

# HEALTH RESULTS 2020


## IMMUNIZATION

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for every child

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ACCESS TO COVID-19 TOOLS

In Malé, the capital of the Maldives, on 23 February 2021, UNICEF Maldives Communication for Development Officer, Mohamed Yasir, documents the arrival of 100,000 syringes and 1,000 safety boxes shipped from UNICEF's humanitarian warehouse in Dubai. The arrival is part of the first wave of COVID-19-related syringe shipments by UNICEF on behalf of the COVAX facility. Other countries in the first wave of shipments include Côte d'Ivoire and São Tomé and Príncipe.

## CONTEXT

Immunization remains one of the most cost-effective public health interventions, preventing an estimated 2 to 3 million child deaths every year. In 2019 – the last year for which worldwide estimates are available – global vaccination coverage with the first dose of measles and DTP3 vaccines, which are often used to benchmark overall immunization coverage, had stalled at 85 per cent. Every year, despite stagnating coverage, more children than ever before are being vaccinated. This is due to increased birth cohorts, especially in Africa and parts of Asia.

In many countries, the COVID-19 pandemic disrupted the delivery and uptake of immunization services on an unprecedented scale and has substantially reduced access to life-saving vaccines, which are critical for combatting a range of preventable diseases. In May 2020, routine immunization services were substantially hindered in at least 68 countries, which could affect around 80 million children under the age of 1.<sup>1</sup> By the end of 2020, in many instances, routine immunization and supplementary immunization activities (SIAs) had partially or fully resumed.



**Immunization remains one of the most cost-effective public health interventions, preventing an estimated 2 to 3 million child deaths every year.**



<sup>1</sup> [www.unicef.org/press-releases/least-80-million-children-under-one-risk-diseases-such-diphtheria-measles-and-polio](http://www.unicef.org/press-releases/least-80-million-children-under-one-risk-diseases-such-diphtheria-measles-and-polio)

<sup>2</sup> The figures cited correspond with UNICEF's Universe of Countries for immunization (the 64 priority countries and HPV priority countries).

## UNICEF WORK AND RESULTS IN 2020<sup>2</sup>



**In 2020, Nigeria was certified as free of wild polio virus,** which now means Africa has the same status.



**66.3 million children (living in 64 UNICEF priority countries) vaccinated** with three doses of DTP-containing/pentavalent vaccine.



**17 million children** in humanitarian situations vaccinated against measles.



**The human papilloma virus (HPV) vaccine was introduced into eight additional countries,** making 16 in total; while more than **8 million women** of reproductive age received tetanus toxoid-containing vaccines.



**UNICEF spent US\$503 million immunization-related expenses** out of US\$1.4 billion health-related expenditure.



A three-year-old girl receives a vaccine shot at a community health centre in Beijing, China, on 26 March 2020.

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## WORKING TO REACH EVERY CHILD

UNICEF remains a partner of choice in ensuring that all children and women fully realize their right to benefit from immunization. Through global advocacy and thought leadership, UNICEF continues to advocate that children in zero-dose communities<sup>3</sup> and other marginalized groups are prioritized for the delivery of immunization and other basic health services. In 2019, approximately 80 per cent of zero-dose children lived in the 64 countries that are prioritized by UNICEF.

Working in partnership with the Bill & Melinda Gates Foundation, UNICEF co-leads the Equity Reference Group for Immunization (ERG) and has been instrumental in bringing immunization inequities and zero-dose children and communities to the centre of the Immunization Agenda 2030. Similarly, as a Gavi partner, UNICEF has helped to shape the current Gavi strategic period (2021–2025), with a focus on equity and allocation of more resources to reach underserved communities. UNICEF's leadership in the Vaccine Demand Hub has also been central in supporting countries in developing tailored demand-generation strategies to reach marginalized communities.

Despite the overwhelming challenges presented during the COVID-19 pandemic in 2020, country level implementation continued. Many of the routine and supplementary immunization activities that had been postponed resumed in the second half of 2020. UNICEF worked with partners to produce the publication 'Immunization coverage: Are we losing ground?', providing baseline information for tackling the risk that COVID-19 will reverse the success of immunization programmes globally. UNICEF procured 1.9 billion doses of vaccines for 102 countries with a



The lengths to which health workers will go to reach every child with vaccines.

value of US\$1.4 billion – enough to reach 45 per cent of the world's children under 5.

The stagnation of coverage means that there are major inequities in coverage. It also means that immunization services fail to reach some of the most underserved communities, such as those in remote rural, conflict-affected or urban slum areas. This leaves the world vulnerable to outbreaks of vaccine preventable diseases. The more recently introduced vaccines, such as measles second dose, pneumococcal and rotavirus, are following a similar pattern of rapid uptake initially, but then a plateauing of progress. The COVID-19 pandemic is exacerbating existing inequities and it is likely that the most disadvantaged communities will be the slowest to restore immunization services.

<sup>3</sup> Communities with a significant number of children who have not received a single dose of diphtheria, tetanus and pertussis-containing vaccine.

## ACCELERATING IMMUNIZATION INITIATIVES

UNICEF is implementing accelerated immunization initiatives against measles, rubella, yellow fever and meningitis to reduce preventable illness, disability and mortality.

- UNICEF supported SIAs in the Democratic Republic of Congo, Ghana, Nigeria and the Sudan, with these activities collectively seeing the vaccination of more than 59 million people against yellow fever.
- An additional two countries – Eritrea and Nigeria – introduced meningococcal A vaccine in their routine immunization programmes, making up a total of 13 countries.
- UNICEF helped vaccinate over 200 million children against measles/rubella through supplementary immunization activities; this included reaching children living in humanitarian situations.



Reaching every child with measles rubella vaccine in Bangladesh during the pandemic.

## VACCINATING CHILDREN IN HUMANITARIAN SETTINGS

In the context of crises, ensuring immediate preventative measures and responding swiftly to disease outbreaks is at the core of the humanitarian public health response.

During 2020, UNICEF worked with partners to provide leadership in supporting measles campaigns as part of the core commitments for children in humanitarian settings. In 63 countries reporting humanitarian situations, UNICEF provided leadership to support measles SIAs, reaching 17 million children with life-saving measles vaccines.

UNICEF continued to engage in the International Coordinating Group (ICG): In 2020, 3.1 million people were vaccinated against cholera, 3 million against meningitis, and 2.5 million against yellow fever. The ICG established an Ebola vaccine stockpile to ensure efficient outbreak responses and to significantly reduce the impact of Ebola on the most vulnerable communities in West and Central Africa.

## PROMOTING VACCINE DEMAND AND ACCEPTANCE

The demand for vaccination is vital to ensure equitable access to and uptake of immunization services by caregivers and communities. Strategies to create demand and empower communities aim to impart necessary information and knowledge, instil confidence in the quality and safety of vaccine services, and promote positive and measurable behaviour change.

UNICEF supports countries to implement interventions that reduce social barriers to immunization access and acceptance. This area of UNICEF's work is even more important in a world affected by the COVID-19 pandemic and the erosion of trust in governments and health institutions resulting from countries' management of their pandemic response. To address the prolific global 'infodemic', UNICEF worked with partners to produce the Misinformation Field Guide and worked collaboratively across sectors to produce innovative communications tools.

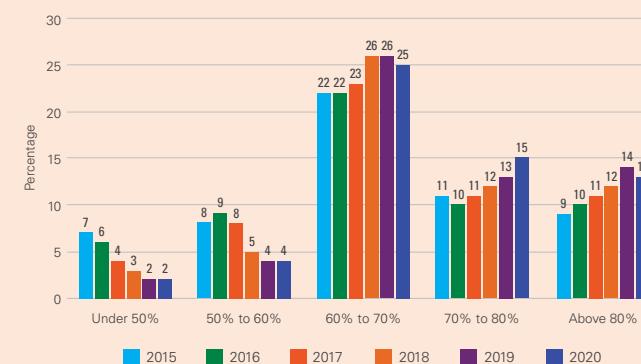
## STRENGTHENING IMMUNIZATION SUPPLY CHAINS

Immunization supply chains ensure that vaccines are available and effective at the point-of-use. The supply chains ensure that vaccines travel from their port of entry to point-of-use in health-care facilities or outreach settings. UNICEF continued to work with countries on implementing the comprehensive effective vaccine management (EVM) process. In 2020, the successful rollout of EVM 2.0 was a significant achievement, leading to strengthened national ownership and driving supply chain performance improvement. By 2020, 59 out of 72 countries globally had carried out nationwide EVM assessments. An EVM score above 80 per cent indicates that adequate immunization systems and capacities are in place: Cambodia and Indonesia increased their performance but Sudan's score decreased, leading to 13 countries with an EVM score over 80 per cent.



How mediators are helping reach every child with lifesaving vaccines in Roma communities in Bosnia and Herzegovina.

### Progress on effective vaccine management, 2015–2020



To build capacity at the country level, UNICEF continued to invest in cold-chain optimization, temperature monitoring, and the upskilling of national partners in vaccine procurement. By the end of 2020, 53 priority countries (up from 46 in 2019) were implementing a national health sector supply chain strategy/plan.

## INTRODUCING NEW VACCINES

As new vaccines and age groups have been added to immunization schedules, related programmes have become more complex. New vaccines being introduced into countries' schedules include pneumococcal conjugate vaccine (PCV), meningitis, rotavirus, rubella and human papillomavirus (HPV) vaccines. PCV and rotavirus are critical against the deadly childhood diseases of pneumonia and diarrhoea, and HPV is critical in the elimination of cervical cancer.

- UNICEF supported the introduction of PCV in 51 of the 64 priority countries and rotavirus in 42 priority countries.
- 21 countries had introduced yellow fever vaccines in their national immunization schedules.
- UNICEF supported an additional eight countries to introduce HPV vaccine in their immunization schedules, making a total of 16. In target countries, 2.9 million girls received their final dose of HPV vaccine.

In many cases, the introduction of new vaccines was put on hold in 2020 due to the COVID-19 pandemic: This situation is likely to persist throughout 2021 as greater attention is placed on the roll-out of COVID-19 vaccines.



Increased access to life-saving pneumococcal conjugate vaccines for lower-income countries.



UNICEF's role in ensuring equitable access to COVID-19 health supplies globally.

## SUPPLYING VACCINES FOR THE WORLD'S CHILDREN

As the largest single buyer of vaccines globally, UNICEF is able to use its market position for children's rights and health.

On behalf of the Global COVAX facility, UNICEF is leading the largest vaccine procurement and supply operation in history. Through the COVAX facility, UNICEF is working with manufacturers and partners on the procurement of COVID-19 vaccine doses, as well as freight, logistics and storage. Partnerships continue to be critical to the timeliness and reach of vaccine procurement and shipping operations.



Getting COVID-19 vaccine to all corners of the earth: UNICEF leads the largest vaccine procurement and supply operation in history.

## PUSHING FORWARD TOWARDS A POLIO-FREE WORLD

Nigeria, the last wild polio virus endemic country in the Africa region, succeeded in eradicating the disease in 2020 – a historic milestone for the country and the continent. Strategic focus remains on the two polio-endemic countries, Afghanistan and Pakistan, as well as countries experiencing circulating vaccine-derived polio virus (cVDPV) outbreaks. During 2020, there was an upward trend in cVDPV outbreaks, which paralysed over 1,000 children. This is a substantial increase from 378 cases in 2019.

The COVID-19 pandemic meant more than 60 planned house-to-house polio campaigns were suspended in 28 countries, contributing to a sharp rise in polio outbreaks. Despite the major challenges, polio campaigns resumed in some countries towards the end of 2020. UNICEF procured 804.2 million doses of oral polio vaccine to support routine immunization and supplementary immunization activities in endemic and outbreak countries. In 2020,

UNICEF and partners effectively eradicated 20 polio outbreaks in at least eight countries.

Globally, the extensive polio infrastructure played an important role in the COVID-19 response. With substantial experience in disease surveillance, tackling multiple health emergencies and trusted outbreak networks in underserved communities, the personnel and infrastructure established through the polio eradication programme are pivoting against COVID-19, making a significant contribution to national public health capacities. The polio infrastructure will also be critical in the roll-out of the COVID-19 vaccine.

Women play a central role in polio eradication globally. Female vaccinators are key to building community trust for vaccine acceptance, especially where cultural norms prevent men from entering households. In Afghanistan and Pakistan, respectively, 46 per cent and 62 per cent of the frontline health workers are women.



Polio vaccinations in Afghanistan and Pakistan resume, protecting children against another health emergency.



How Nigeria makes history by eradicating the wild polio virus.



On 13 March 2020 in Fanisau Ugongo Village in Kano State, Nigeria, volunteer community mobilizers often take advantage of community gatherings to talk with parents and caregivers about vaccination and other health practices, as well as to vaccinate children against polio.

## LOOKING AHEAD

The COVID-19 pandemic and subsequent health service disruptions led to reduced delivery and uptake of immunizations in many countries throughout the world. The impact of these disruptions to the survival and long-term health of children may not be known for many years. But, amidst the fallout from the pandemic lies an opportunity to 'reimagine immunization' and to 'build back better' for improved results for children, especially the most disadvantaged. Resources are needed for in-country COVAX delivery so that capacities and resources are not drawn away from the Expanded Programme on Immunization.

Routine immunization services must be restored and revitalized and firmly integrated within primary health care, as outlined in the Immunization Agenda 2030. The current Gavi strategic period provides a way to ensure resources that would allow services to 'catch up' and expand into specific communities, addressing equity gaps.

UNICEF will continue to focus on equity, especially for underserved children, and will work to expand immunization services in zero-dose communities. UNICEF employs a systematic approach, such as the adoption of social listening for vaccine misinformation and response, and focuses on service quality and experience to enhance trust. The large-scale delivery of COVID-19 vaccines

also provides an opportunity to harness the global interest in immunization and vaccines towards strengthening health systems. Conversely, if inadequately resourced, COVID-19 vaccine delivery could come at the cost of childhood vaccination. UNICEF will advocate for the continuation of essential services in parallel with the COVID-19 vaccine roll-out so that one does not come at the cost of the other and result in outbreaks

of preventable diseases alongside the continuing pandemic.

Substantial additional resources will be required to ensure critical capacities within UNICEF to effectively support countries and partners. Now, more than ever, flexible resources are vital to maintain high immunization coverage, to ensure that no child is left behind.



A mother taking her child to the community site to benefit from the Health and Nutrition service packages. Since August 2020, UNICEF Madagascar has been supporting 49 health districts to make the transition to Maternal and Child Health Weeks by now offering a new continuous approach at health centres and the community level. A new strategy is to provide year-round maternal and child health and nutrition service packages in basic health centres and in each community. As a result, people no longer need to make multiple trips to access these different services (health and nutrition).



Four-month-old Samira receives her vaccines in Dushanbe, Central Polyclinic #13, Tajikistan, April 2020.

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[Link to the full report](#)