

# **DEVELOPING A GLOBAL IMMUNIZATION STRATEGY 2021-2030**

SAGE meeting, 18 October 2017

# PERSPECTIVES ON SCENARIO 2021-2030

## THE BROADER HEALTH ISSUES

- More frequent and more severe disease outbreaks.
- More outbreaks in new geographical areas including in urban areas.
- More displaced persons and more migration to urban areas, transitioning through and to other countries, seasonal migrants.

- Potential for increased regional financing mechanisms.
- Multilateral institutions weaker and pulled in many directions.
- Less pronounced immunization support.

- People assume that infectious diseases have been taken care of – but pandemics may emerge at any time.

### Crises & Emergencies

### Strong focus on UHC and Health Systems

- Improved access to primary healthcare in the context of Universal Health Coverage (UHC)
- Increased focus on NCDs and their determinants

### Emerging new actors and funders

### Increased focus on equity

- Inequities in middle-income countries will be more accentuated, with very hard-to-reach poor populations.
- Will require additional support for their priorities..

### Pandemic threats

### Anti-microbial resistance

- Antimicrobial resistance spreading.
- Opportunity for vaccines targeted against antimicrobial resistant pathogens.

# PERSPECTIVES ON SCENARIO 2021-2030 IMMUNIZATION

- Potential for “blockbuster” and epidemic vaccines, antimicrobial resistance vaccines, but unclear about timing and likelihood.
- New biologicals (e.g. monoclonal Abs).

- Fragility of immunization successes, risk of complacency.
- Growing complexity of immunisation schedules.
- Insufficient human resources numbers and capacity.

- Subnational WUENIC data available.
- Need for substantial surveillance overhaul.
- Continued investment needed in data quality.

- Growing domestic financing need for UHC, health systems including immunization.
- Perception of “job-done” may limit funding for immunization if no further outbreaks.
- Unclear future role of Gavi with fewer countries supported.

- Financial and programmatic sustainability key to success: high risk ahead, primarily for Gavi transitioning countries.



- Missing eradication goal would be a reputational catastrophe for immunization.
- Unlikely to have another eradication movement.
- Polio Post-Certification Strategy in place.

- Immunization better integrated with PHC, UHC, IHR, Health Security, HSS.
- Immunization platform used to deliver other health interventions.

- New important players (CEPI), but more focused on niches.
- New technologies for administration of vaccines.
- Increased involvement of regions and countries in vaccine development.
- More behavioral and data quality research,

- Supply risks increased with further concentration of suppliers.
- Streamlined and regionalized regulatory processes can facilitate access to vaccines.

- Life course approach to immunization implemented.
- Reduced demand for childhood vaccination as result of fewer VPDs and increasing hesitancy.
- Evolving communication approaches (social media).

# STAKEHOLDER CONSULTATION METHODOLOGY

- 40 interviews conducted with EPI managers, representatives of UN agencies, global immunization partners, CSOs, NGOs, industry, and academia.
- Briefing shared in advance with interviewees, focusing on:
  - Lessons learned from process of development of current GVAP 2011-2020: What worked well and what could have been done better?
  - Key issues and needs for the development of the next 2021-2030 strategic plan.
- Each interview performed by one MM Global Health Consulting associate during 30 to 45 minutes
  - Interviewer's guide with 20 questions.
  - Responses captured electronically at the time of the interview.
- Summary based on views expressed by majority of the responders.
  - But some dissenting views also highlighted.

# STAKEHOLDER INPUT ON GVAP AND ON DEVELOPMENT OF A NEW GLOBAL STRATEGY

## **GVAP was a large scale undertaking that created traction and expectations**

- First time all-encompassing plan that mobilized stakeholders - but with missed expectations for increased funding

## **Limited regional and country ownership despite multiple consultations**

- Top-down approach incorporating very little country input - resulting in weak focus on implementation

## **Advocacy & Communications the weakest link**

- Despite overall plan's quality, knowledge of GVAP still limited outside the immunization community

## **Unattainable goals and objectives lead to limited accountability**

- Highly aspirational objectives resulted in repeatedly missed milestones and limited partners' and countries' buy-in

## **Need for a new global immunization framework capable of addressing change**

- New flexible plan is needed addressing emerging challenges – building on momentum and successes of GVAP

## **Set visionary global goals with realistic regional and country targets**

- Target setting to be done at regional and sub-regional level with focus on country needs to enhance local ownership

## **Proactive integration with broader health agenda and SDGs will be essential**

- A framework with open interfaces with other global health initiatives that provides specificity for immunization

# A MIX OF POSITIVE ELEMENTS AND AREAS FOR SUBSTANTIAL IMPROVEMENTS

- All-encompassing plan for immunisation and powerful tool to orient global immunisation actors, but difficult to implement.
- A large-scale undertaking with limited structure (no clear process goals and ToRs, missing links with GIVS), complex and often bureaucratic, leading to huge delays.
- Lots of consultations, but biased selection of participants and lead agencies with a process that made it difficult for workgroup outputs to be reflected in the final plan.
- Prolonged lack of clarity on process ownership and leadership.
- A top-down approach with limited bottom-up components, little engagement and awareness of the parties delivering immunisation (country governments, non-state actors and regions), and very limited involvement from outside EPI.

*“... We need a 2.0 because 1.0 has not worked and therefore we cannot do more of the same, however the new plan need to be linked to a solid post-mortem of GVAP 1.0...”*

# TARGET SETTING AND M&E SHOULD CREATE ENABLING ENVIRONMENT FOR IMPLEMENTATION

- Tensions between aspirations and reality: Global objectives not always aligned across parties (e.g. measles goals established by WHA, with varying engagement of WHO member states and sometimes differing donor priorities).
- Objectives undifferentiated irrespective of country status.
- Little traction at regional level and lack of country ownership led to accountability issues of those finally responsible for delivery.
- Too much attention on global reporting processes and little focus on creating an enabling environment for implementation and problem-solving in countries.

*“... Need to do a better job this time by including all relevant partners and agencies at all levels and create a common ownership of the new plan...”*

# ADVOCACY AND COMMUNICATIONS TO BE AT THE CORE OF A NEW EFFORT

- DoV vision was a powerful call for action, much stronger than the previous GVIS approach.
- GVAP launched with a ‘big splash’ in Davos with expectation of a funding surge. But it resulted mainly in an advocacy surge, with sometimes unclear objectives.
- GVAP does not have a ‘face’.
- A&C approach was insufficient: its breadth not good enough, the plan not thought-through, weak in bringing together MoH and MoF at country level to fully digest GVAP implications and with limited links to implementation and impact.
- The plan was not written with multiple audiences in mind.
- CSO communication efforts were insufficient in the first round.

*“...GVAP is not really ‘sexy’ - politicians were not attracted to it...”*



# DOV WG DISCUSSION ON NEW GLOBAL STRATEGY 2021-2030

- Development of a **Strategic Global Framework** based on regional action plans with focus on country needs;
- With '**aspirational**' global goals and '**realistic**' regional annual targets with frequent intermediate milestones to be monitored at the regional level;
- Developed through a **meshed approach: bottom-up** (regional and country action plans) **and top-down** (global themes and guiding principles);
- With opportunities for learning from each other and for **sharing best practices**;
- With a **wider scope** (life course, innovation) and **integrated** in the broader health agenda (global health security, health systems, universal health coverage, primary health care);
- Involving immunization and **non-immunization partners**;
- **Flexible** to allow for shifts due to changing circumstances, using a 5-year iterative process;
- Including strong implementation-oriented **monitoring & evaluation** and **research & development** components;
- Global framework **not explicitly costed**;
- Strong focus on **advocacy and communications** from the start;
- Endorsed by the World Health Assembly 2020.

# TIMELINE FOR HAVING A GLOBAL STRATEGY ADOPTED BY WHA IN 2020





# GLOBAL HEALTH CONSULTING

