

Accelerating Universal Immunization Coverage by 2030

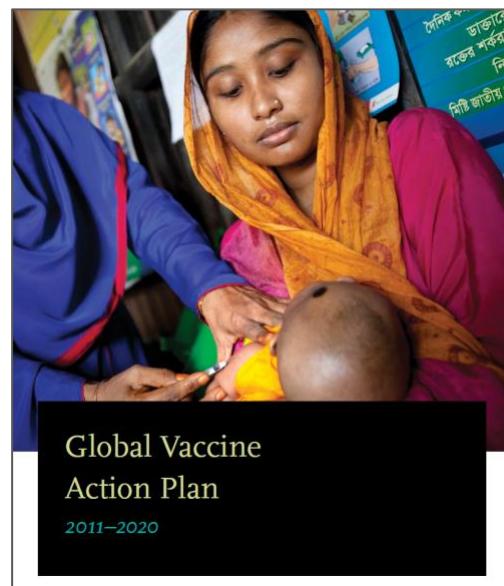
And leaving no-one behind

Strawman Concept Note (draft zero for broad-based review¹)

Background

With just a couple of years remaining on the **Global Vaccine Action Plan (GVAP 2011-2020)** and as we approach the end of the **Decade of Vaccines**, it is high-time for the international community to rethink the next generation of immunization programmes that will achieve collective ambitions by 2030 – including any unfinished GVAP mandates and how to drive impact in countries.

Indeed, the world has changed quite significantly since 2011 despite many enduring challenges from this decade that will need intensified support in the next. Given a changing landscape and many paradigm shifts, it will be critical for the partnership to develop a post-GVAP strategy for how global immunization will contribute to towards achieving broader global health ambitions under the UHC and SDG initiatives, and to set clear priorities and direction to achieve these goals by 2030.



During the last World Health Assembly in May 2018 (WHA71) WHO announced that it would convene a process with immunization partners to develop the next post-GVAP strategy. This announcement is timely as many immunization partners have already developed or are in the midst of developing their own agency specific immunization strategies post-2020. To ensure the global immunization partnership can rally behind a new post-GVAP strategy, it will be important to pull together these separate agency specific strategies into a coherent overarching one. This will be even more important if the aim is to have the highest level of buy-in by Member State countries that can be proposed for endorsement during a future WHA (as was done for the GVAP). For this to happen, sufficient time and process needs to be built in for the strategy to be developed with broad based consultations and appropriate review.

To begin the process of charting a way forward for a new post-GVAP strategy, WHO developed a rapid survey to compile broad-based views on its overarching objectives and to use these to propose a structure for its development. The Global Immunization Meeting (GIM) in Rwanda on 26-28 June 2018 was used an opportunity to compile country, regional and global level views from the 158 participants that responded to 10 questions covering the “Why?”, “What?” and “How?” of developing a post-GVAP global strategy for immunization. The analysis of the survey results² was then used as a basis for this Concept Note. It is worth pointing out that most of these findings align well to previous surveys conducted on GVAP lessons-learned, specific post-GVAP discussions during global and regional meetings, and the directions that some partners have already set for their post-2020 immunization strategies³.

¹ Comments to be sent to Patrick Lydon (lydonp@who.int)

² The full analysis of the survey can be downloaded on this link: https://www.dropbox.com/s/ub78306ykjadv8b/WHO_Post-2020_Survey_FinalResults.pdf?dl=0

³ These include the outcome of the Gates Foundation organized meeting on the future immunization landscape with 50 partners and 35 surveyed participants; the surveys on GVAP lessons-learned from GMMB based on 40 interviews (with countries, regions UN agencies, global partners, CSOs, NGOs, Industry & Academia) and the TFGH survey on GVAP lessons-learned with EPI managers; inputs from WHO Regional consultations during RITAGs in AFRO, SEARO and WPRO; inputs from the Global Immunization Meeting (GIM) held in June 2018; and the review of existing post-2020 strategies and thinking from partners (UNICEF Immunization Roadmap to 2030; Gavi 5.0 proposed priorities; CDC’s thinking of its future support with a great country lens focus and WHO’s current thinking of its role in Immunization aligned with its new 5-year corporate strategy).

Survey Results

In June 2018, WHO organized an informal survey to compile views on a post-GVAP global immunization strategy. The survey targeted country, regional and global level stakeholders attending the Global Immunization Meeting (GIM) on 26-28 June 2018. A total of 158 (65%) GIM participants participated in the survey with good representation of country level perspectives (31% of respondents from 25 countries⁴) and regional perspectives (15% of respondents).

The proposals put forward in the remainder of this concept note are based on the results of this survey. The full results are available for [download](#) and the summary findings are presented below.

Keys **objectives** of a post-2020 strategy would be to

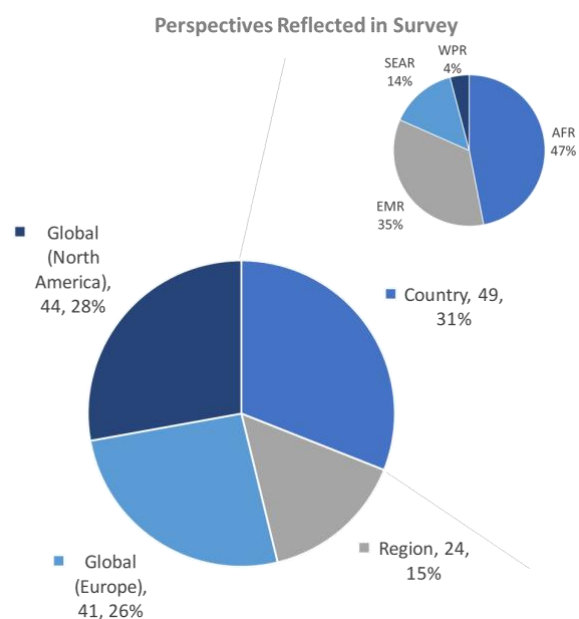
- Position immunization into today's global health priorities, and raise the visibility of immunization by re-positioning its central role in contributing to the broader global health agenda imperatives (PHC, UHC, SDG by 2030)
- Describe important paradigm shifts within global immunization over the next decade
- Emphasize the need to sustain and accelerate efforts to achieve existing GVAP goals and complete the unfinished agenda from the Decade of Vaccines
- Set global directions in response to new emerging issues for the next decade
- Articulate a framework for collective impact in driving outcome based results in countries

Main **priorities** for a post-2020 strategy should be on:

- Reaching the unimmunized irrespective of where they are
- Implementing a comprehensive surveillance and data systems
- Building national ownership for sustainable programmes
- Expanding immunization along the lifecourse
- Reducing critical gaps and lags in middle income countries
- Sustaining existing gains with population growth, rising urbanization, increasing migration, and the growing number of fragile states

Some **guiding principles** suggested on the approach to take for a post-2020 strategy are:

- A bottom-up development process – countries, regions and global level
- A lean strategy – a short and crisp document would be better than and long unwieldy one
- To move away from a disease specific focus to having a health systems and primary health care (PHC) perspective
- To have a strong focus on implementation with suggesting an approach to drive change and immunization outcomes in countries that will be globally endorsed
- To clarify roles, responsibilities, and accountabilities of main partners in driving change over the next decade



⁴ 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.

Proposed Objectives

It is proposed that a post-2020 global immunization strategy should have the following overarching objectives:

Objective 1: To position immunization into today's global health agenda priorities

The GVAP was developed at time where international health priorities (including immunization) were aligning with the broader objectives set within the UN Millennium Development Goals (MDGs) and in particularly Goal 4 (Ref). Since then, the UN launched the Sustainable Development Goals (SDG) with new international development priorities up to 2030. The post-2020 global immunization strategy is therefore, an opportunity to re-position immunization at the centre of today's global health priorities and clearly articulate how immunization is foundation to achieving Primary Health Care (PHC) and building resilient Health Systems – both being key drivers to deliver on Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG3) by 2030. Moreover, there is an opportunity to re-assert the value proposition of immunization and its contribution to this broader health agenda including contributing to Non-Communicable Diseases (NCD), health emergencies and anti-microbial resistance (AMR) from vaccine preventable bacterial infections and diseases.

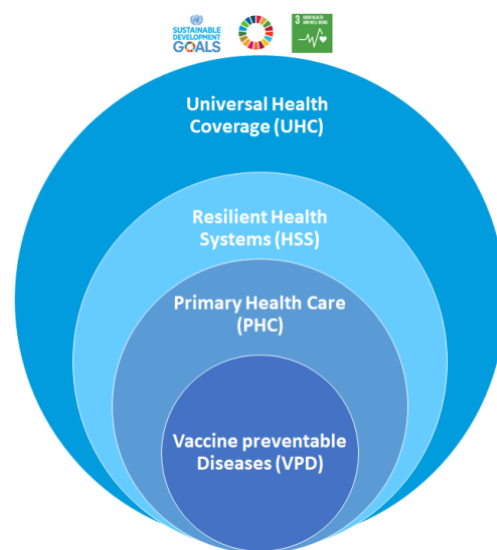


Fig 1 – Immunizations contributing to healthier populations, UHC and health emergencies

① Healthier populations

- Reduction in the burden of non communicable diseases including cancers (cervical & liver)

- Human Papilloma Virus (HPV)
- Hepatitis-B

② Universal health coverage

- Increasing health coverage through the life-course with vaccines for women, infants, children, adolescents, adults, and the elderly
- Contribution to the reduction in the burden of vaccine preventable
 - Respiratory infections
 - Diarrhoeal diseases
 - Vector born diseases
 - Viral diseases
 - Influenza

- Tuberculosis (BCG), Diphtheria, Pertussis, Polio & Tetanus
- Measles, Mumps & Rubella
- HPV, Hepatitis A+B
- Meningococcal, Pneumococcal and Hib
- Rotavirus and Cholera
- Yellow-Fever, Typhoid, JE, Dengue, Rabies
- Seasonal Influenza

③ Health emergencies

- Contributing to a safer world with vaccines

- Ebola, Cholera, Yellow-Fever, Meningitis, Polio, Measles, Diphtheria, Zika, Chikungunya, and Avian influenza

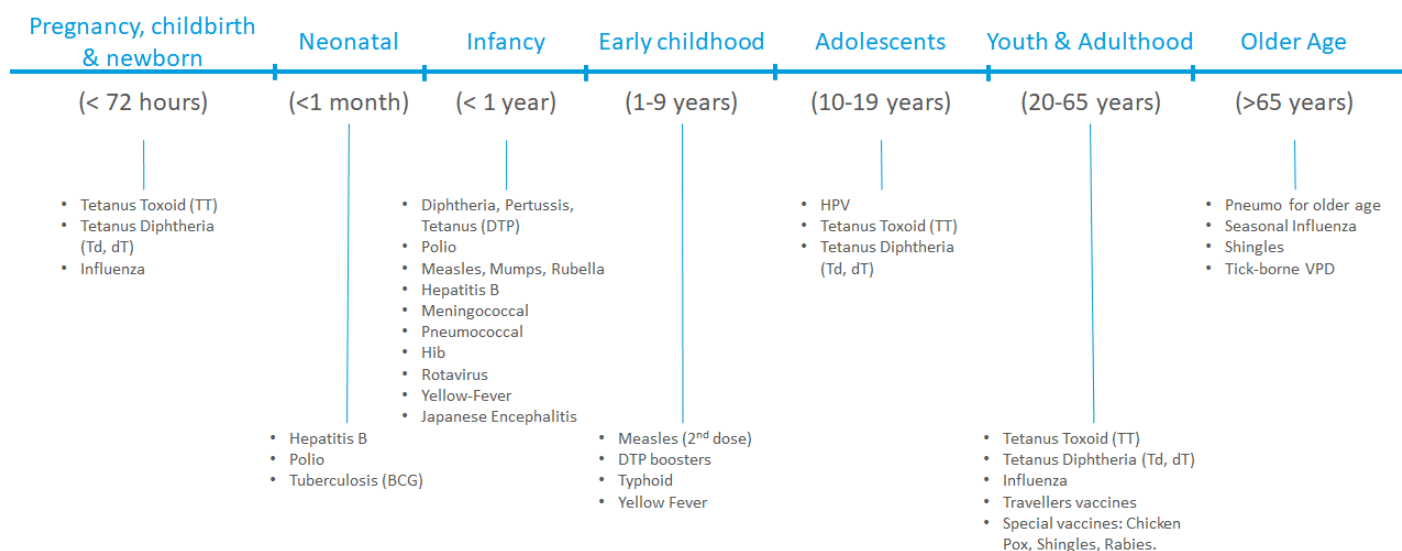
Objective 2: To describe important paradigm shifts within global immunization over the next decade

Since the development of the GVAP in 2011, the global immunization landscape has changed and important directional shifts need to be recognized and described as part of setting new priorities for the next decade. Some of the paradigm shifts that emerge in the current immunization discourse are listed below (see figure 2):

- Since the 1980s, global immunization efforts have had a central focus on infant vaccination and relying on performance indicators like DTP3 coverage to measure progress towards fully vaccinating children. It was not

until recent years that immunization systems began expanding vaccinations beyond infancy – whether focusing on creating opportunities in the 2nd year of life (a second dose of Measles or a fourth dose of DTP) to vaccinating adolescents (with HPV vaccine for girls).

Fig 2 – Immunization throughout the life course



Over the next decade up until 2030, global immunization efforts will expand to focus on vaccination throughout the life course – including booster doses for older age groups and immunizing the elderly where vaccinating with seasonal influenzae for instance, not only contributes to health as an individual but also decreases the spread of diseases to infants.

- In the past decades, the primary strategy for reducing the unimmunized had an important focus on outreach to the last mile and in geographically isolated areas where important pockets of unimmunized had no/limited or irregular access to services. Strategies to reach every district (RED) and to ensure 100% of districts had adequate levels of vaccination coverage (DTP3 > 80%) where driving an “Equity” agenda for immunization. Over the next decade, the “Equity” agenda will likely shift to a differentiated approach focusing on urban poor in the first mile, rural poor in the last mile, and vulnerable populations in fragile countries or due to migration patterns.
- In the past 15 years we have seen an acceleration of “blockbuster” new vaccines available for introduction and with unprecedented progress of countries that have introduced these into their national schedule. The next decade however, is unlikely to see a new “blockbuster” vaccine and the focus will be less on new introductions but rather on bringing existing ones to scale, innovations to assist with delivery and switching products (OPV to IPV, Measles to MR, or TT to Td). With this change the next decade will likely create more choices on product presentations / new delivery technologies (CTC, MR patch) each coming with important trade-offs where a total systems effectiveness (TSE) approach will be required.
- In the past, immunization has had a disease specific focus and has been a relatively vertical programme with opportunistic integration (Vit-A/deworming/bednets). Over the next decade, immunization will shift to having a stronger health system focus with more explicit and deliberate integration with PHC delivery platforms.

- In the past decades, immunization has primarily been supply-sided side intervention focusing more on strategies to reach or outreach to the populations rather than strategies relying on mobilizing a demand for services by the populations. On heavily supply sides immunization programme is more expensive and unsustainable in the long run. As more and more vaccines are being made available and with the desire to develop immunization systems that are sustainable, a greater focus will be needed to build and sustain a high demand for vaccines by communities, and using supply-sided interventions as complementary (like campaigns or outreach).

Objective 3: To emphasize the need to sustain and accelerate efforts to achieve existing GVAP goals

Recent assessments and analyses of global immunization performance have highlighted that many of the GVAP goals will not be achieved by 2020 and these will continue to be relevant for the next decade – including raising routine coverage and equity, sustaining polio eradication gains, eliminating measles and rubella, and increasing national ownership for financial and programmatic sustainability. As such, an objective of a new global strategy for immunization would be to underscore the need to stay on target for the GVAP goals as part of an unfinished mandate that will spill over into the next decade.

Objective 4: To set global directions and priorities in response to new emerging issues for the next decade

Beyond some significant paradigm shifts for global immunization, there are a set of new and emerging issues that have surfaced in recent years – this will require stepping up efforts and designing new approaches and strategies where “business as usual” approaches will no longer work. Some of the new and emerging issues that will need to be address in the next decade are listed below.

» Risks of new and re-emerging disease threats with climate change and sub-optimal surveillance systems

The growing trend in disease threats and re-emerging disease outbreaks will likely continue or even worsen with climate change that could spread the risk of certain vector-borne diseases like Dengue or Yellow-Fever. It has been estimated that in recent years, 60% of health emergencies are vaccine-preventable – whether Avian Influenza, Ebola, Cholera, Meningitis, Zika...etc. The recent outbreaks of Diphtheria in 2017 and 2018 are just as concerning as these illustrate important immunity gaps and issues of waning immunity in a disease thought to be under control.

Intricately linked to this is the need to step up and prioritize efforts to build high-quality disease surveillance systems at all levels (country, regional, global) with accredited laboratory networks. This is an imperative for immunization to contribute to global health security and infectious disease threats worldwide. A comprehensive surveillance system will provide the needed data to measure disease burden, detect outbreaks and evaluate vaccination impact for many vaccine-preventable diseases. Addressing this challenge will require new approaches and for the immunization community to fortify close links with those working on public health emergencies, laboratories and health care workers.

» Growing disparities in middle income countries

In recent years, the immunization gaps in middle income countries has gained increased attention. This began with the mounting concerns that these middle-income countries were lagging in introducing new vaccines (being above the eligibility threshold to benefit Gavi support but not rich enough to be able to afford these new vaccines on their own). This emerging issue has been compounded by the realization that 2/3rds of the worlds’ poor are now living in middle income countries and that over the next decade until 2030, the majority of the world’s under-vaccinated children will be living in disadvantaged communities in middle-income countries.

» **Changing demographics, urbanization, migration, and growing fragility**

Over the next decade there will be significant demographic shifts within the “population dividend” creating important changes in the age structure of the population. In some settings, an accelerating population growth will put pressure on immunization efforts for children. These needs will require intensification of current immunization activities to maintain coverage rates and also will require additional inputs to increase coverage and reduce the number of unvaccinated. In other settings, the growth will largely be the result of an ageing population with an expanding life expectancy. This will put pressure on immunization systems to vaccinate the elderly, as older age groups will become a greater priority than before. In addition, there are significant shifts in where populations are located. More and more people are moving away from rural areas into the cities. In 2016, it was estimated that 40% of the under-immunized were in urban areas. The growing phenomenon of urbanization in developing countries will require new and different vaccination strategies – most of our current strategies have focused on reaching remote rural communities. Additionally, we will continue to see increased migrations of populations that are creating important pockets of unprotected individuals who are at risk of spreading various infectious diseases – particularly in areas with post-conflict or prolonged crisis prone to outbreaks – where the resource implications are much larger than routine programs would be.

» **Vaccine hesitancy and creating a sustainable demand for vaccines**

Vaccine hesitancy is fast becoming a global problem. If ensuring that all populations can access reliable and quality vaccination services isn’t challenging enough, refusal of vaccination when services are available is a growing and emerging issue. The reasons for vaccine hesitancy are complex and context specific but do result in large pools of susceptible individuals compromising herd immunity and increasing the risk of transmission of diseases. Beyond ensuring a sustainable supply of vaccination services worldwide, the next decade will need to place an equally important focus on creating a sustainable demand for vaccines.

- » **Soft landing for countries transitioning out of donor support and in a context of declining Overseas Development Assistance (ODA) for health** Over the coming years, many countries are scheduled to transition out of externally funded programmes that are supporting immunization. With the closing of the Global Polio Eradication Initiative (GPEI) by 2020, several countries will start the new decade with fewer resources specifically for immunization than previously available. And while GPEI had a primary focus on Polio, its resources maintained infrastructure essential for routine immunization. Following this, a wave of currently eligible countries will be transitioning out of Gavi support with the expectation that they will be fully-self-sufficient by the time they no longer can benefit from Gavi funded programmes. Although current indications look promising, successful transition for the next wave of Gavi countries is far from assured. and against a backdrop of declining external financing for health and immunization and stagnating programme performance.

Objective 5: To articulate a framework for collective impact in driving outcome based results in countries

One of the main lessons-learned from the GVAP (and the GIVS before it) is that its operationalization was not straightforward – most likely as its development was rather “top-down” from the global level. The action plan was very successful at describing the priorities, “what” needed to be done, and what indicators would be used to measure progress against goals. Unfortunately, it fell short in providing guidance on “how” to implement the priorities by 2020 for progress to be shown (especially for routine immunization) and “who” is responsible for results (countries versus partners).

To remedy this implementation question, each Region subsequently develop a Regional Vaccine Action Plans (RVAP) mid-way into the decade and various companion documents to the GVAP were developed. The Global Routine Immunization Strategy and Practices (GRISP) is one such document released in 2016 that describes a globally endorsed approach to achieve better immunization outcomes by focusing on 9 transformative investment in critical areas of the system and included a comprehensive framework of strategies and practices for bolstering routine immunization.

Considering the above, a new post-GVAP strategy presents a real opportunity to ensure it explicitly includes a framework on “how” to drive immunization outcomes and results in countries over the next decade. In recent years, partners have been moving towards country maturity approaches to target and tailor technical assistance to deliver on results. This includes:

- **Gavi’s Targeted Country Assistance (TCA)** – an approach where Gavi funds are channelled directly to countries based on bottom-up planning between countries and partners and tailoring technical assistances based on the demands and needs identified by countries themselves (Ref).
- **WHO’s Immunization Business Case for the African Continent** – a strategy based on an immunization maturity model as an explicit way to differentiate and right-size WHO’s technical assistance to countries based on 4 levels of immunization system maturity, and where WHO can tailor its support based on critical gaps and whether the Organization has a clear comparative advantage in filling these gaps (Ref).

These country maturity approaches are a more sophisticated variation of previous country categorization using income. The maturity grid factors in a specific immunization lens which allows immunization partners to better target their technical assistance to drive results, and to tailor the intensity of their assistance depending on whether a country is fragile, chronically underperforming, or highly performing and needing very specific targeted interventions.

The new global immunization strategy post-GVAP is an opportunity to promote a similar framework for driving results in countries using a globally endorsed immunization maturity grid. Such frameworks could be further expanded to include a framework for how country programmes need be re-designed, organized, managed, and implemented over the next decade. This would include aspects like moving to outcome based planning and embracing innovations.

Proposed Outline

The five main overarching objectives described in the previous section were translated into a proposed outline and working shell for a post-GVAP global immunization strategy presented below. Noteworthy is that this proposal takes on board the repeated requests expressed by respondents in the post-2020 survey to:

- » Move away from a disease specific focus of immunization and widen the aperture to a broader health systems lens for the new strategy,
- » Organizing the priorities for the next decade in a different manner than done in previous global immunization strategies like GIVS or GVAP (i.e. according to components of an immunization and health system),
- » Focus the new strategy on its operationalization and who should drive change in countries (i.e. focusing equally on “how” to implement and “what” to prioritize) with much clearer accountabilities of each player in immunization outcomes – particularly considering an ever-growing constellation of partners and funders engaged in immunization.

A three by three construct for the new global strategy would include the following building blocks tackling the why, what and how.

1. Why is immunization a cornerstone to achieving UHC and SDG3?

The first section would aim to explicitly re-position immunization into the global health agenda and clearly re-assert immunizations role and value proposition in achieving broader health priorities and outcome over the next decade leading to 2030. This re-positioning would show how combating vaccine preventable diseases is a critical component of improving Primary Health Care (PHC) outcomes which will have add-on effects towards more resilient health systems and to reach Universal Health Coverage (UHC) more broadly. All of this will help make progress towards SDG health goals. This section could be expanded to highlight some of the important paradigm shifts in global immunization (including a trend away from a disease specific approach to one that has a health systems and life course approach lens) and a prospective 2030 horizon scanning analysis (including trends in population growth, urbanization, fragility, donor financing). Lastly, this section could be enriched with economic information on the value proposition for immunization building on the UHC and SDG global costing and financing estimates (Ref)

NB: this section would respond to Objectives 1 & 2 described in the earlier section of this concept note.

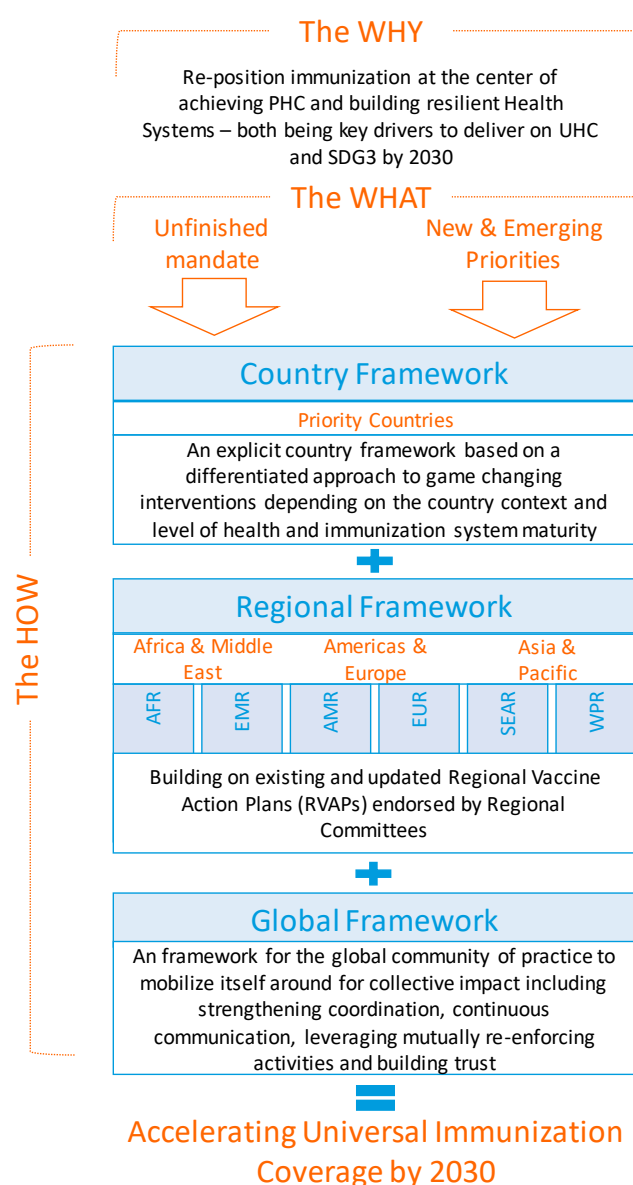
2. What will be the immunization priorities for the next decade?

The second section would aim to describe a consensual view of the global immunization priorities from 2021-2030 and could be broken down into two sub-sections:

“What remains?” from the past decade

This sub-section would recognize that many of the ambitious goals and targets set out in the GVAP will continue to be relevant post-2020 and that finishing this agenda is the foundation upon which anything new should be built – including raising routine immunization coverage and doing so in a way that ensures equity, sustaining polio eradication gains, eliminating measles and rubella, and increasing national ownership for financial and programmatic sustainability. This sub-section therefore would underscore the need to stay on target for the GVAP goals as part of an unfinished mandate post-2020. The unfinished agenda however, could benefit from some prioritization that this section could provide – yet referencing the GVAP 2011-2020 as much as possible so as not to re-create GVAP.

“What is new?” for the next decade



This sub-section would recognize that beyond the unfinished agenda from GVAP, there are a set of new and emerging issues that have surfaced in recent years. Prioritizing these and setting global direction to address these over the next decade will be important. This sub-section therefore, would triage the highest-ranking priorities and provide some overall guidance and direction. It is very likely that this section will require the development of separate high level sub-strategies around these key new and emerging priorities to tackle in the next decade. The results from the survey showed that 75% of respondents indicated that such sub-strategies would be required – particularly for stepping up a comprehensive surveillance system, setting some directions in terms of scaling-up innovations in delivery, expanding immunization to the life course, having a PHC approach to immunization, and what to do to reduce the gaps in middle income countries.

NB: this section would respond to Objectives 3 & 4 described in the earlier section of this concept note.

3. How will these priorities be implemented up to 2030?

The third section would aim to describe an endorsed high-level framework for how to implement the immunization priorities by 2030 and an understanding of the different levels of responsibility and accountability for results. In other words, this section of a new global strategy would respond to the shortcomings of previous global immunization strategies (GIVS and GVAP) in terms of its operationalization and accountabilities (beyond measuring progress). One approach is to organize this section into three sub-sections by level: countries, regions and global. Each section therefore, would describe macro-level implementation framework for immunization from a country, a regional and a global lens.

1. Country framework

This section would describe an agreed approach for how to drive results in countries based on a differentiated and tailored technical assistance depending on the country context and immunization system maturity. The country level operationalization framework could be sub-divided into a proposed framework for:

- **National governments** and how national immunization programmes could be re-designed, organized, managed, and implemented over the next decade to better achieve results, and include aspects like moving to outcome based planning and embracing innovations.
- **Implementing agencies** working in countries and how partners can use a maturity grid approach to optimize their technical assistance to drive results, and to tailor the intensity of their assistance depending on whether a country is fragile, chronically underperforming, or highly performing and needing very targeted interventions.

In addition, this section would unpack the priorities and game changing interventions needed to turnaround performance in the top 20 countries hosting the largest sets of challenges and unvaccinated populations. In other words, a zoom into how to implement change specifically in the priority countries could be described.

2. Regional framework

Building on the success of the Regional Vaccine Action Plans (RVAP) this section would describe the regional approach to driving impact in the countries of each region and based on updated post-2020 RVAPs.

3. Global framework

This section would provide a framework (for instance Sandford's Collective Impact Framework⁵) for the global community of practice to mobilize itself around for collective impact and ways to align the global immunization partnership around a **common agenda**; **shared measurement** and agreed ways success will be defined and reported on with clear accountabilities; engaging with immunization and non-immunization stakeholders and **coordinating** activities whilst leveraging opportunities for **mutually reinforcing activities** to take place (especially at country level); **continuous communications** to build trust; to inform of ongoing learning and adaptations of strategies to assure mutual objectives are maintained, and to create common motivation for impact.

NB: this section would respond to Objectives 5 described in the earlier section of this concept note.

Fig 3 – Proposed outline and structure for a new post-GVAP immunization strategy



This section would further require unpacking the roles, responsibilities and accountabilities of each partner together with a description of the key assumptions and risks for successful implementation of the strategy.

Proposed Process

During the last World Health Assembly in May 2018 (WHA71) WHO announced that it would convene a process with the immunization partners to develop the next post-GVAP strategy. For WHO to lead this effort with partners will imply having to adhere to WHO governance processes including SAGE and the World Health Assembly (WHA) so that the collective post-GVAP agenda is endorsed by Member States. The latter will ensure that a new global strategy is anchored into a process that will give the immunization partners the mandate to implement and in doing so, to support countries bolster their immunization systems over the next decade. Furthermore, regional strategies will require endorsement by WHO Regional Committees following a WHA endorsement.

Unfortunately, these processes take time. Aiming for a pre-existing agenda item to the 2020 WHA (WHA73) will require fast-tracking the development of a post-GVAP strategy to have a solid draft ready by August 2019. This is a very ambition. That said, many immunization partners have already developed or are developing their own agency specific immunization strategies post-2020 including WHO. If the aim is to have the highest level of buy-in by Member State

⁵ https://en.wikipedia.org/wiki/Collective_impact

countries for a collective post-2020 agenda endorsed during WHA73, we will need to find a way to pull together these separate agency specific strategies into a coherent package that can be proposed for endorsement.

Considering this, a far from ideal process forward is proposed below and where multiple phase of work will need to be occurring concomitantly before WHO can convene the global immunization partnership around a face to face gathering so that we can together, develop the future direction for global immunization up to 2030.

1. Development Phase

1.1 – Steering committee constitution

WHO to convene a “light-touch” steering committee composed of the heads of leading immunization agencies (CDC, Gavi, UNICEF, WHO and World Bank) and non-immunization stakeholders (Global Fund, UNITAID...etc). The Deputy Director General of Programmes (Dr Soumya) would convene the post-GVAP steering committee with the understanding that members would: (a) ensure that technical staff in each agency are engaged in development elements of the new immunization strategy; (b) chart the way forward using this concept note as a basis for discussion; and (c) review progress and materials developed as needed.

1.2 – Draft zero development of the overarching new strategy

WHO to develop a draft-zero strategy with a small group of key partners that will serve as a background document for a large multi-partner and stakeholder consultation (see below).

1.3 – Development of Sub-Strategies

WHO to convene a process where partners can lead, co-lead and/or engage in developing high-level sub-strategies needed as inputs into the overarching strategy. Some of these strategies will be technical (ex: surveillance, life course, middle income) and others will be by level (ex: regional, country and global frameworks). WHO will produce a template for developing these high-level sub-strategies.

2. Advocacy Phase

It will be important from the onset to launch an advocacy and communications campaign around the new global immunization strategy – not only to socialize it but to help manage the transition from the GVAP to a post-GVAP. This advocacy could support any fundraising efforts and prepare for the launch of the new post-GVAP strategy for global immunization. It is proposed that a partner organization that has the comparative advantage in advocacy and communication lead this initiative in coordination with WHO.

Critical Timeline

- **August 2019** – SAGE working group on GVAP review
- **October 2019** – SAGE endorsement
- **January 2020** – WHO Executive Board endorsement
- **May 2020** – WHA and Member States endorsement

3. Consultation Phase

WHO to organize a broad-based consultation in Q1-2019 with all partners and stakeholders. The consultation would provide the platform for interested parties to deep-dive into the materials developed and circulated in advance (a draft zero strategy and all developed sub-strategies) and for them to share their inputs, feedback and concerns. Following this consultation, the draft zero strategy will be updated (including with the sub-strategies) and improved with the possibility of a second shorter consultation at the end of Q2-2019 before in goes for endorsement.

Fig 4 – Draft process map

	2018					2019												2020				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Development	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></</div></div>																					

4. Endorsement Phase

WHO to shepherd the various endorsement processes with SAGE, EB and ultimately the WHA in May 2020.

*Whatever we do over the next decade...
we will need to bridge yesterday's methods and approaches...
with tomorrow's problems and challenges (Ref).*