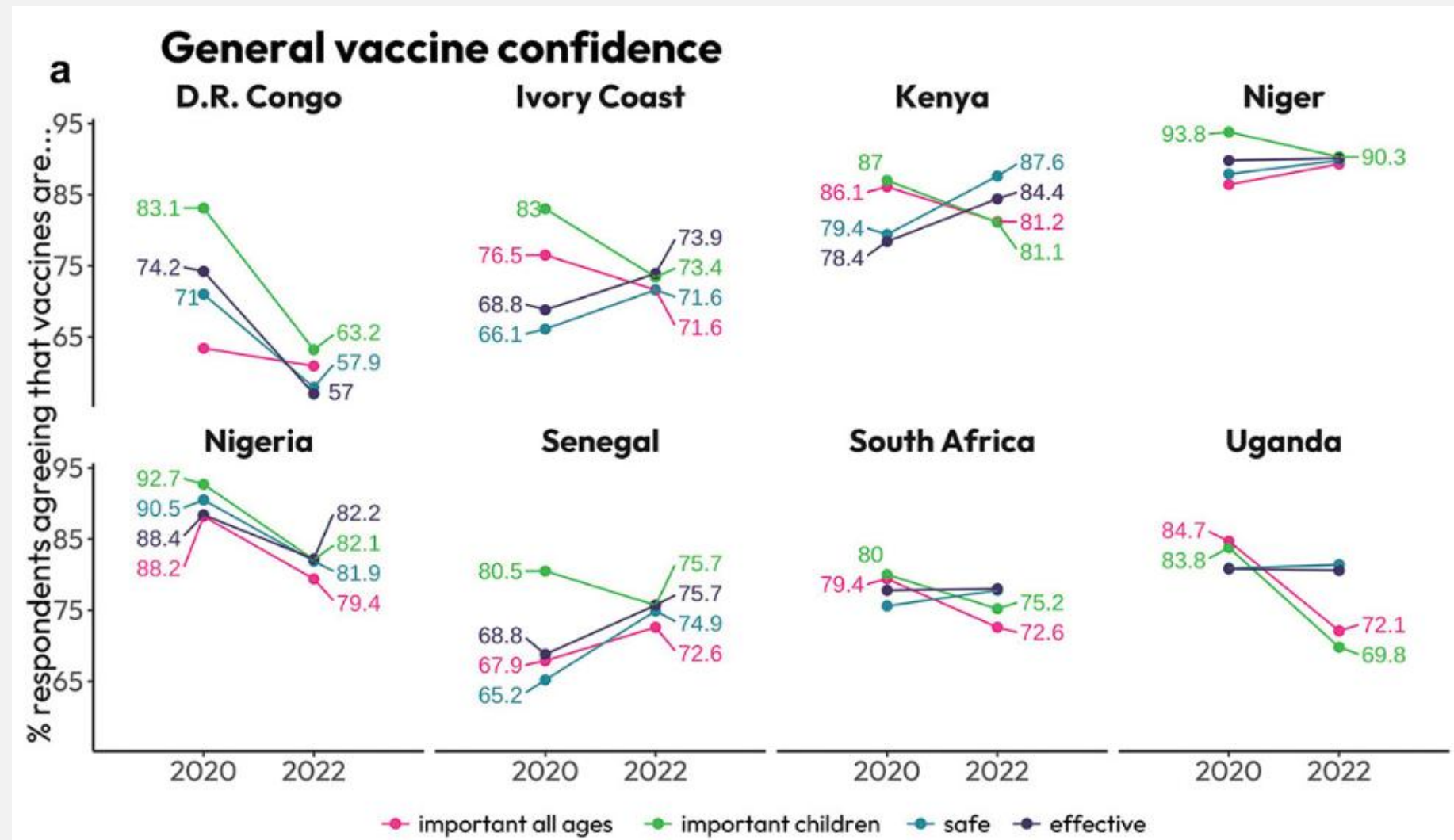
NEWS | 24 September 2025

**Exclusive: RFK Jr cancelled mRNA research – but the US military is still funding it**

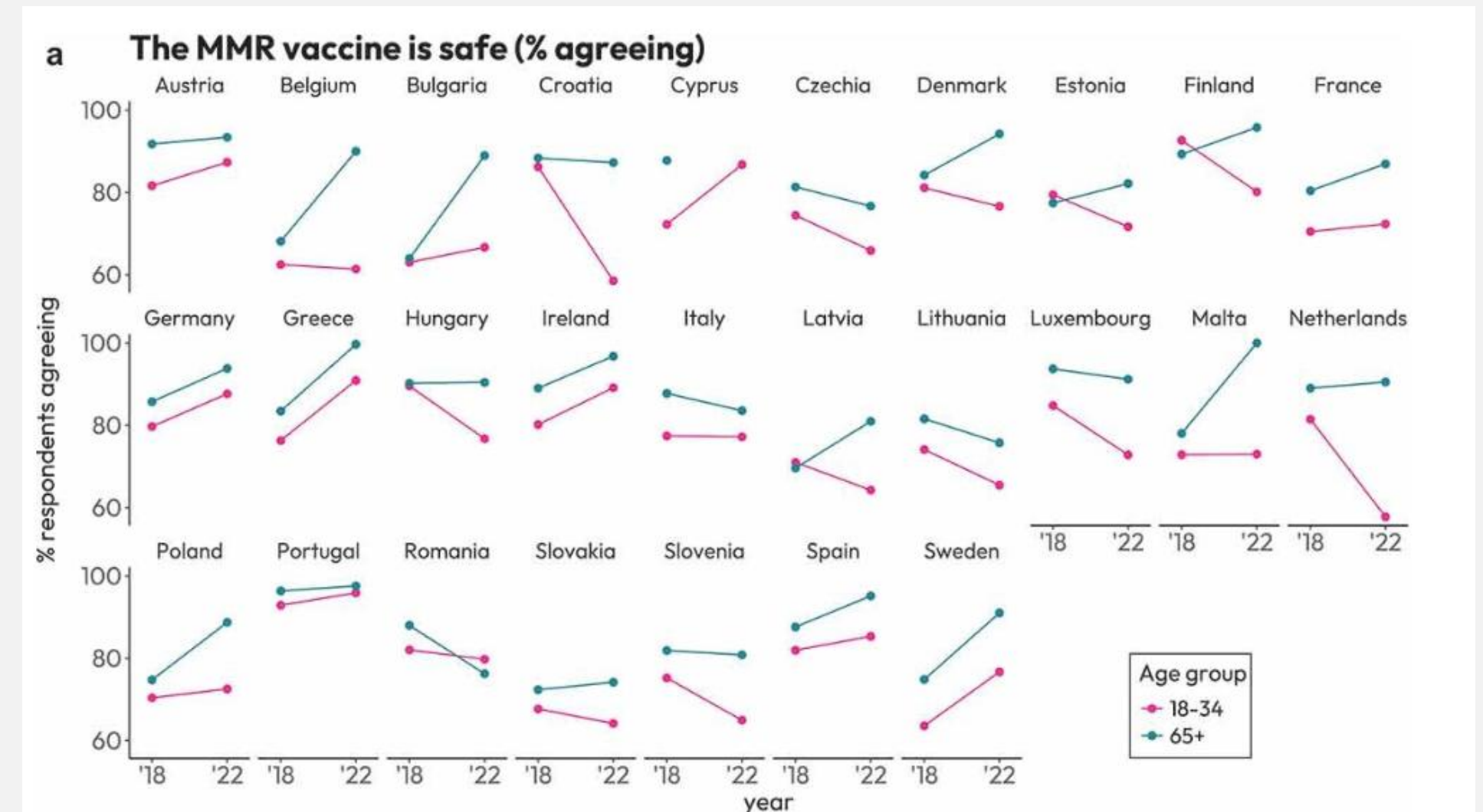
The Department of Defense is continuing to bankroll projects to develop vaccines against deadly pathogens.

By Elie Dolgin

# Trust in vaccines is a mixed picture globally, related to the country, age group, and overall trust in government



General vaccine confidence in eight countries of sub-Saharan Africa is a mixed bag<sup>1</sup>

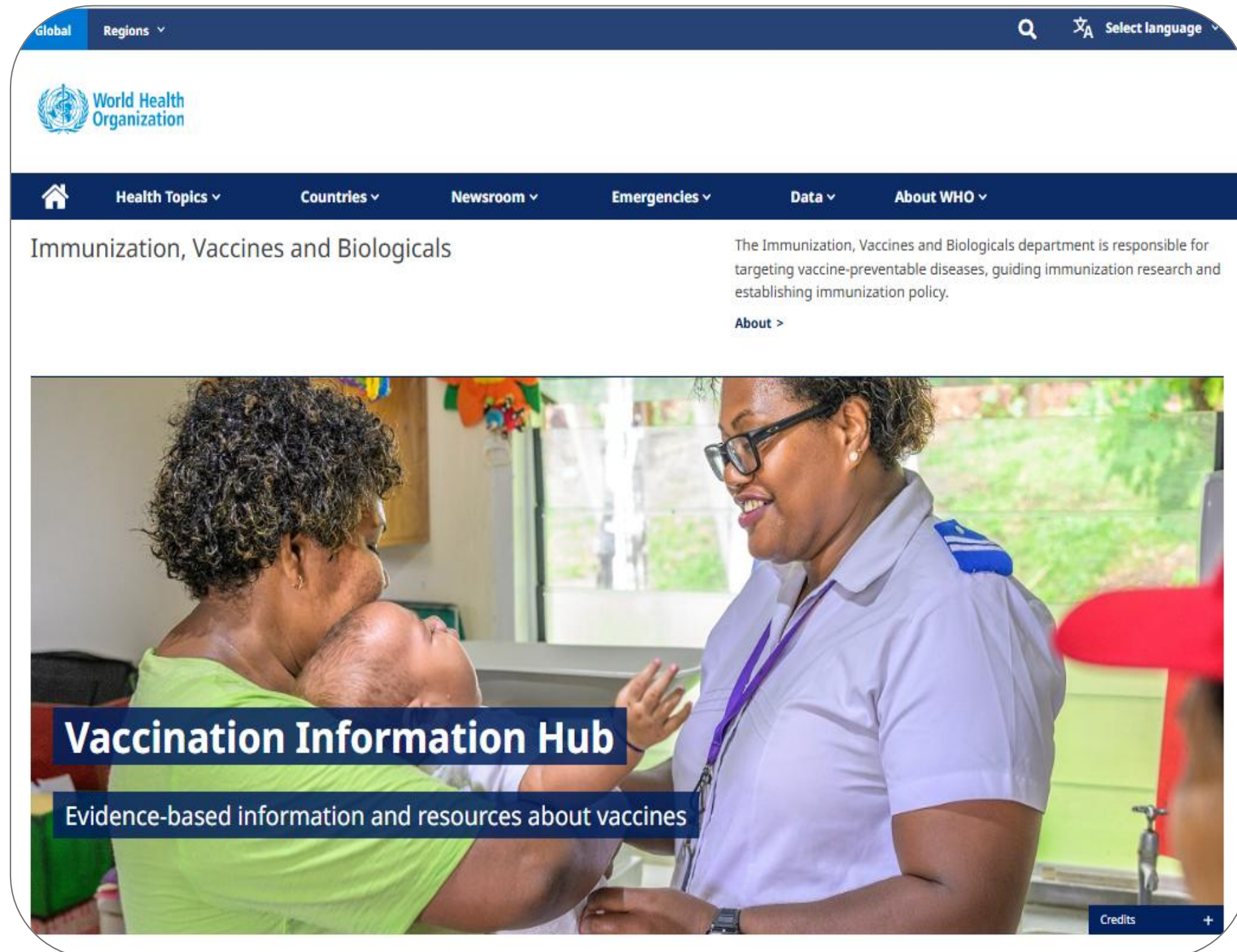


Similarly, different European countries have widely varying views on the MMR vaccine, sometimes with age groups splitting sharply.<sup>2</sup>

# WHO Vaccination Information Hub

*A new web resource to enhance accurate & trusted information*

[Link](#)



**Curated & regularly updated content** on hot topics in levels of detail

**Easy-to-understand explanations** on how vaccines work, why they're safe, how they're developed, and more

**Diverse formats to meet different needs:** FAQs, explainers, videos, podcasts, etc.

**Practical tools** for health workers & community leaders to address hesitancy & advocate for vaccination

*... plus more ahead to equip stakeholders to promote vaccination, e.g., vaccine literacy toolkit*

# Strategic opportunities



# Strategic opportunitites

- Increasing momentum in regional manufacturing and local R&D for priority vaccines
- Strong engagement from stakeholders to identify novel combination vaccines to ease delivery
- Leveraging AI:
  - Antigen design
  - counter mistrust and misinformation
  - Evidence synthesis
  - Novel communication strategies
- Digital tools



**World Health  
Organization**



**Thank you**