Global Immunization after 2020
What’s next after 2020?

**Partner post-2020 Strategies**

Key partner organizations are currently thinking about post-2020 and their strategies for the next decade based on organizational priorities.

Donors are planning their next investment strategies and looking for a comprehensive global unifying strategy.

**Collective post-GVAP Process**

WHO Secretariat has GVAP Agenda item for WHA73 (May 2020) & WHA75 (May 2022)
WHA71 Announcement – May 2018

• Announcement by ADG (Dr Nono) during WHA71 that WHO agrees to convene a process with all immunization partners and stakeholders to develop the next GVAP

• With the endorsement of GPW13 a day later, WHO has had to prioritize aligning its priorities to this new vision. In addition, the need to wait for the appointments of new IVB leadership meant that a formal process to convene partners & key stakeholders has not started

• Informal processes were launched starting with
  – The review of surveys, meetings, and discussions conducted on GVAP lessons-learned
  – A post-2020 survey conducted around the Global Immunization Meeting (GIM) on 26-28 June in Kigali, Rwanda
GIM Survey on post-GVAP

- Informal survey sent to all Global Immunization Meeting participants

- A total of **158 respondents** responded to 10 questions on the why? what? and how? of a post-GVAP strategy

- Good representation of perspective in the responses
  - Countries = 31% of respondents
  - Regions = 15% of respondents

25 Countries represented
- Afghanistan
- Benin
- Burkina Faso
- Djibouti
- DR Congo
- Ethiopia
- Ghana
- Kenya
- Lebanon
- Liberia
- Malawi
- Malaysia
- Mauritania
- Myanmar
- Nepal
- Nigeria
- Pakistan
- Somalia
- South Sudan
- Sri Lanka
- Syria
- Timor-Leste
- Uganda
- Zambia
- Zimbabwe
Q1 – *Why* do you think a new strategy is needed?

Answers ranked from highest to lowest based on all responses

<table>
<thead>
<tr>
<th>Rank</th>
<th>Reason</th>
<th>Country</th>
<th>Region</th>
<th>Global</th>
<th>DOV WG (Rank 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank 1</td>
<td>Need to re-iterate importance of accelerating efforts to achieve GVAP goals post-2020</td>
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<tr>
<td>Rank 2</td>
<td>Need a strategy for addressing new and emerging issues in global immunization</td>
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<tr>
<td>Rank 3</td>
<td>Immunization has lost visibility within the broader health agenda</td>
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<tr>
<td>Rank 4</td>
<td>A new strategy is needed because donors need a global strategy to help with their investment decisions or replenishment efforts</td>
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<tr>
<td>Rank 5</td>
<td>Immunization has always been led by a global strategy</td>
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</table>

- Relative consistency in the **top 3 reasons** for a new strategy post-GVAP
- Interesting to observe that countries ranked the following answer as the highest reason for a new strategy post-2020: “*Because immunization has lost visibility in the broader health agenda*”
- A full analysis of the survey was produced and widely disseminated
The keys objective of a post-GVAP strategy would be to:

1. Re-position immunizations central role in contributing to the broader global health agenda imperatives (PHC, UHC, SDG by 2030)

2. Build from the lessons learned from the current GVAP to identify innovative approaches and partnerships to sustain and accelerate efforts to achieve existing GVAP goals.

3. Set directions for addressing new and emerging priorities for the coming decade including risks and assumptions.
Main thrust of a post-GVAP strategy should be on:

- Raising routine vaccination coverage and with quality services
- Reaching the unimmunized irrespective of where they are
- Sustaining existing gains with population growth, rising urbanization, increasing migration, and the growing number of fragile states
- Finding new approaches to reduce critical immunization gaps in all countries
- Expanding immunization along the lifecourse including integrating with other health interventions
- Building national ownership for sustainable programmes especially in the context of transition from global initiatives
Q7 – What sub-strategies are needed?

Three quarters (75%) of those responding “Yes” to this question indicated that sub-strategies were needed for:

1. Surveillance
2. Coverage & equity
3. Innovations in delivery
4. Middle income countries
5. Integration and lifecourse
6. Transition & financial sustainability
Survey Take Away (3)

Key principles for developing a post-GVAP strategy:

- More **bottom-up development** than GVAP
- Have more of a **health systems perspective** where immunization drives PHC (use disease specific focus more as measurement)
- **Focus on implementation** with a common approach on how to drive change in countries
- Clarify **accountabilities of main partners** and focus on **effective partnerships** in driving change over the next decade
- Involve **non-immunization and non-traditional partners** in its development

Are we moving from the **Decade of Vaccines** to the **Decade of Immunizations**?
Post-GVAP Concept Note

Developed based on the post-GVAP survey findings

Accelerating effort to complete the unfinished mandate from GVAP

Addressing new and emerging priorities for global immunization

"WHY" & "WHAT"?

Global, regional and country approaches to drive change

"WHO" & "HOW"?

"WHEN"?

WHA73
May 2020

Regional Committees
2021 or sooner

WHA75
May 2022

Launch Post-GVAP Strategy (2021-2030)

High-Level Global Immunization Strategy

post-RVAP Strategies developed with country approaches to drive change

Final GVAP report to present to WHA
Overall feedback communicated directly to ADG from CDC, Gavi, UNICEF, USAID, and Save the Children.

Online feedback indicates that concept note appears to be going in the right direction in terms of the:

1. Objectives
2. Structure
3. Process
4. Guiding principles
5. Timelines
Next Steps

November 2018 - Formal Launch of Partner Engagement by WHO
• Deputy Director General (DDG) of Programmes (Dr Soumya) to engagement heads of main partner agencies in a conference call.

March 2019 – Partner Post-GVAP Consultation
• Dates likely March (Week 12 in Geneva)
• 3 day consultation with high-level 1st day (with Dr Soumya and Dr Nono)
• Participants (< 80) need to include:
  o Leadership from bilateral and multilateral agencies
  o Key health & immunization partnerships
  o WHO donor representatives
  o Regional representatives including possible RITAG chairs
  o Country representatives (Immunization, Maternal Health and key non health stakeholders)
  o CSO representatives
  o SAGE representatives
  o Industry representatives

April 2019 – Update to SAGE
Thank You