VIMS Report: Global Vaccine Introduction

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Johns Hopkins Bloomberg School of Public Health
International Vaccine Access Center (IVAC)
Developed from information in the VIMS database found at: http://www.jhsph.edu/ivac/vims.html
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Updates include:
New Vaccine Introductions
Republic of South Sudan included
Proportion of population with coverage/access estimates that account for regional introductions
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  o Following the Appendix is an example of a Print & Fly Country Report that can be accessed directly from VIMS.

This report can be found at: http://www.jhsph.edu/ivac/index.html. The full report with forecast data and a PowerPoint presentation with graphics can be found in the VIMS database. To gain access to VIMS, please email vims@jhsph.edu.
### Vaccine Introduction Dashboard:

#### Year of First Vaccine Introduction

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Hib Vaccine</th>
<th>PCV</th>
<th>Rotavirus Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Income</td>
<td>1989 (Iceland)</td>
<td>2000 (US)</td>
<td>2006 (3 countries)</td>
</tr>
<tr>
<td>Middle Income Country</td>
<td>1994 (2 countries)</td>
<td>2008 (5 countries)</td>
<td>2006 (5 countries)</td>
</tr>
<tr>
<td>Low Income Country</td>
<td>1997 (Gambia)</td>
<td>2009 (Rwanda)</td>
<td>None</td>
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<tr>
<td>GAVI supported</td>
<td>2001 (2 countries)</td>
<td>2009 (2 countries)</td>
<td>2008 (Bolivia)</td>
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</tbody>
</table>

#### Total number of countries that have introduced each vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Global Introduction (194 Countries)</th>
<th>GAVI Eligible (73 countries)</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Universal</td>
<td>At Risk</td>
<td>Regional</td>
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<tr>
<td>Hib</td>
<td>177</td>
<td>1</td>
<td>65</td>
</tr>
<tr>
<td>PCV</td>
<td>74</td>
<td>10</td>
<td>3</td>
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<tr>
<td>Rotavirus</td>
<td>31</td>
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Executive Summary:

The following report displays data and figures on the introduction status of Hib vaccine, pneumococcal conjugate vaccine (PCV) and rotavirus vaccine both globally and in 73 GAVI eligible countries. It uses information stored in the Vaccine Information Management System (VIMS) online database maintained by IVAC at the Johns Hopkins Bloomberg School of Public Health and supported by the GAVI Alliance. The images and text below describe: how many countries have introduced each vaccine or plan to in the future; global and GAVI rates of coverage and access; historical trends of the rate of introduction globally; and the introduction status of every country individually. The report concludes with a more detailed description of VIMS and its potential uses with an example of a VIMS country report.
Methods:
This report has been generated by the Vaccine Information Management System (VIMS) database developed and maintained at the Johns Hopkins Bloomberg School of Public Health for use by the International Vaccine Access Center (IVAC) and its affiliated projects and partners. VIMS provides a centralized, web-based warehouse for key information related to IVAC’s work. Information was gathered from internationally recognized sources, such as UNICEF, World Health Organization, vaccine manufacturers, ministries of health and news media.

Current Global and GAVI Introduction Statuses for Hib, Pneumococcal Conjugate and Rotavirus Vaccines
- A line graph showing the cumulative number of countries that have introduced or are projected to introduce Hib, PCV and rotavirus vaccines from 2000 – 2020. Projected introduction dates for GAVI countries are taken from the most recent publicly available AVI Strategic Demand Forecast and WHO information. For non-GAVI countries, the World Health Organization and a variety of other sources are used.
- A pie chart for Global Introduction Status calculated by tabulating the countries that have introduced the vaccine into a national program, are planning introduction, have widespread coverage of the vaccine through the private market, or have not made a decision regarding the vaccine.
- A pie chart for GAVI Introduction Status calculated by tabulating the countries that have introduced the vaccine into a national program, are approved by GAVI to introduce the vaccine, have conditional approval from GAVI, plan to apply for GAVI funding, or have not made a decision regarding the vaccine.
- Global and GAVI maps of the world indicated the countries that have already introduced Hib, PCV and Rotavirus vaccines.

Present Coverage
- Calculated as the number of surviving infants, globally and by GAVI country, covered by DTP3 vaccine in countries that have introduced Hib, PCV and Rotavirus vaccines.

Present Access
- Calculated as the number of surviving infants, globally and by GAVI country, that live in countries that have introduced Hib, PCV and Rotavirus vaccines.

Vaccine introduction by income level
- The cumulative percentage of High and Low income countries that used or are projected to use PCV and Hib vaccines were plotted over time to compare introduction rates. 2011 World Bank income classifications were used.

Introduction Status by Vaccine for All Countries
- This table uses WHO and GAVI Alliance information, as well as corroborated media reports, to list the status and date of introduction of Hib, Pneumococcal Conjugate and Rotavirus vaccine for each country.
Global Hib Vaccine Introduction by Year

A pie chart portraying the proportion of children who live in a country that has introduced the Hib vaccine into the national immunization program. 44% of children (57,706,589 children) have no access compared to 56% (72,548,411) with access.

Present Hib Coverage (Global Surviving Infants)

A pie chart portraying the proportion of children who are likely to receive Hib vaccination based upon DTP3 coverage rates of countries that have introduced. 52% of children (67,173,800 children) have no coverage compared to 48% (63,081,200) with coverage.

Present Hib Access (Global Surviving Infants)
Global Hib Vaccine Introduction Status

A pie chart of Hib vaccine introduction by status:
- Introduced into National Program: 92%, or 178 countries
- Planning Introduction: 6%, or 12 countries
- Widespread Coverage (greater than 50%) through Private Market: 1%, or 1 country
- No Decision: 2%, or 3 countries

Map of countries that have introduced Hib Vaccine below.
A pie chart portraying the proportion of children who live in a GAVI eligible country that has introduced the Hib vaccine into the national immunization program. 46% of children (34,719,589 children) have no access compared to 54% (40,141,411 children) with access.

A pie chart portraying the proportion of children who are likely to receive the Hib vaccination based upon DTP3 coverage rates of GAVI eligible countries that have introduced. 56% of children (41,706,140 children) have no coverage compared to 44% (33,154,860 children) with coverage.
A pie chart of Hib vaccine introduction by status:
- Introduced into National Program: 89%, or 65 countries
- GAVI Approved/Approved with Clarification: 7%, or 5 countries
- GAVI Conditional Approval: 1%, or 1 country
- GAVI Plan to Apply: 1%, or 1 country
- No Decision: 1%, or 1 country

Map of GAVI countries that have introduced Hib Vaccine below.

International Vaccine Access Center • Rangos Bldg, Suite 600 • 855 N Wolfe Street • Baltimore, MD 21205
web: www.jhsph.edu/ivac • twitter: @IVACtweets
A pie chart portraying the proportion of children who are likely to receive the PCV based upon DTP3 coverage rates of countries that have introduced. 78% of children (101,903,549 children) have no coverage compared to 22% (28,351,451 children) with coverage.

A pie chart portraying the proportion of children who live in a country that has introduced the PCV into the national immunization program. 76% of children (99,417,760 children) have no access compared to 24% (30,837,240 children) with access.
Global PCV Introduction Status

A pie chart of PCV introduction by status:
- Introduced into National Program: 45%, or 87 countries
- Planning Introduction: 30%, or 58 countries
- Widespread Coverage (greater than 50%) through Private Market, 1%, or 2 countries
- No Decision: 24%, or 47 countries

Map of countries that have introduced PCV below.

Universal or Regional Program (77 Countries)
At Risk Program (10 Countries)
A pie chart portraying the proportion of children who live in a country that has introduced the PCV into the national immunization program. 85% of children (63,729,000 children) have no access compared to 15% (11,132,000 children) with access.

A pie chart portraying the proportion of children who are likely to receive the PCV based upon DTP3 coverage rates of GAVI eligible countries that have introduced. 88% of children (65,936,310 children) have no coverage compared to 12% (8,924,690 children) with coverage.
GAVI Countries PCV Introduction

A pie chart of PCV introduction by status:
- Introduced into National Program: 22%, or 16 countries
- GAVI Approved/Approved with Clarification: 29%, or 21 countries
- GAVI Conditional Approval: 15%, or 11 countries
- Planning Introduction: 21%, or 15 countries
- No Decision: 14%, or 10 countries

Map of GAVI countries that have introduced PCV below.
Global Rotavirus Vaccine Introduction by Year

Present Rotavirus Coverage (Global Surviving Infants)

A pie chart portraying the proportion of children who live in a country that has introduced the Rotavirus vaccine into the national immunization program. 87% of children (112,949,979 children) have no access compared to 13% (17,305,021 children) with access.

Present Rotavirus Access (Global Surviving Infants)

A pie chart portraying the proportion of children who are likely to receive the Rotavirus vaccination based upon DTP3 coverage rates of countries that have introduced. 88% of children (114,579,801 children) have no coverage compared to 12% (15,675,199 children) with coverage.
Global Rotavirus Vaccine Introduction Status

A pie chart of Rotavirus vaccine introduction by status
- Introduced into National Program: 16%, or 32 countries
- Planning Introduction: 30%, or 58 countries
- Widespread Coverage (greater than 50%) through Private Market: 1%, or 2 countries
- No Decision: 53%, or 102 countries

Map of countries that have introduced Rota Vaccine below.
**GAVI Rotavirus Vaccine Introduction by Year**

A pie chart portraying the proportion of children who live in a country that has introduced the Rotavirus vaccine into the national immunization program. 98% of children (73,271,979 children) have no access compared to 2% (1,589,021 children) with access.

**Present Rotavirus Coverage (GAVI Surviving Infants)**

A pie chart portraying the proportion of children who are likely to receive the Rotavirus vaccination based upon DTP3 coverage rates of countries that have introduced. 98% of children (73,428,611 children) have no coverage compared to 2% (1,432,389 children) with coverage.
GAVI Countries Rotavirus Vaccine Introduction Status

A pie chart of Rotavirus vaccine introduction by status:
- Introduced into National Program: 7%, or 5 countries
- GAVI Approved/Approved with Clarification: 22%, or 16 countries
- GAVI Conditional Approval: 11%, or 8 countries
- Planning Introduction: 29%, or 21 countries
- No Decision: 32%, or 23 countries

Map of GAVI countries that have introduced Rotavirus Vaccine below.
A line graph showing the proportion of high and low income countries that have introduced or are projected to introduce PCV and Hib vaccine over time. Year of first introduction is 1989 for Hib vaccine and 2000 for PCV. It took 20 years for Hib vaccine to reach 70% of low income countries. PCV is projected to reach 70% of low income countries seven years faster, protecting millions of children sooner from deadly pneumococcal disease.
<table>
<thead>
<tr>
<th>Country</th>
<th>HIB Introduction Status</th>
<th>Date of Introduction</th>
<th>PNEUMO Introduction Status</th>
<th>Date of Introduction</th>
<th>ROTA Introduction Status</th>
<th>Date of Introduction</th>
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</thead>
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<td>Date of Introduction</td>
<td>ROTA Introduction Status</td>
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<td>BOSNIA AND HERZEGOVINA</td>
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<td>Date of Introduction</td>
<td>ROTA Introduction Status</td>
<td>Date of Introduction</td>
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<td>Introduced into NIP: Universal</td>
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</tr>
<tr>
<td>ZAMBIA</td>
<td>Introduced into NIP: Universal</td>
<td>2/1/2004 (Day Unknown)</td>
<td>GAVI approved/approved with clarification</td>
<td>GAVI approved/approved with clarification</td>
<td>GAVI conditional approval to introduce</td>
<td></td>
</tr>
<tr>
<td>ZIMBABWE</td>
<td>Introduced into NIP: Universal</td>
<td>1/1/2008 (Day Unknown)</td>
<td>GAVI approved/approved with clarification</td>
<td>GAVI conditional approval to introduce</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Acknowledgements and Notes:
This report and the Vaccine Information Management System (VIMS) is supported by the GAVI Alliance, Johns Hopkins Bloomberg School of Public Health, and the International Vaccine Access Center (IVAC). This report has been generated by the Vaccine Information Management System (VIMS) database developed and maintained at the Johns Hopkins Bloomberg School of Public Health for use by the International Vaccine Access Center (IVAC) and its affiliated projects and partners. VIMS provides a centralized, web-based warehouse for key information related to work in vaccine access that all interested parties can use. Information was gathered from internationally recognized sources, such as UNICEF, World Health Organization, vaccine manufacturers, ministries of health and news media.

Please note that all forecasted dates in this report rest on assumptions and actual dates may vary. Vaccine introduction dates do not imply an obligation by GAVI to support coverage.

All information, methodologies and sources are available in the VIMS database.

This report can be found at: http://www.jhsp.hedu/ivac/index.html. The full report with forecast data and a PowerPoint presentation with graphics can be found in the VIMS database. To gain access to VIMS, please email vims@jhsp.hedu.

Note on Regional Introduction Coverage and Access Calculations:
To calculate coverage or access to a vaccine in countries that have introduced regionally, the number of surviving infants in the region that introduced the vaccines was estimated by multiplying the total number of surviving infants in the country by the proportion of the total population that live in the regions that introduced the vaccines.
<table>
<thead>
<tr>
<th><strong>Sources:</strong></th>
</tr>
</thead>
</table>
| **Children with Access** | We calculate this indicator with the following formula: Introduction Value*Surviving Infants*1000  
*The country receives an Introduction Value of 1 if the vaccine has been universally introduced into the National Immunization Program. The country receives an Introduction Value of 0 if the vaccine has NOT been universally introduced into the National Immunization Program. |
| **Covered Children** | We calculate this indicator with the following formula: Introduction Value*Surviving Infants*(DTP3 Coverage Rate/100)  
*The country receives an Introduction Value of 1 if the vaccine has been universally introduced into the national immunization program. The country receives an Introduction Value of 0 if the vaccine has NOT been universally introduced into the National Immunization Program. |
| **Projected Introduction Dates** | This information comes from a variety of sources, such as the GAVI Alliance, WHO, UNICEF, ministries of health, the news media and IVAC partners/contacts. For more information, please contact vims@jhsph.edu |
| **Dates of Introduction** | This information comes from a variety of sources, such as the GAVI Alliance, WHO, UNICEF, ministries of health, the news media and IVAC partners/contacts. For more information, please contact vims@jhsph.edu  
| **Current Vaccine Use Status and Program Type** | This information comes from a variety of sources, such as the GAVI Alliance, WHO, UNICEF, ministries of health, the news media and IVAC partners/contacts. For more information, please contact vims@jhsph.edu |
**Selected Key Terms:**

Any definitions not provided below can be found in the Glossary located in the Help section in VIMS.

**Children with Access:** The number of children (based on surviving infants 2009) who live in a country that has introduced the vaccine into the national immunization program. This does not include countries with widespread market use, regional or high-risk programs. Although, for large countries that have regional introductions those regions that have introduced may be included and the regions which have not introduced excluded.

**Covered Children:** The number of children (based on surviving infants of 2009) who are likely to receive the vaccination based upon the coverage rates of countries who have introduced. The WHO/UNICEF best estimate DTP3 vaccination coverage rate is used as a proxy for Hib, Pneumo and Rotavirus rates.

**Introduced into national immunization program:** the vaccine has been incorporated into the national government’s immunization program, either for all children, an at-risk subset, or for a regional program and it may include programs that are being phased in over time. This status can apply to any country, regardless of GAVI eligibility.

**Regional:** local government immunization programs, but the national government has not included the vaccine in its immunization program.

**Widespread coverage through private market:** most (over half) of the target population is receiving the vaccine through private market use.

**Risk:** program for this vaccine only covers children in specific high risk groups—this may include children with health conditions, those of vulnerable socioeconomic statuses or ethnic groups, or those living in regions of high risk.

**GAVI approved/clarification:** the country’s application to GAVI for New and Underused Vaccines Support (NVS) financing for this vaccine has been approved or approved with clarifications.

**Approved:** the application meets all the criteria and is approved for GAVI support.

**Approved with clarification:** The application lacks specific pieces of data, which must be provided generally within a month. Data must be received before the application is considered officially approved for GAVI Support.

**GAVI conditional approval to introduce:** The application to GAVI for New and Underused Vaccines Support (NVS) for this vaccine does not fulfill specific or significant application requirements. Missing requirements must be provided in a subsequent round to complement the original application. If the conditions are not met within the given timeframe after the first submission, re-submission of a new application is required.
**GAVI Resubmission:** The New and Underused Vaccines Support (NVS) application for this vaccine is incomplete and a full application should be submitted in a future round.

**GAVI application submitted under review:** The country has submitted a New and Underused Vaccines Support (NVS) application for this vaccine and is awaiting GAVI evaluation.

**GAVI plan to apply:** Country has made a public statement (through government or other recommending body on vaccines) that they plan to introduce the vaccine and apply for GAVI New and Underused Vaccines Support (NVS), but has not yet submitted an application.

**Non-GAVI Planning Introduction:** A country that is not eligible for GAVI support has plans to introduce the vaccine into its national immunization program, and has taken steps to initiate its program, such as contacting the vaccine manufacturer. OR A country that is eligible for GAVI support and plans to introduce without it.

**No Decision:** The country has not indicated a firm decision to introduce the vaccine into its national immunization program or to apply for GAVI New and Underused Vaccines Support (NVS) for the vaccine.

**Unknown:** Sources differ or are unclear on whether this country has a national program or not.
Appendix:

VIMS was conceived at the Johns Hopkins Bloomberg School of Public Health as a collaborative project between the Hib Initiative, PneumoADIP and the GAVI Alliance. It provides a centralized, web-based warehouse for key information related to the vaccine access. This includes data on the global uptake of Hib, Pneumococcal, Rotavirus and Hep B vaccines; demographic indicators; and tools for strategic social mapping of key vaccine policy stakeholders and decision makers. The data contained in VIMS can be accessed using the search functions within each tab, or downloaded via the report generation functions. The data are continuously updated as information is received, so as to permit real time reporting.

VIMS has been under development since 2008 and is now in full operational use by the International Vaccine Access Center (IVAC). Bringing together inputs from a range of sources into one secure location, we believe this tool could be of great use to the global vaccine community and are rolling it out to key partners.

Support and funding for VIMS is provided by the GAVI Alliance, Johns Hopkins Bloomberg School of Public Health, and the International Vaccine Access Center (IVAC).

Use of VIMS:

Using VIMS, stakeholders can generate their own custom reports based on any combination of countries, demographic data, and vaccine information, or print out specific country reports as needed. You can view an example of a Print & Fly Country Report on the next page.

Due to the sensitive nature of some of the information in VIMS, only authorized parties are given access to the system. If you have further questions or would like to learn how to obtain a user ID for access to VIMS, please contact the VIMS team at vims@jhsph.edu.

Any data on projected introduction dates should not be reproduced or disseminated without prior consent from VIMS personnel. If data is used in a presentation, please cite VIMS accordingly:

### WHO Region: **EMRO**

**World Bank Income Group:** Low-income

**GAVI Eligible:** GAVI Phase III Eligible

**Countries in WHO Region:**
AFGHANISTAN, BAHRAIN, DJIBOUTI, EGYPT, IRAN, ISLAMIC REPUBLIC OF, IRAQ, JORDAN, KUWAIT, LEBANON, LIBYAN ARAB JAMAHIRIYA, MOROCCO, OMAN, PAKISTAN, QATAR, SAUDI ARABIA, SOMALIA, SUDAN, SYRIAN ARAB REPUBLIC, TUNISIA, UNITED ARAB EMIRATES, YEMEN

### Demographics & Disease Burden

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (thousands)</td>
<td>28,150</td>
<td>2009</td>
</tr>
<tr>
<td>Birth Cohort (thousands)</td>
<td>1,302</td>
<td>2009</td>
</tr>
<tr>
<td>Surviving Infants (thousands)</td>
<td>1,101</td>
<td>2009</td>
</tr>
<tr>
<td>&lt;5 Population (thousands)</td>
<td>5,031</td>
<td>2009</td>
</tr>
<tr>
<td>Infant Mortality Rate (per 1000 live births)</td>
<td>134</td>
<td>2009</td>
</tr>
<tr>
<td>&lt;5 Mortality Rate (per 1000 live births)</td>
<td>199</td>
<td>2009</td>
</tr>
<tr>
<td>Expenditure on Health as % of Total Government Expenditure</td>
<td>4</td>
<td>2009</td>
</tr>
<tr>
<td>Hib Death Rate (per 100,000 &lt;5)</td>
<td>361</td>
<td>2000</td>
</tr>
<tr>
<td>S. pneumonia Death Rate (per 100,000 &lt;5)</td>
<td>787</td>
<td>2000</td>
</tr>
<tr>
<td>Rotavirus Death Rate (per 100,000 &lt;5)</td>
<td>338</td>
<td>2004</td>
</tr>
</tbody>
</table>

#### % Distribution of child mortality (WHO, 2008)

- Pneumonia: 24.0%
- Diarrhea: 26.0%
- Prematurity: 6.0%
- Congenital: 3.0%
- Birth Asphyxia: 7.0%
- Other Diseases: 23.0%
- Injuries: 4.0%
- Neonatal Sepsis: 6.0%
- HIV/AIDS: 0.0%
- Measles: 1.0%
- Malaria: 0.0%
### Immunization Data:

#### National Immunization Schedule:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacille Calmette-Guérin vaccine (BCG)</td>
<td>birth;</td>
</tr>
<tr>
<td>Diphtheria and tetanus toxoid with whole cell pertussis, Hib and HepB (DTwPHibHep)</td>
<td>6, 10, 14 weeks;</td>
</tr>
<tr>
<td>Measles</td>
<td>9, 18 months;</td>
</tr>
<tr>
<td>Oral Polio Vaccine (OPV)</td>
<td>birth; 6, 10, 14 weeks; 9 months;</td>
</tr>
<tr>
<td>Tetanus toxoid (TT)</td>
<td>1st contact; +1, +6 months; +1, +1 year;</td>
</tr>
</tbody>
</table>

#### %DTP3 Coverage Estimates:

<table>
<thead>
<tr>
<th>Years</th>
<th>DTP3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>66</td>
</tr>
<tr>
<td>2009</td>
<td>63</td>
</tr>
<tr>
<td>2008</td>
<td>64</td>
</tr>
<tr>
<td>2007</td>
<td>63</td>
</tr>
<tr>
<td>2006</td>
<td>58</td>
</tr>
<tr>
<td>2005</td>
<td>58</td>
</tr>
<tr>
<td>2004</td>
<td>50</td>
</tr>
<tr>
<td>2003</td>
<td>41</td>
</tr>
<tr>
<td>2002</td>
<td>36</td>
</tr>
<tr>
<td>2001</td>
<td>33</td>
</tr>
<tr>
<td>2000</td>
<td>24</td>
</tr>
</tbody>
</table>

PCV Licensed for Use in Country? Yes
**VIMS Print and Fly: AFGHANISTAN**

### Introduction Status:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Status</th>
<th>Program Type</th>
<th>Planned Introduction Date</th>
<th>Actual Introduction Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td>Introduced into national immunization program</td>
<td>Universal</td>
<td>1/1/2009 (Exact)</td>
<td>1/11/2009 (Exact)</td>
<td></td>
</tr>
<tr>
<td>Pneumo</td>
<td>GAVI conditional approval to introduce</td>
<td>None</td>
<td>1/1/2013 (Month Unknown)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B</td>
<td>Introduced into national immunization program</td>
<td>Universal</td>
<td></td>
<td>1/1/2006 (Month Unknown)</td>
<td></td>
</tr>
<tr>
<td>Rota</td>
<td>GAVI plan to apply</td>
<td>None</td>
<td>1/1/2016 (Month Unknown)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key Details: (Hib)**

Afghanistan projected to introduce in 2013.  
*Source:* Hib Status Sheet April 2009

**Key Details: (Pneumo)**

Afghanistan projected to introduce in 2013.  
*Source:* WHO EMRO Routine & New Vaccines Conference Call, 26 September, 2011

**Key Details: (Hep B)**

‘Start Date’ is actual completion date for universal regional introduction.  
*Source:* SIMS Status Sheet June 2009

**Key Details: (Rota)**

Projected introduction in 2016.  
*Source:* AVI Strategic Demand Forecast, v4.0
<table>
<thead>
<tr>
<th>Planned App Date</th>
<th>Actual App Date</th>
<th>Outcome</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2009</td>
<td></td>
<td></td>
<td>Planned application for 2009, now uncertain.</td>
</tr>
</tbody>
</table>

**Application History: Hib Vaccine**

<table>
<thead>
<tr>
<th>Planned App Date</th>
<th>Actual App Date</th>
<th>Outcome</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/1/2008</td>
<td></td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>9/1/2007</td>
<td></td>
<td>Conditional Approval</td>
<td></td>
</tr>
<tr>
<td>4/1/2007</td>
<td></td>
<td>Resubmission</td>
<td>Requested waiver for co-financing.</td>
</tr>
</tbody>
</table>

**Application History: Rota Vaccine**

<table>
<thead>
<tr>
<th>Planned App Date</th>
<th>Actual App Date</th>
<th>Outcome</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2012</td>
<td></td>
<td></td>
<td>Plans to apply in the next round after May, 2011</td>
</tr>
</tbody>
</table>
Relationship with GAVI Alliance:

Funding Summary

<table>
<thead>
<tr>
<th>Funding Stream</th>
<th>Dates</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Systems Strengthening (HSS)</td>
<td>2008-2012</td>
<td>$34,100,000</td>
</tr>
<tr>
<td>• Governance, Management, Organisational</td>
<td>2008-2012</td>
<td>$16,100,000</td>
</tr>
<tr>
<td>• Human Resource Development/Performance Management</td>
<td>2008-2012</td>
<td>$5,300,000</td>
</tr>
<tr>
<td>• Drugs, Equipment, Supplies, Facilities</td>
<td>2008-2012</td>
<td>$0</td>
</tr>
<tr>
<td>• Monitoring and Evaluation</td>
<td>2008-2012</td>
<td>$9,100,000</td>
</tr>
<tr>
<td>• Technical Assistance</td>
<td>2008-2012</td>
<td>$3,100,000</td>
</tr>
<tr>
<td>• Overheads</td>
<td>2008-2012</td>
<td>$500,000</td>
</tr>
<tr>
<td>• Other: Operational Research</td>
<td>2008-2012</td>
<td>$0</td>
</tr>
<tr>
<td>• Other: Promotion and/Consensus Building</td>
<td>2008-2012</td>
<td>$0</td>
</tr>
<tr>
<td>Injection Safety Support (INS)</td>
<td>2004-2006</td>
<td>$1,676,500</td>
</tr>
<tr>
<td>NVS- Tetravalent (DTP+HepB)</td>
<td>2006-2008</td>
<td>$12,331,000</td>
</tr>
<tr>
<td>NVS- Pentavalent (DTP+HepB+Hib)</td>
<td>2009-2010</td>
<td>$28,620,000</td>
</tr>
<tr>
<td>Civil Society Organization (CSO)</td>
<td>2008</td>
<td>$1,200,000</td>
</tr>
<tr>
<td>Vaccine Introduction Grant(s)</td>
<td>2006, 2008</td>
<td>$504,000</td>
</tr>
<tr>
<td>Amount of GAVI Cap</td>
<td></td>
<td>$92,517,688</td>
</tr>
</tbody>
</table>

Other Active Donors in Country:

AusAID, Austrian Development Agency, DANIDA, Finland Development Cooperation, German BMZ, JICA, Sida, SDC, DFID, USAID, IDRC, Finland Department for International Development Cooperation, AFD, GTZ, Dutch Development Cooperation, AECID, Poland’s Development Cooperation, TIKA
## Co-Pay Table

<table>
<thead>
<tr>
<th>Start Year</th>
<th>Category</th>
<th>First Vaccine</th>
<th>Category Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fragile</td>
<td>DTP-HepB-Hib (Penta)</td>
<td>Country will pay 10 cents per dose of the first vaccine, and 15 cents per dose for 2nd and 3rd vaccines.</td>
</tr>
</tbody>
</table>
VIMS Print and Fly: AFGHANISTAN

Decision Makers & Key Government Information:
Year(s) of Last DHS Survey: 2010 ongoing (not available yet)

Latest cMYP: 2010-2015

Year(s) of Last Government Change: 2004, 2005, 2009, 2010
Details: President Hamid KARZAI (7 December 2004),
Presidential election last held on 20 August 2009 (next to be held in 2014)
National Assembly election last held on 18 September 2010 (next election expected in 2015)

Has this Country Ever Served on the GAVI Board? No
If so, when? n/a

<table>
<thead>
<tr>
<th>Key Advisory Groups</th>
<th>Members</th>
<th>Last Meeting Date(s)</th>
</tr>
</thead>
</table>
| Interagency coordinating committee: 3 meeting minutes on record? | yes
MOPH: Dr. F. Kakar, Dep.Minister Technical; Dr. Ahmad Jan, Director of GCMU; Dr. Shokomand, Dir. Of Provincial Health; Dr. A.G. Dost, Nat'l EPI Manager; Dr. Mashal Toufiq, Senior Consultant, HSS/CSO/EPI; Dr. Roqia, Nat'l Monitoring and Evaluation Officer; Dr. A. Wali, HSS Coordinator; Mr. P. Abed, Nat'l VPD Surveillance Officer; Dr. G.K. Ayoob, Nat'l EPI Communication Officer. SCA: Dr. Mushfiq, EPI Coordinator. USAID: Dr. Faiz Mohamad, Health Advisor. UNICEF: Dr. Ralifiq, Health/EPI Program Manager. WHO: Dr. A. Shakoor, NEPI Officer/GAVI Advisor; Dr. Rana Kakar, Technical Officer, EPI/DEWS | 7/28/2009 |
| Regional Body Responsible for Recommendations on New Vaccines | Regional Technical Advisory Group (RTAG) | 7/28/2009 |
| National Body Responsible for Recommendations on New Vaccines | Technical Advisory Group on Afghanistan | not available |
VIMS Print and Fly: AFGHANISTAN

Methods:
This report has been generated by the Vaccine Information Management System (VIMS) database developed and maintained at the Johns Hopkins Bloomberg School of Public Health for use by the International Vaccine Access Center (IVAC) and its affiliated projects and partners. VIMS provides a centralized, web-based warehouse for key information related to IVAC’s work. Information was gathered from internationally recognized sources, such as UNICEF, World Health Organization, vaccine manufacturers, ministries of health and news media.

Projected introduction dates for GAVI countries are taken from the most recent publicly available AVI Strategic Demand Forecast. For non-GAVI countries, the World Health Organization and a variety of other sources are used.

If you have run a Vaccine Experience Custom Report and used the “Historical” option, the GAVI eligibility status reflected will be the most recent status within the time window you selected.

Information on a particular country’s GAVI application status or projected introduction dates may be sensitive and is not for public circulation without prior consent from VIMS personnel. If data is used in a presentation, it should include a statement indicating this.

Sources:

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic and Disease Burden Table</td>
<td></td>
</tr>
<tr>
<td>&lt;5 Population (thousands)</td>
<td>Ibid.</td>
</tr>
<tr>
<td>Table Title</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Introduction Status Table</td>
<td>Gathered from various sources, such as the GAVI Alliance, WHO, UNICEF, ministries of health, the news media and IVAC partners/contacts. Introduction dates prior to 2000 rely primarily on: World Health Organization. Immunization Schedules. 2009. Last accessed November 23, 2009 at <a href="http://www.who.int/entity/immunization_monitoring/data/year_vaccine_introduction.xls">http://www.who.int/entity/immunization_monitoring/data/year_vaccine_introduction.xls</a>.</td>
</tr>
<tr>
<td>Application History Table</td>
<td>Communication with GAVI Alliance. <a href="http://www.gavi">http://www.gavi</a> alliance.org/</td>
</tr>
</tbody>
</table>
| Co-pay Table | We draw this information from a variety of sources; however, GAVI is our primary source. GAVI Co-
# VIMS Print and Fly: AFGHANISTAN

### Decision Makers and Key Government Information Table

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional and National Body Responsible for Recommendations on New Vaccines (Key Advisory Groups)</td>
<td>We rely on a variety of sources, such as SIVAC, NITAG Resource Center, WHO, UNICEF, GAVI Alliance, ministries of health, the news media and IVAC partners/contacts. For more information, please contact <a href="mailto:vims@jhsph.edu">vims@jhsph.edu</a>.</td>
</tr>
<tr>
<td>Other Active Donors in Country</td>
<td>same as Key Advisory Groups (above).</td>
</tr>
<tr>
<td>Country Visits Table</td>
<td>This information comes from Trip Reports located in VIMS.</td>
</tr>
</tbody>
</table>

### Selected Key Words:
Any definitions not provided below can be found in the Glossary located in the Help section in VIMS

**Introduced into national immunization program:** the vaccine has been incorporated into the national government’s immunization program, either for all children, an at-risk subset, or for a regional program and it may include programs that are being phased in over time. This status can apply to any country, regardless of GAVI eligibility.

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- **Widespread coverage through private market:** most (over half) of the target population is receiving the vaccine through private market use.
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- **Approved:** the application meets all the criteria and is approved for GAVI support.
- **Approved with clarifications:** The application lacks specific pieces of data, which must be provided generally within a month. Data must be received before the application is considered officially approved for GAVI Support.

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GAVI application submitted under review: The country has submitted a New and Underused Vaccines Support (NVS) application for this vaccine and is awaiting GAVI evaluation.

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Non-GAVI Planning Introduction: A country which is not eligible for GAVI support has indicated plans to introduce the vaccine into its national immunization program, and has taken steps to initiate its program, such as contacting the vaccine manufacturer.

No Decision: The country has not indicated a firm decision to introduce the vaccine into its national immunization program or to apply for GAVI New and Underused Vaccines Support (NVS) for the vaccine.

Unknown: sources differ or are unclear on whether this country has a national program or not.

Vaccine Licensed for Use in Country: At least one pneumococcal conjugate vaccine is licensed for use in children by the national vaccine regulatory agency in this country.