Developing together the vision and strategy for immunization - 2021-2030

Immunization Agenda 2030
A Global Strategy To Leave No One Behind

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Immunization Agenda 2030

A Global Strategy to Leave No one Behind

Vision: A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being

Introduction

Immunization has stood the test of time as one of public health’s most cost-effective interventions, saving millions of lives every year. The number of people immunized annually – more than 116 million – has reached the highest level ever reported. Thanks to the availability of more than 20 safe and effective vaccines many diseases can be prevented. Since 2010, more than 100 countries, many of them low-income, have introduced new life-saving vaccines, while effective vaccines have been developed for key infectious diseases such as cholera, typhoid, malaria and Ebola.

Nevertheless, the benefits of immunization are unevenly shared. Vaccine coverage levels vary markedly within countries, with some populations having poor access to immunization services. In some countries, progress has stalled or even gone into reverse. Circulating vaccine-derived polio virus (cVDPV) and measles outbreaks demonstrate that achieving and sustaining disease eradication and elimination goals require the strengthening of immunization programmes to achieve high levels of coverage.

If all people are to gain access to life-saving vaccines, major challenges must be overcome – vaccines must be delivered to geographically and socially isolated populations, to displaced and migrating individuals, and to those affected by conflict, political instability and natural disasters. Growing mistrust of immunization must be addressed. New approaches are needed to reach populations other than infants and to deliver integrated immunization and other health services in people-centred ways, as a part of primary health care to reach universal health coverage.

Meeting these challenges will require commitment and contributions from many stakeholders – not least national governments, global agencies, development partners, regional bodies and civil society. New opportunities are emerging to build better immunization services, including new digital technologies, drones for delivery to remote locations, and needle-free vaccine administration. The next decade offers the promise of a wave of new and improved vaccines for major killers such as respiratory tract infections, tuberculosis, malaria, Ebola and other emerging infections.

Immunization Agenda 2030 aims to exploit these opportunities to meet the continuing challenge posed by infectious diseases. It positions immunization not only as an indisputable human right, but also as an investment to make the world healthier, safer and more prosperous. It aims to ensure that we maintain our hard-won gains, but also achieve more – leaving no one behind.

Immunization Agenda 2030 provides a dynamic, responsive and interconnected way forward for the decade 2021–2030. This Global Strategy sets the strategic priorities and world-wide goals for the decade and will be complemented by a living online resource, including implementation plans and a Monitoring & Evaluation framework, which will evolve throughout the decade (Figure 1).
**Immunization Agenda 2030** is intended to inspire and align the activities of country, regional and global audiences, including immunization, health and development stakeholders – whose collective endeavours can ensure that everyone, everywhere enjoys the benefits of immunization.

Fig. 1 – The elements of the Immunization Agenda 2030.
The Case for Immunization

Immunization is essential to public health, national health security and economic development – saving lives, protecting health, and contributing to healthy and productive populations. It is an investment delivering multiple benefits:

1. **Saving lives and ensuring healthier lives**: Immunization saves lives. Deaths from vaccine-preventable diseases have been in precipitous decline because of immunization. Beyond the threat of mortality, vaccine-preventable diseases are often disabling, impair child growth and development, and prevent children from achieving their full potential. Vaccines give children the opportunity not just to survive but also to flourish.

   Vaccines are similarly beneficial for older age groups, from adolescents to those in their later years. Vaccines also reduce the burden of non-communicable disease, by preventing infection-related cancers, **further enabling people to live longer, healthier lives**.

2. **Contributing to primary health care and universal health coverage**: The renewed commitment to primary health care made in the 2018 Astana Declaration¹ emphasizes its critical role in achieving universal health coverage². Immunization infrastructure and ways of working can provide a platform for enhanced primary health care systems, acting as a springboard to advance universal health coverage (Figure 2). Immunization is core to preventive medicine, with strong links to other key areas of public health, such as water, sanitation and hygiene, behaviour change, and vector control.

3. **Ensuring health security**: Detecting, preventing and responding to vaccine-preventable disease threats are key to health security. Disease outbreaks have immediate impacts on public health and are costly to halt. They can profoundly disrupt health systems, but also affect workforce productivity, trade and development. Well-immunized populations are resilient to outbreaks of vaccine-preventable diseases, while strong health systems and immunization programmes can respond rapidly to outbreaks, limiting their impact.

   Immunization and vaccine-preventable disease surveillance are core capacities of International Health Regulations (IHR), providing a mechanism for integrated national capacity development. Prevention of infections by immunization also reduces the need for antibiotics and contributes to the battle against antimicrobial resistance.

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¹ [https://www.who.int/primary-health/conference-phc/declaration](https://www.who.int/primary-health/conference-phc/declaration)
Fig. 2 – Immunization is a core function of primary health care systems and central to achieving universal health coverage and the Sustainable Development Goals.

4. **Delivering economic benefits**: Disease outbreaks can have a calamitous impact on national finances – not just because of the direct costs of treatment and control, but also through their impact on health systems, economies, trade and travel, and their effects on health workers, who are often hit hardest at the beginning of an outbreak. Even though immunization incurs an immediate cost, vaccines reduce treatment costs and help to maintain a healthy and productive workforce. In low- and middle-income countries, immunization has an important role in poverty reduction. For every US$1 spent on immunization, an estimated US$16 is saved by avoidance of healthcare costs, lost wages and lost productivity due to illness. With the broader benefits of people living longer and healthier lives, the return on investment rises to US$44 per US$1 spent.

5. **Promoting sustainable development**: Immunization plays a critical role in achieving the Sustainable Development Goals (SDGs). Most directly, it contributes to SDG3 – to ensure healthy lives and promote wellbeing for all at all ages – but it directly or indirectly contributes to most of the SDGs (Figure 3).

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<table>
<thead>
<tr>
<th>Immunization is a <strong>pro-poor intervention</strong> that protects people from being forced into poverty by high out-of-pocket health expenditures to treat diseases and the loss of income when recovering from debilitating illnesses that are vaccine-preventable.</th>
<th>Vaccinated and healthy children grow into a productive workforce and become strong contributors to the economy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of food security and reduced hunger on child development and maternal health will be enhanced if vaccine-preventable diseases are also controlled or eliminated.</td>
<td>Vaccine manufacturing contributes to national industrial infrastructure in developing countries.</td>
</tr>
<tr>
<td>Immunization is one of the most cost-effective ways to save lives and promote good <strong>health and well-being</strong>.</td>
<td>Immunization prevents diseases predominantly affecting the most marginalized populations, especially the urban poor and those living in remote rural settings and in conflict areas.</td>
</tr>
<tr>
<td>Quality education will deliver greater benefits if children are protected against vaccine preventable illnesses that could otherwise impair cognitive development.</td>
<td>Immunization protects urban public health and interrupts the transmission of infectious diseases, providing a platform for <strong>sustainable cities and communities</strong>.</td>
</tr>
<tr>
<td>Due to its significant reach, addressing gender-related barriers to immunization contributes to <strong>gender equality</strong>.</td>
<td>Vaccines are critical to building people’s resilience to and mitigating the risk of disease outbreaks tied to <strong>climate change</strong> such as yellow fever and cholera.</td>
</tr>
<tr>
<td>Immunization and <strong>water and sanitation</strong> act synergistically with proven vaccines and interventions to prevent diarrheal diseases – a leading cause of child mortality in developing countries.</td>
<td>Good health though immunization is a critical determinant of <strong>peace and well-being</strong> in society.</td>
</tr>
<tr>
<td>Immunization logistics systems are increasingly reliant on solar and other <strong>renewable energies</strong> using cleaner and more sustainable technologies.</td>
<td>Immunization broadens partnership and multi-sectoral approaches with private sector, leveraging CSO and community engagement on common goals.</td>
</tr>
</tbody>
</table>

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**Fig. 3** – Immunization’s contributions and relevance to the Sustainable Development Goals⁴.

Shaping a Strategy for the Future

Immunization Agenda 2030 envisages “A world, where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being”.

Achieving this vision will ensure that, we will:

- reduce preventable mortality and morbidity from vaccine preventable diseases,
- reduce disease burden thanks to the introduction and uptake of new vaccines, including those that are in the pipeline,
- move closer towards universal health coverage, by ensuring access to safe, effective quality and affordable essential vaccines for all

Achieving the Immunization Agenda 2030 vision will ensure that everyone, everywhere has access to immunization.

The benefits of immunization are currently spread unevenly, both between and within countries (Figure 4). Reaching all people will require an increase in national vaccine coverage but, importantly, also a reduction in subnational inequalities. Success will depend on introduction of gender-sensitive interventions to address barriers to access, uptake, delivery and supply of vaccines. Continuing urbanization will require new strategies. In places affected by conflict, political instability, natural disasters and climate change, it will entail addressing acute and chronic health emergencies. Migration and displacement have the potential to create communities of unprotected individuals at risk and difficult to track. Fostering trust and confidence in vaccines and immunization services within communities will be essential.

![Fig. 4 – Global DTP3 coverage and the numbers of DTP-unvaccinated children.](image)

Immunization Agenda 2030 envisions that individuals of every age will benefit from vaccines.

Expanding the benefits of vaccination beyond infancy to other age groups along the life course (Figure 5) offers tremendous opportunities, but will require new and innovative strategies. New platforms are needed to reach populations other than infants and to deliver integrated immunization and other health services in people-centred ways. The world is also experiencing significant demographic shifts. Regions such as Africa are undergoing rapid
population growth and a ‘youth bulge’ while others are seeing significant population ageing. These shifts will have a major impact on the demand for immunization services at different ages.

Immunization Agenda 2030 foresees expanding the **full benefits of vaccines**.

Expanding the full benefits of existing and new vaccines will require accelerating research and innovation – in particular the development of **new vaccines, novel vaccine technologies, and innovations** that can enhance equitable access to vaccines and health services, particularly among underserved populations. There are still infections for which no vaccines exist, or existing vaccines are suboptimal. By controlling emerging infections, new vaccines will be pivotal to **global health security**, while prevention of infections by immunization will reduce antibiotic use and help the fight against **antimicrobial resistance**.

Achieving the vision set by Immunization Agenda 2030 will bring the world closer to **health and well-being**.

Achieving universal health coverage will require a **reliable global supply of affordable vaccines of assured quality**. Every year, many countries experience disruptions in the supply of vaccines, often because international production cannot meet global and country demand. The cost of vaccines is another key barrier to access, and can delay the introduction of new vaccines in low- and middle-income countries. Countries also have markedly different capacities and access to mechanisms to procure vaccines at affordable prices. Creating a **clear pathway to programmatic and financial** sustainability is critical to maintain gains and ensure trust in the long-term.

**What’s needed to achieve the vision?**

Towards this vision, **Immunization Agenda 2030** builds on the learned from the Decade of Vaccines (2011–2020; Box 1), as well as new evidence and concepts to address the changing context. The Global Strategy establishes seven interlinked strategic priorities. Collectively, actions in these areas will address the key immunization challenges of the decade ahead.

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5 Immunization, Vaccines and Biologicals, WHO, Working together – an integration resource guide for immunization services throughout the life course (WHO).
Box 1: Lessons learned from the past

An ongoing review of the Global Vaccine Action Plan 2011–2020 (GVAP) and progress during the Decade of Vaccines, including extensive stakeholder consultation, has identified a number of themes that have informed the development of the Immunization Agenda 2030:

- Although many of the GVAP targets were not met (Table 1), these were aspirational goals designed to catalyse action; much progress has nevertheless been made.
- Many of the GVAP goals and objectives remain relevant; however, they will be challenging to achieve – there are no ‘quick wins’ but will require a focus on long-term strengthening of immunization systems.
- GVAP enhanced global visibility for immunization and provided a common framework for establishing priorities, aligning activities and assessing progress. It created a platform of lasting value that can be built on during 2021–30.
- To a degree, GVAP helped to build high-level political will for immunization. However, a perceived lack of country involvement in its development, as well as goals that were unrealistic for some countries, contributed to a lack of country ownership.
- GVAP’s ‘one size fits all’ approach did not take full enough account of the significant differences between countries of varying sizes, resources and contexts, or consider sufficiently the importance of subnational structures.
- Initially, there were no clear plans for implementation of GVAP, a lack of clarity on roles and responsibilities, and an expectation that additional resourcing would be available. Combined with a lack of ownership, this led to a lack of accountability for achieving GVAP goals. Later in the process, the development of regional vaccine action plans provided an important route for implementation.
- Limited communication and advocacy efforts during the decade affected the visibility of GVAP and its perceived relevance to stakeholders, particularly at national levels.
- GVAP may not have been flexible enough to respond to emerging challenges (such as high levels of conflict, migration and displacement, growing reluctance to vaccinate).

The completed GVAP review will be published in the Immunization Agenda 2030 online resource centre.

Table 1 - Regional Goals and Status of Completion Based Upon GVAP Goals

<table>
<thead>
<tr>
<th>Regional Goals and Status of Completion based on GVAP goals</th>
<th>EURO</th>
<th>PAHO</th>
<th>AFRO</th>
<th>EMRO</th>
<th>SEARO</th>
<th>WPRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio eradication</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Meet elimination targets: Maternal and neonatal tetanus elimination</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Measles and Rubella elimination in at least 5 WHO regions by 2020</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Meet vaccination coverage targets</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New and improved vaccines and technologies</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Exceed Millennium Development Goal 4 for reducing child mortality</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Additional regional goals</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>


Note: Levels of achievement based on the 2017 regional reports on progress towards GVAP goals and as input from PAHO, AFRO, EMRO, SEARO and WPRO. Where the level of achievement of the overall goal was not available, it was estimated based on the level of achievement of sub-goals or sub-indicators.
A Framework for Action: Core Principles and Strategic Priorities

Seven interlinked strategic priorities, reinforced by a set of core principles, establish the framework for action for the Immunization Agenda 2030 (Fig. 7). Each Strategic Priority has specific focus areas. Countries will prioritise their efforts towards these focus areas, depending on the local context, possibly using a maturity model.

![Diagram showing the seven strategic priorities and four core principles of the Immunization Agenda 2030.]

Core principles

**People-focused: Placing people at the heart of immunization**

The design, management and delivery of immunization services must be shaped by and be responsive to the needs of individuals and communities. All people need to be aware of their right to immunization and their responsibility to protect the health of others. By involving communities in the design, delivery and monitoring of health services, immunization programmes are likely to be more effective and sustainable. Giving people and communities – and the immunization workforce – a greater stake in immunization programmes will foster a greater sense of trust, ‘co-ownership’ and joint accountability.

**Country-owned: Ensuring countries are the focal point of all strategies**
Given their responsibility for protecting the health of their populations, countries must set their own immunization priorities. National immunization programmes, including strong disease surveillance systems, are fundamental to the effective control of vaccine-preventable diseases. Each country faces its own challenges and unique context, and requires tailored solutions to improve programme performance. Further progress will depend on strong commitment from country governments to immunization, backed up by real action. Partners at all levels need to commit to supporting national immunization programmes and mobilizing support for immunization as a core component of primary health care. They can support countries by continuing to advocate for immunization, coordinating technical and financial support, and by focusing on cross-country initiatives that advance the immunization cause based on country needs.

**Partnerships: Building alliances to maximize impact**

Coordination and alignment of activities among partners – globally, regionally, nationally and sub-nationally – will avoid duplication, build on complementarity and maximize impact. The Immunization Agenda 2030 will build on successful existing partnerships and establish new models of collaboration – for example with the development assistance community, recognizing the core role of health protection in sustainable development, with the private sector, which makes a major contribution to immunization in many settings, and with a wider range of civil society organizations (CSOs). All stakeholders need to be held accountable for their commitments.

**Data-driven: Using data, evidence and research**

Vaccination should be an evidence-based practice. Policymaking needs to be supported by independent expert advice, and programme data – especially vaccine-preventable disease surveillance and subnational data – should guide programme interventions that enhance impact. Is it crucial that this evidence is gender-sensitive, so gender-related barriers influencing uptake of immunization services can be identified and addressed. Collecting data disaggregated by sex and social characteristics will help to identify those who are not being adequately served. Accurate and timely data will be critical for tracking progress and for enhanced monitoring and evaluation. Collection and use of data across all levels of national immunization programmes will be critical to drive improvements in programme performance, with a culture of data use embedded among managers and frontline health workers. Technological innovations offer the potential to transform how data are collected and used.

**Strategic priorities**

**[SP 1] Immunization for primary healthcare and universal health coverage**

**Objective:**
To build effective, efficient and resilient immunization programmes that deliver high-quality immunization services as a part of national primary healthcare systems aimed at achieving universal health coverage.

**Key areas of focus:**
- Optimizing and **integrating immunization programmes into comprehensive primary healthcare systems** to stimulate integrated and people-centred health services (e.g. comprehensive approaches to prevent and control pneumonia, diarrhoea, malaria, cervical cancer, food- and water-borne diseases) and extending intersectoral collaborations with programmes outside the health sector (e.g. water, sanitation and hygiene programmes, education programmes for school-based interventions).
- Enhancing the leadership, governance, management, and accountability structures which create an enabling environment to successfully coordinate, finance and reach programme outcomes.
- Investing in and enabling a health workforce that is skilled, available, and has the professional knowledge and abilities to plan, manage, implement and monitor immunization programme performance at all levels.
- Improving the responsiveness and comprehensiveness of vaccine-preventable disease and case-based surveillance systems (including epidemiology and laboratory capacity) to inform vaccine introduction and programme optimization; measure vaccine impact; monitor disease control, elimination and eradication; detect, investigate and respond to outbreaks and epidemic-prone vaccine preventable diseases; and identify trend of antimicrobial resistance. Where applicable, these efforts should build on existing surveillance infrastructure, such as those established for polio eradication and measles control and elimination.
- Establishing and augmenting national health information systems that are fit-for-purpose, and permit end-users to use and analyse high-quality immunization data to effectively steer the immunization programme.
- Reinforcing and revitalising national supply chain and logistics systems to ensure the quality of vaccines at the point of use – in the right quantity, at the right time and in the right place.
- Ensuring that national regulatory authorities are fully functional to ensure access to quality, safety and effective vaccine (include oversight of vaccine development, timely registration, monitoring safety and quality (including issues of substandard and falsified vaccines) throughout the product life cycle
- Ensuring that vaccine-preventable disease control, elimination and eradication efforts contribute to the strengthening of healthcare systems.

Applying the core principles:
- People-focused: The design of immunization services should be tailored to the needs and social preferences of people, and be shaped by consultation with communities.
- Country-owned: Each country needs to develop immunization strategies and plans within their national health policies, strategies and plans, integrated within primary health care systems, and build the fiscal space to assure reaching all populations with all vaccines delivered in the national programme.
- Partnerships: Integration of immunization services into broader health systems requires coordination within and beyond the health sector.
- Data-driven: Data will be critical to the design of programmes and monitoring of programme performance.

[SP 2] Equity and Access

Objectives:
- To ensure that everyone has equitable access to vaccines, irrespective of their geographical location, gender, socioeconomic status or any other factor, that might prejudice their access to services

Key areas of focus:
- Identifying and addressing low levels of coverage among the poorest and most disadvantaged individuals and communities.
- Using evidence-based gender-sensitive approaches to overcome gender-related barriers and to improve coverage and equity.
- Using the experience and lessons learned from disease eradication and elimination initiatives in reaching the most marginalized populations, integrating successful strategies for delivery and accountability into wider immunization programmes.
- Actively seeking out unimmunized and under-immunized individuals and targeting the populations they are part of, including informal communities and those not traditionally recognized by governments (e.g. internal and external migrants, urban poor communities, refugees).
- Fostering the development of tailored, evidence-driven and innovative **people-centred strategies** to reach unimmunized and under-immunized populations.
- Encouraging use of pragmatic operational research to identify local factors affecting the equity of immunization coverage, and promoting use of the results to develop **locally tailored and context-specific interventions** to address inequalities.

**Applying the core principles:**
- **People-focused:** Understanding the reasons why specific individuals and groups are not being adequately served will be critical to the design of interventions to address inequalities. The members of disadvantaged communities need to be actively engaged in the design of these interventions.
- **Country-owned:** There is a need to develop local evidence and capacity around effective strategies to overcome immunization barriers within countries, building on broad global guidance.
- **Partnerships:** Representatives of marginalized groups and organizations that work with them will be critical for implementation of initiatives to address inequalities. Global partners need to work together to encourage the sharing of knowledge on the most effective strategies for reducing inequalities.
- **Data-driven:** Mapping and tracking of unimmunized and under-immunized populations, at the subnational level and for specific marginalized groups, will be critical to the design of strategies to reduce inequalities and for monitoring their success. Proven and new innovative approaches (e.g. GIS solutions, SMS reminders) can help map and track unimmunized and under-immunized populations. Implementation research will also generate evidence based on the most effective strategies for delivering services to underserved groups.

**[SP 3] Ownership and Accountability**

**Objectives:**
To ensure that everyone, everywhere values immunization and seeks out immunization services, by positioning immunization as an undeniable human right, building community ownership, and strengthening accountability at all levels.

**Key areas of focus:**
- Building **trust and acceptance** at the community level to nurture strong support for immunization uptake as a core component of primary healthcare.
- Improving **public understanding of immunization** and their importance for healthy communities as a social movement (e.g. by including immunization in education curricula at all levels, training of health workers).
- Fostering adaptive approaches to local and country context, including use of **social behaviour change approaches** and **communication technologies**.
- Engaging with political leaders, CSOs and immunization champions to enhance appreciation of the value of immunization, and to ensure that everyone understands their **right to immunization** and their responsibility to ensure that communities are protected against vaccine-preventable diseases over the life-course.
- Strengthening **regional, national and subnational political support** to prioritize vaccines and immunization, including commitment of financial and other resources, and by building collaborations across partners for mutual benefit.
- Strengthening national and subnational coordination, planning and prioritization for high immunization uptake, which will include **independent accountability mechanisms** at all levels, to ensure that all partners deliver on their commitments.
- Expanding the range of **stakeholders beyond immunization and health**, and ensuring all partners work together to promote the immunization cause.

**Applying the core principles:**
- **People-focused**: Community engagement should be at the heart of immunization programmes, with less reliance on top-down communication and more emphasis on dialogue and sustained engagement, service quality and user convenience, and community ownership.

- **Country-owned**: Each country should commit to meeting the immunization needs of their populations, and developing sustainable plans to meet those needs, including at the sub-national level.

- **Partnerships**: The roles and responsibilities of all partners should be clearly defined, and they should be held accountable for their commitments.

- **Data-driven**: Community engagement should build on activities that have demonstrably worked and use targeted behavioural and social research. Data will be fundamental for ensuring that countries and partners are held accountable for their commitments.

### [SP 4] Outbreaks and Emergencies

**Objectives:**
To maintain and strengthen capacity to prepare for, prevent and respond to vaccine-preventable disease outbreaks, and ensure that those affected by conflict, political instability and other emergencies continue to receive essential immunization services.

**Key areas of focus:**
- Strengthening country **outbreak preparedness, detection and response capacities**, aligned with international health regulations (IHR).
- Integrating **immunization system strengthening plans** into outbreak responses to address the underlying causes of outbreaks and reduced the risk of recurrence.
- Strengthening international, regional, national and subnational coordination mechanisms and governance for the **rapid deployment of vaccines** and medical counter-measures.
- Developing, implementing and evaluating innovative, tailored and gender-sensitive approaches to **safely vaccinate populations affected by humanitarian emergencies**, by engaging with communities, the humanitarian and development sector, and the private sector in the early detection of outbreaks, laboratory confirmation of cases, identification of unmet health needs of affected communities, and development of integrated humanitarian responses.
- Ensuring the **resilience of primary health care systems** to provide an essential package of services, including vaccination, **during emergencies** and in disordered settings, by focusing support on local capacities and health systems pillars.
- Ensuring close **alignment of humanitarian responses and development programming** to identify shared interests, coordinate responses and maximize impact.
- Using the vaccination in humanitarian emergencies framework as a basis to **extend and adapt the vaccines provided** according to the risks identified.

**Applying the core principles:**
- **People-focused**: Humanitarian responses should aim to meet the full range of health needs of affected individuals, and draw upon the local knowledge of those affected to ensure good access to populations.
- **Country-owned**: Wherever possible, services should be coordinated by national authorities and run using local staff, with local residents trained as vaccinators, and community mobilization networks built in conjunction with community “gatekeepers”.

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- **Partnerships**: Alignment across partners is needed to develop integrated national surveillance strategies and plans. Coordination is also required to maximize the impact of humanitarian responses and to strengthen the immunization and wider health systems of fragile states.
- **Data-driven**: Evaluation of novel approaches is required to develop evidence-based strategies suitable for adaptation in other settings.

**[SP 5] Life course and Integration**

**Objective:**
To realize the full benefits and impact of immunization by establishing and strengthening people-centred platforms to deliver vaccines and additional interventions along the life course, by collaborating with other health programmes and sectors, and by utilising all available opportunities to provide catch-up vaccination.

**Key areas of focus:**
- Using the **life course perspective** to advocate for and design immunization programmes to support the timely introduction and rapid scale up of existing and new vaccines at all ages, and to encourage catch-up vaccination; policy or legislative changes may be required in some countries to support the shift in focus beyond infant immunization.
- Establishing and strengthening **integrated delivery platforms** throughout the life course, aligned to local contexts, with a focus on the newborn, second year of life and adolescence, as well as specific adult groups, such as pregnant women and health workers.
- Developing **collaborative initiatives**, both within the health sector (e.g. integrated supplementary immunization activities and screening) and outside the health sector (e.g. school-based vaccinations), and using integrated approaches alongside immunization to prevent and control diseases (e.g. malaria, pneumonia, cholera, cervical cancer).
- Scaling up successful **strategies to reduce missed opportunities for** vaccination and other health services, for example by improving the design and use of home-based records and integrated health registers.

**Applying the core principles:**
- **People-focused**: Services should be offered organised in a way that meets people's needs (e.g. convenient, comprehensive, integrated, where relevant) and offered where and when people need them, such as in schools and emergency settings.
- **Country-owned**: Countries need to have plans for the development of integrated immunization programmes and delivery platforms beyond infancy that reflect their specific national and sub-national contexts.
- **Partnerships**: Immunization programmes should work with other areas of the health system to develop and implement integrated packages of care, and with other sectors to support comprehensive approaches to prevent and control disease and to deliver immunization services for age groups beyond infancy (e.g. the education sector for immunization of adolescent services, including vaccination).
- **Data-driven**: Implementation, social and behavioural research have the potential to provide insights to inform the design of effective ways of delivering integrated packages of care and ways to reach all age groups.

**[SP 6] Research and Innovation**

**Objective:**
To encourage and intensify the development and adoption of new vaccines and vaccine administration technologies, novel vaccine manufacturing platforms, and programmatic innovations to enhance equitable access
to immunization, taking account of ever-changing infectious disease epidemiology and emerging infectious disease threats.

**Key areas of focus:**

- Accelerating **new product R&D** and improving existing products to expand the options available to address country needs and to respond to rapidly changing epidemiology, emerging infectious disease threats, and antimicrobial resistance; ensuring continued progress on new vaccines for HIV, TB, malaria and other priority diseases.

- Strengthening **global mechanisms to identify and meet needs** for innovation and product development, for example by articulating the full public health value of innovations, providing incentives and financing/funding the various stages of innovation, by strengthening linkages across stakeholders (e.g., industry, academia, government, immunization programmes and communities), and by developing approaches that can ensure sustainable access to new interventions, including vaccines with limited commercial markets.

- Accelerating **the pathway to impact of products and technologies** by harmonising and optimising regulatory and policy processes, expanding the role of gender-sensitive implementation research and delivery science to ensure the timely availability of new interventions and innovations.

- Building **local capacity to use innovation to solve programmatic challenges**, through investment in personnel, building bridges to other disciplines, and constant feedback and iterative learning, so that innovations are closer to the problem, demanded by local managers, and can be rapidly brought to scale.

- Improving **vaccine administration technologies and schedules** by incentivizing development of improved regimens and novel ways to administer vaccines that meet identified country needs and by facilitating implementation through operational research and acceptability studies.

- Exploiting the power of **digital technologies** to improve immunization programme management and monitoring by standardizing existing data tools and systems, developing innovative digital solutions, and conducting implementation research on data systems.

**Applying the core principles:**

- **People-focused**: Innovations in products, services and practices should address user needs and preferences.

- **Country-owned**: Countries should have the capacity to identify and manage innovation, including identifying their own priorities and evaluating and implementing innovations. Country priorities should inform the global innovation agenda.

- **Partnerships**: Partners should develop mechanisms to support the development, evaluation, implementation and sustainability of suitable solutions, drawing on the complementary expertise of national and global stakeholders within the global innovation ecosystem.

- **Data-driven**: Evidence on unmet needs and the effectiveness of innovations across all areas of immunization programme function should be rigorously collected and shared to promote evidence-based research, development, implementation and scale-up.

[SP 7] **Availability and Sustainability**

**Objective:**

To ensure a reliable global supply of affordable vaccines of assured quality, as well as a clear pathway for countries to programmatic and financial self-sustainability of their immunization programmes, taking account of global vaccine shortages and transitions out of global support programmes.

**Key areas of focus:**

- Maintaining a reliable **global supply of affordable and equitably priced vaccines** of assured quality through healthy vaccine market initiatives.
- Safeguarding **adequate, reliable and sustainable financing** of national and subnational immunization programmes, through stronger financial management and more efficient programme management, a greater focus on securing funding for operational expenses, increasing domestic financing, and where applicable, securing predictable long-term international support.

- Ensuring that immunization programmes are integrated into **broader health budgeting and financing processes** and are driven by the best data available to achieve high performance and best value for money.

- Ensuring that capacity building within national immunization programmes prioritizes development of **leadership and management** skills to drive forward sustainable improvements in performance.

- Strengthening **national decision-making capacity** and the ability to set evidence-based policies and priorities for immunization (through National Immunization Technical Advisory Groups (NITAGs), or similar mechanisms, supported by regional and global policymaking mechanisms).

- Assuring **sustainable transitions** in countries moving out of programmes supported by the Global Polio Eradication Initiative (GPEI) and Gavi, with critical polio and immunization functions sustained.

- **Streamlining and aligning partnerships that provide immunization financing**, and ensure effective global collaboration where the roles, responsibilities and accountability of all partners are clearly defined, transparent and monitored.

**Applying the core principles:**

- **People-focused**: National and global decision-making should have a clear focus on meeting the immunization needs of populations, including currently unimmunized and under-immunized groups. Capacity building should have a strong focus on developing local human capacity, such as strengthening management and leadership capabilities.

- **Country-owned**: A key focus should be on developing country structures, systems and capabilities, and mobilizing political support, to sustain immunization programmes without reliance on external partners and service providers.

- **Partnerships**: Global collaboration is required to further develop healthy vaccine markets and to secure long-term sustainable production of essential vaccines. Capacity can be built through inter-country cooperation and peer-to-peer networking initiatives.

- **Data-driven**: Effective use of data – financial, coverage and multiple other forms of data – will be central to the efficient use of resources within national immunization programmes.

**Goals and Targets**

Specific goals and targets are integral components of the Immunization Agenda 2030. They serve several purposes (explained below), linking them firmly with the Strategic Priorities to achieve the Immunization Agenda 2030 vision.

Reflecting its country-centered approach, this Global Strategy will provide a general framework and direction, but envisions that all countries and regions will establish their own goals and targets, relevant to their individual contexts, guided by the strategy and principles outlined in this document.

**Purpose of having goals within Immunization Agenda 2030:**

- **Galvanize**: to drive and inspire progress for countries, partners, donors and broader development community,
- **Align**: to align countries, partners and donors within immunization and the broader development community,
- **Prioritize**: to support donors, governments and partners in making investment decisions,
- **Manage**: to support countries and partners in managing ongoing operations,
Evaluate & Report; to support everyone in evaluating progress throughout the decade to determine lessons learned for future activities,

Make Accountable; to hold countries and partners accountable to work towards achieving the vision.

Level of endorsement of Goals:

Goals and targets are developed and endorsed at different levels by different stakeholders. A number of worldwide goals have been endorsed by the UN General Assembly or the World Health Assembly, hence all countries have already committed to working towards these goals (Figure 7). Immunization Agenda 2030 will honour and embrace these existing global commitments, while recognizing that some of the targets dates set have not been achieved. National Immunization Action Plans, with targets aligned with the Immunization Agenda 2030 are however equally important for a successful implementation. In addition to existing goals, it is envisioned that new goals will be developed and endorsed throughout the decade. The level of endorsement of these new goals will guide their reach during the decade and beyond.

Fig 8. Level of endorsement of goals

Principles for selecting new and existing goals for the IA 2030 framework:

Immunization Agenda 2030 provides a framework for setting goals at the global, regional and country level.

Immunization goals at all levels (national, regional, global) should:

- Align with the vision of the Immunization Agenda 2030 as endorsed by WHA 2020,
- Be linked to an action and a work plan, including practical linkages to technical support for implementation,
- Be supportive of the broader health agenda (SDG3/PHC/UHC),
- Be responsive to changing trends and contexts,
- Be ambitious, but achievable, with SMART (Specific, Measurable, Attainable, Relevant, Time-based) targets to ensure accountability ,

7 Even though they have been endorsed at the global level, some of these goals are only applicable at regional level (e.g. yellow fever and JE). For some goals, immunization is not the primary intervention (e.g. cholera, HepB).
• Abide by previous commitments, where possible (e.g., elimination goals), aligning them with goals within IA2030.

Process in setting and endorsing goals throughout the decade:

To allow for flexibility, IA 2030 acknowledges the possible need to set additional goals during the course of the decade. The following process will be followed in considering new goals, in line with the principles stated above:

• Countries (through the WHA) agree on global goals for the Immunization Agenda 2030 (to be endorsed in 2020), including targets and methodologies to measure progress (to be endorsed in 2021, through the Monitoring and Evaluation (M&E) framework),
• Regions contextualize these global goals and set specific targets and milestones through the decade to achieve the goals by 2030, in Regional Action Plans,
• Countries contextualize regional goals and set operational parameters and country-specific targets and indicators, in National Immunization and Health Action Plans,
• To maximize efficiency, goals should be harmonized through all levels (national, regional, global)
• Countries and Regions can adapt their targets and pathway towards global goals based on their own starting point and how far they are from reaching the global goals,
• Partnerships set their own goals and indicators to support the Immunization Agenda 2030 goals, consistent with the overall M&E framework.

Impact goals cited below are only proposals. They are provided as examples to initiate discussion in this consultative phase, and do not currently reflect the final goals of the Immunization Agenda 2030

Immunization Agenda 2030 2030 aims to achieve “a world, where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being”.

Reaching this vision would mean:
- reducing preventable mortality and morbidity from vaccine preventable diseases,
- reducing disease burden by increasing access and uptake of vaccines across the life course
- reducing disease burden thanks to the introduction and expansion of the use of new and under-utilized vaccines, including those that are in the pipeline
- ensuring good health for everyone by strengthened immunization within primary health care and achieving universal health coverage and sustainable development, including through access to safe, effective quality and affordable essential vaccines for all

To attain the vision of Immunization Agenda 2030, the options for goals are proposed for each strategic priority for input (Table 2). These are aspirational goals, and mostly qualitative. The targets and milestones for each goal will be specified in the M&E framework:
The final document will define more specific goals per strategic priority after feedback on Draft One. The aim is to construct challenging goals that can be measured for progress. The final objective is to reduce the number of goals to 2-3 per strategic priority.

Table 2. Goal Options for Each Strategic Priority

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Key concepts emphasized to select goal</th>
<th>Options for aspirational goals for consultation</th>
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</table>
| SP1 Immunization for PHC | • Coverage  
• Vaccines in PHC  
• Quality | a) All countries deliver high-quality immunization services that are integrated into national primary healthcare systems designed to achieve universal health coverage  

b) Appropriate coverage of target population by all vaccines included in national programmes (possible indicator, ex 90% national coverage and 90% in every district with DTP3 and MCV)  
c) All countries have high quality supply chains and effective vaccine management  
d) All countries have comprehensive surveillance including case-based surveillance for vaccine-preventable and epidemic prone diseases  
e) All countries implement all SAGE/RITAG recommended immunization schedules in essential health package  
f) Less than 5% dropout rates between first dose (DTP1) and third dose (DPT3) of diphtheria–tetanus–pertussis-containing vaccine and <10% between DTP1 and MCV1  
g) Eradicate polio (GVAP)  
h) Eliminate measles and rubella in at least 5 Regions (GVAP) |
| SP2 Equity & Access | • Full access  
• Equity | a) Everyone has equitable access to vaccines, irrespective of their geographical location, gender, socioeconomic status or any other factor, that might prejudice their access to services  
b) Appropriate coverage of essential vaccines among the most disadvantaged populations, e.g., children of least educated mothers, women, migrants (SDGs)  
c) Appropriate coverage of essential vaccines in all districts  
d) Reduction in the number of Zero DTP zero-dose children globally  
e) Reducing the gap in coverage in the lowest 'wealth' quintile or among the most vulnerable groups (e.g., children of least educated mothers, urban/rural, migrants)  
f) Eliminate maternal and neonatal tetanus (GVAP) in the last remaining countries often challenged by weak health systems and fragile or conflicts settings |
| SP3 Ownership & Accountability | • Country ownership  
• Trust  
• Accountability | a) All people and communities value immunization and seeks out immunization services, by positioning immunization as an undeniable human right, building community ownership, and strengthening accountability at all levels.  
b) All countries have a functional NITAG or are part of a local regional functional NITAG (GVAP)  
c) All countries collect quality immunization data and reasons for under-vaccinations at sub-national level as appropriate and use these along with surveillance data and other information to inform decision making  
d) People, communities, governments, partners and civil society at all levels actively participate for high immunization up-take  
e) Ensure that all national health training institutions have up-dated modules on immunization in their curricula  
f) An enhanced political commitment to all aspects of Immunization and a stronger immunization workforce with the focus on leadership, management and coordination leading to a more efficient and effective national immunization program |
| SP4 Outbreaks & Emergencies | • Outbreak preparedness  
• Outbreak response  
• Vaccination in emergencies  
• New vaccines | a) All countries maintain and strengthen capacity to prepare for, prevent and respond to vaccine-preventable disease outbreaks, and ensure that those affected by conflict, political instability and other emergencies continue to receive essential immunization services.  
b) Access to vaccines within 7 days of outbreak  
c) Adequate, timely and appropriate vaccine response to humanitarian crises and outbreaks from an immunization perspective  
d) Decrease in the number of reported cases of affected outbreak prone diseases (yellow fever, meningitis, cholera, diphtheria etc)  
e) Licensure, new indication and implementation of at least one new vaccine or delivery technology for use in emergencies |
| SP5 Life-course & Integration | • Vaccination touch-points and integrated delivery  
• Coverage of life course vaccines | a) All countries establish and strengthen people-centred services to deliver vaccines and additional interventions along the life course, by collaborating with other health programmes and sectors, and by utilising all available opportunities to provide catch-up vaccination.  
b) All countries have established contact points for vaccination of the following age groups: birth, infant, childhood, adolescents, antenatal women of childbearing age, health care workers, adults and aging people ; alongside countries have established vaccination platforms and engagement at 2nd year of life, school-entry, antenatal care, and private healthcare providers to reach these target age groups  
c) Reduction in missed opportunities for vaccination  
d) Immunization services boost the use of birth registration, vitamin A supplementation and deworming  
e) 20% improvement in the composite coverage index or GAPPD score  
f) Eliminate cervical cancer |
| SP6 Research & Innovation | • Innovation  
• Utilization of innovations | a) Development of new vaccines and vaccine administration technologies, novel vaccine manufacturing platforms, and programmatic innovations to enhance equitable access to immunization, taking account of ever-changing and emerging infectious disease epidemiology and emerging infectious disease threats.  
b) Priority vaccine innovations are agreed through a consultative process and at least one innovation receives WHP pre-qualification  
c) Two or more new vaccine delivery technologies (devices and vaccine/combination products) received WHO pre-qualification |
<table>
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<tr>
<th>SP7</th>
<th>Availability &amp; sustainability</th>
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<td></td>
<td>• Domestic expenditure</td>
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Operationalization

**Immunization Agenda 2030** will be a dynamic and responsive strategy. Just as the battle against infectious disease requires agile and flexible immunization programmes, so a global immunization strategy must also be sensitive to rapid shifts, constantly evolving according to changing needs. Immunization Agenda 2030, Global Strategy serves as a constant throughout the decade aligning everyone to common goals with milestones and operational plans evolving based on changing contexts.

**Immunization Agenda 2030**, Global Strategy will be endorsed by the World Health Assembly in May 2020. In parallel, more detailed technical summaries and supporting documentation will be developed and made available in the Immunization Agenda 2030 online resource centre. Work will then begin on the development of a monitoring and evaluation framework and implementation plans, to enable implementation to begin in 2021. Immunization Agenda 2030 will build on and live within an eco-systems of other global, regional and disease-specific strategies, which will continue to evolve and where applicable, will be revised to align with the vision and strategic framework of Immunization Agenda 2030 (Fig. 9).
Fig. 9: Immunization Agenda 2030 will co-exist with other global, regional and disease-specific strategies implemented through actions at global, regional and country levels, complementing disease-specific plans and the workplans of agencies contributing to its implementation.

Nationally, the focus will be on:
- Development and implementation of integrated national vaccination action plans, to provide a roadmap towards achieving the Immunization Agenda 2030 vision, with stretching but achievable national goals and targets as milestones. These strategic plans should complement comprehensive multiyear plans but focus more strongly on the Immunization Agenda 2030’s strategic priorities.

Regionally, the focus will be on:
- Developing updated regional vaccine action plans, to operationalize the Immunization Agenda 2030.
- Supporting the development of national vaccine action plans.
- Providing tailored support according to the maturity status of national immunization programmes, including strengthening of management and coordination capacity.
- Coordinating partner support at a national level.
- Developing regional resources and structures to advance the regional immunization agenda.
- Ensuring and facilitating regional collaboration, including exchanging of lessons learned

Globally, the focus will be on:
- Global action plan development, focusing on alignment among global development agencies, support for regional and country activities, and strategic priorities with a strong global element.
- Developing monitoring and evaluation frameworks (global, regional and national).
- Implementing a communications and advocacy strategy to build momentum and mobilize global support for immunization.