Author's response to reviews

Title: A Mid-Term Assessment of Progress Towards the Immunisation Coverage Goal of the Global Immunisation Vision and Strategy (GIVS)

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Version: 2 Date: 30 September 2011

Author's response to reviews: see over
Response to Reviewer Comments

MS: 1343179436589525

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1.) We have edited the statement under Competing interests to conform with the journal’s format in the instance of nothing to declare (‘The authors declare that they have no competing interests’).

2.) We have added a statement under Acknowledgment to indicate that the manuscript was prepared as part of the official duties of the individuals involved.

Reviewer 1 Comments.

1.) The Reviewer queries about the apparent discrepancy between the number of countries classified by The World Bank as developing or least developed (Results: is it 137 or 138 countries?).

RESPONSE: The World Bank reviews and revises the classification of countries on an annual basis and therefore the number of countries is not static. Thus, in 2000, there were 137 countries classified as developing or least developed; in 2010, there 138. We have added a note within the text (page 8) highlighting this for the reader.

2.) Figure legend: specify – achieved or on track, insufficient progress, no progress.

RESPONSE: The figures contained within the manuscript contain the legend.

3.) Abstract, Background: consider rewording the aims.

GIVS has four main aims:
• to immunize more people against more diseases;
• to introduce a range of newly available vaccines and technologies;
• to integrate other critical health interventions with immunization; and
• to manage vaccination programmes within the context of global interdependence.


RESPONSE: We do highlight these four points as stated in the first paragraph of the Introduction. For the sake of brevity within the abstract we have decided to keep the repetitive text out.

4.) Minor edits are suggested in the first paragraph and the discussion

RESPONSE: We thank the Reviewer for the comments. These have been taken under consideration in the revision.

5.) Are the 194 countries all WHO member states/territories (2010)? If so, state this.

RESPONSE: We refrain from labelling the 194 countries or territories as Member States in this manuscript jointly prepared by UNICEF and WHO since the two organizations maintain a different number of Member States.
Reviewer 2. Comments.

We thank the Reviewer for the thoughtful comments.

1.) Abstract methods: Suggest changing “data” for “estimates” in the first line.

RESPONSE: Change made.

2.) Abstract results: It gets confusing when switching between 2000 to 2010 and 2005 to 2010 comparisons, particularly when it says “during the five year period”; suggest changing it to something like “between 2005 and 2010”.

RESPONSE: Change made.

3.) Methods: may want to shorten the last sentence about the Countdown

RESPONSE: Change made.

4.) Discussion: may want to cut the first sentence of the current third paragraph as it adds nothing

RESPONSE: A discussion of the authors preferred to leave the sentence in place.

5.) Overall, the article may be shortened by focusing more on the coverage achievements and challenges to reach the GIVS goal, than on the WHO/UNICEF estimation process and its limitations, as they have been published elsewhere and they are not the focus of the paper.

RESPONSE: We thank the Reviewer for the comment. While the methods are published elsewhere, there was general consensus that requiring the reader to search for the reference and flip back-and-forth to gain a general understanding of the methods is less than desirable. Moreover, the methods in their current form are written succinctly. We feel that Dr Danovaro’s own familiarity with the methods governing the WHO and UNICEF estimates may influence the comment here, particularly when another Reviewer requested more detail in the methods.

6.) Abstract background: Please add the years covered by GIVS

RESPONSE: Change made.

7.) Abstract methods: several countries provide MCV to children in their second year of life, therefore stating that it is for children <12 months is not always accurate

RESPONSE: Indeed, some countries within Latin America and Caribbean (i.e., the PAHO region) maintain immunization schedules which allow for MCV vaccination of children beyond the first year of life. Nonetheless, the WHO and UNICEF estimates are focused on immunization during the first year of life.

8.) Methods: may want to shorten the explanation about the WHO/UNICEF estimates; at least remove the part about [tetanus] protection at birth, or better, remove the whole text starting with “The WHO and UNICEF estimates are not the result…”.

RESPONSE: We have removed the sentence on PAB.
9.) Methods: add a sentence about how global and MDG region averages are calculated (weighted average?)

**RESPONSE:** We have added several sentences on pages 5-6 to briefly highlight the global and regional average computation.

10.) Results: this section it is difficult to follow as currently written. The authors may want to consider shortening it, as the data are clearly presented in the tables and annexes. Another suggestion would be to separate countries according to World Bank development level in the tables, to shorten the paragraphs dealing with results stratified by such categories. Finally, a subheading on the 68 priority countries may help better follow the last two paragraphs of the results section.

**RESPONSE:** Thank you for the comment. We have added a subheading to delineate the focus on the 68 priority countries.

11.) Discussion: add some text to the current second paragraph giving an idea about the % of the world’s population living in countries making vs. not making progress.

**RESPONSE:** We have added text within the results section to highlight the proportion of surviving infants that are involved.

12.) Discussion: shorten the paragraph about the limitations of the estimates, as the length of it distracts from the main message of the paper, i.e., there is progress towards the GIVS coverage goal, but there are several countries not making the mark, with the risk of negative health outcomes. Yes, the WHO/UNICEF estimates have several limitations, including the lack of any sense of their uncertainty, but the main results of the analysis seem to stand; maybe a few countries would switch assessment categories, but those with really low coverage levels are unlikely to have been misclassified.

**RESPONSE:** We thank the Reviewer for the comments. There was general feeling that those unfamiliar with the WHO and UNICEF methods may benefit from the current notes on limitations.
Reviewer 3 Comments.

1.) Could provide a panel describing the veracity of the WHO and UNICEF coverage data, its differences from routine immunization coverage reports from countries as well as comparison with alternative sources of information, such as DHS surveys. The latter were used to compare routine immunization reporting some years ago and major discrepancies pointed. Some discussion of these data sources and derivations is provided (as reference 2) but a panel indicating methods and limitations would greatly help.

RESPONSE: We have highlighted many of the issues here in the Methods and in the limitation section of the Discussion, and as the Reviewer notes we have cited the article by Burton et al for more detailed discussion. Reviewer 2 seems to feel that the current description is too lengthy, although this may be due to the Reviewer’s own familiarity with the WHO and UNICEF methods and limitations. Thus, we have decided to leave the methods and limitations and defer to the Editor for further direction. If it is felt that the current write-up is sufficiently sub-optimal, then we are glad to work with the Editorial office to clarify.

“[R]eports by national authorities to WHO and UNICEF and survey data from the published and grey literature are reviewed. Based on these data, with due consideration to potential biases and the views of local experts (primarily national immunization system managers and WHO/UNICEF regional and national staff), WHO and UNICEF jointly estimate the most likely immunization coverage levels for each country or territory. It is important to emphasize that while the WHO and UNICEF estimates are informed by data from national authorities and may not differ from official government reported data, they constitute an independent technical assessment by WHO and UNICEF of the national routine immunization system performance.”

2. It would be good to see sub-national data wherever feasible. The net aggregate coverage masks huge differentials and inequities. There is a cursory mention of the latter but no evidence as to distribution and differentials, such as urban rural divide, special populations at-risk and coverage by education standards or income quintiles.

RESPONSE: The WHO and UNICEF estimates focus on national immunization coverage. Sub-national estimates are not made. A second manuscript addressing the district coverage goal of GIVS is planned. An assessment of inclusion within this manuscript revealed that too much information would be presented.

3. Lastly, it would have greatly helped to see the progress in vaccinations or the converse in relation to health system performance indicators as well as progress in child survival by country. Table 1 could have greatly benefited from a column indicating progress in reducing child mortality over the same period

RESPONSE: We thank the Reviewer for the comment. We wholeheartedly agree in the relevance of the proposal, but the topic of the overlap between progress in immunization and child mortality is deserving of a paper in-and-of-itself. The addition of a column to table 1 and commentary would not do this justice. FYI, the new child mortality trend data is available at: http://www.childinfo.org/files/Child_Mortality_Report_2011.pdf.