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# Immunization for all

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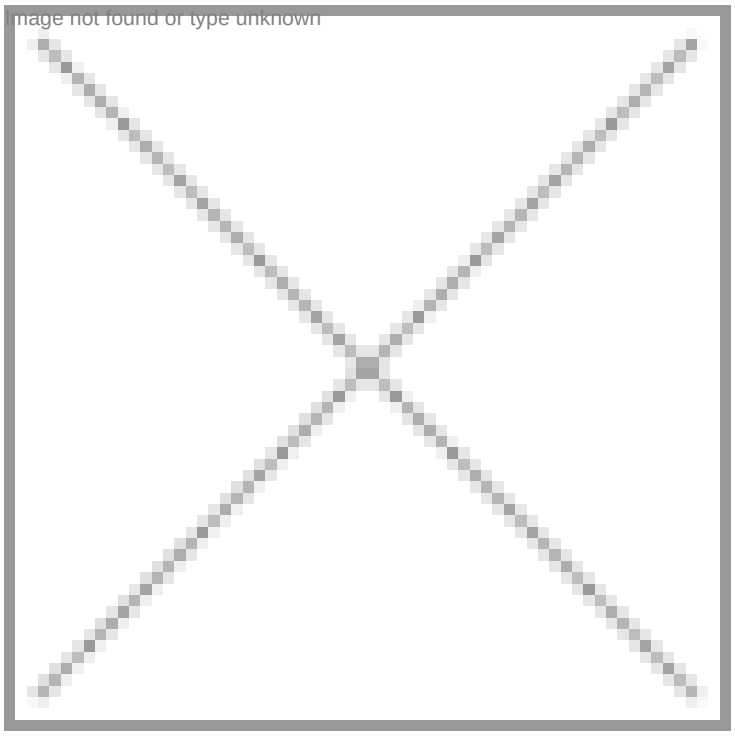
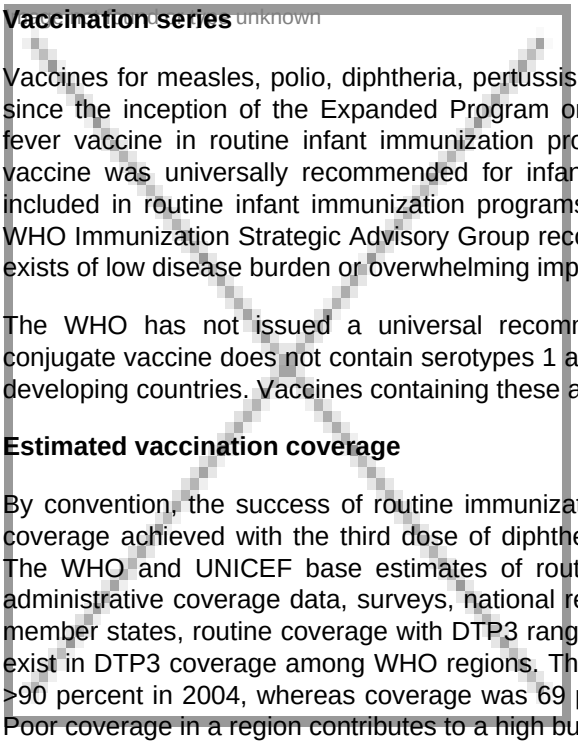



## Immunization for all

*The GIVS for 2006-2015 seeks to expand the reach of vaccination to every eligible person.*

Immunization is among the most successful and cost-effective public health interventions. In 2005, the WHO and UNICEF worked with partners to create a Global Immunization Vision and Strategy (GIVS) for 2006-2015. This strategy, which seeks to expand the reach of vaccination to every eligible person, is intended to be used as the basis for developing national comprehensive multiyear plans. GIVS articulates the WHO and UNICEF visions for global immunization in 2015 and is composed of four strategic areas: Protecting more persons in a changing world by improving routine immunization coverage, ensuring at least four immunization contacts per child, and expanding immunization programs to all ages; Introducing new vaccines and technologies; Integrating immunization, other linked health interventions, and surveillance in the health systems context and; Creating global partnerships to support and finance immunizations.




**Vaccination series**

Vaccines for measles, polio, diphtheria, pertussis, and tetanus have been part of the WHO recommended vaccination series since the inception of the Expanded Program on Immunization in 1974. In 1988, WHO recommended inclusion of yellow fever vaccine in routine infant immunization programs in countries with populations at risk for yellow fever. Hepatitis B vaccine was universally recommended for infants by WHO in 1992; in 1998, WHO recommended that Hib vaccine be included in routine infant immunization programs, where suited to national capacities and priorities. In January 2006, the WHO Immunization Strategic Advisory Group recommended global implementation of Hib vaccination unless robust evidence exists of low disease burden or overwhelming impediments to implementation exist.

The WHO has not issued a universal recommendation for pneumococcal vaccine. The only licensed pneumococcal conjugate vaccine does not contain serotypes 1 and 5, which are responsible for a substantial proportion of severe disease in developing countries. Vaccines containing these and additional serotypes are under development.

**Estimated vaccination coverage**

By convention, the success of routine immunization programs in reaching children has been measured by the vaccination coverage achieved with the third dose of diphtheria-tetanus-pertussis vaccine (DTP3) among children aged 12-23 months. The WHO and UNICEF base estimates of routine vaccination coverage for all diseases (including DTP3) on review of administrative coverage data, surveys, national reports, and consultation with local and regional experts. Aggregated across member states, routine coverage with DTP3 ranged from 70 percent to 78 percent during 1990-2004. Substantial differences exist in DTP3 coverage among WHO regions. The European, Western Pacific, and American regions had DTP3 coverage of >90 percent in 2004, whereas coverage was 69 percent in the South East Asia region and 66 percent in the African region. Poor coverage in a region contributes to a high burden of disease and is reflected in the number of child deaths.

Prevention of Hepatitis B virus infection is assessed by vaccination coverage with the third dose of Hepatitis B vaccine (HepB3) among children aged 12-23 months. As of 2004, a total of 153 (80 percent) of 192 WHO member states were using the vaccine. Of these 153 countries, 102 (67 percent) had HepB3 coverage of >80 percent, 36 (24 percent) had coverage of <80 percent, and 15 (10 percent) either had not reported coverage data or had not introduced the vaccine nationwide. Overall vaccination coverage with HepB3 is increasing and had reached 48 percent of WHO member states in 2004.

Prevention of Hib infection also is assessed by vaccination coverage with the third dose of the vaccine (Hib3). Ninety-two (48 percent) of the WHO member states have introduced Hib vaccine since 1986; in 2004, a total of 78 (85 percent) reported Hib3 coverage of >80 percent among children aged 12-23 months.