

Global Vaccine Action Plan Review and Lessons Learned:

Methodology, analysis and results of the stakeholder consultations

Annex to the report

The Global Vaccine Action Plan and the Decade of Vaccines - Review and Lessons Learned

Table of Contents

1. Introduction	3
2. Background	3
3. Stakeholder Consultations.....	3
3.1 Consultation 1 – Interviews (May - August 2017)	3
3.2 Consultation 2 – Survey (June 2017 – June 2018).....	4
3.3 Consultation 3 - Survey (June 2018)	5
3.4 Consultation 4 - Survey (February - April 2019)	6
3.5 Consultation 5 – Interviews (March – May 2019):	12
4. Discussion	16
5. Summary Observations from Stakeholder Consultations:.....	18
6. Appendices	19
6.1 Appendix 1. Consultation 1 - 2017 Interview Questions.....	19
6.2 Appendix 2. Consultation 3 - 2018 Survey	20
6.3 Appendix 3. Consultation 4 - Online Questionnaire	21
6.4 Appendix 4. Consultation 4 - GVAP action items scoring 2 or more	30
6.5 Appendix 5. Consultation 5 - Thematic Analysis from 2019 Interviews	32

1. Introduction

This annex to the report *The Global Vaccine Action Plan and the Decade of Vaccines - Review and Lessons Learned* [1] was prepared for the World Health Organization (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) by MMGH Consulting (MMGH) and The Task Force for Global Health (TFGH), under the supervision of the SAGE Decade of Vaccines (DOV) Working Group (WG).

This annex summarizes findings from surveys and interviews of Global Vaccine Action Plan (GVAP) stakeholders carried out 2017-2018, and from a survey and interviews of GVAP stakeholders in 2019 carried out by MMGH and TFGH.

2. Background

The history and description of GVAP development [2] is well documented [3]. To assess progress towards achieving GVAP goals, the DoV WG conducted annual reviews [4]. In 2019, as the decade neared its end, the annual review was modified to include an overall assessment and to derive lessons learned. To accomplish this, WHO contracted with TFGH and MMGH to support the process and, specifically, to conduct desk reviews of relevant documents, review prior assessments of GVAP, and conduct an additional survey and interviews as described and summarized in this report.

3. Stakeholder Consultations

Methods and consolidated results from five GVAP assessments (2017 – 2019) are below:

3.1 Consultation 1 – Interviews (May - August 2017)

Forty global, regional and country stakeholders, representing 23 organizations, were interviewed in May-June 2017 by MMGH Consulting to assess the strengths and weaknesses of the process of development and implementation of GVAP; suggestions for the development process for the post-2020 strategy were also collected.[5] Each interview was performed by one MMGH associate in 30 to 45 minutes using an interviewer guide with 19 questions (Appendix 1). Responses were summarized based on the viewpoint expressed by the majority of

responders. Strongly dissenting views were also highlighted. The output of the process was discussed at the DoV WG meeting of August 2017.

3.2 Consultation 2 – Survey (June 2017 – June 2018)

In 2017 and 2018, global, regional, and national immunization stakeholders were surveyed online on the utility and application of GVAP and on ways to strengthen the next 10-year plan. TFGH and the Emory Vaccine Center carried out this activity with support from the US Centers for Disease Control and Prevention. A detailed description of this survey has been published.[6]

- **Phase 1** - Global stakeholders consisted of a convenience sample of 88 stakeholders from organizations involved in the development of GVAP. These stakeholders were encouraged to forward the survey link.
- **Phase 2** - Regional and national stakeholders were identified (in consultation with WHO) by selecting 20 countries based on criteria aimed at capturing countries with large changes in coverage performance (demonstrating $\geq 5\%$ positive or negative changes in coverage with 3 doses of diphtheria-tetanus-pertussis vaccine (DTP3) from 2010 to 2016), with sizeable population and large numbers of unvaccinated children. Surveys were sent to 20 Expanded Programme on Immunization (EPI) managers, 40 WHO and United Nations Children's Fund (UNICEF) country representatives, and the six WHO Regional Advisors for Immunization associated with these countries.

Survey questions were tailored to the responsibilities of each group of respondents.

- Phase 1 - survey about global progress toward achieving GVAP goals and implementing GVAP Midterm Review recommendations. [7] It also asked respondents to distribute resources across the recommended activities as an exercise in prioritization. In all, 38 global stakeholders responded, for a maximum response rate of 43%.
- Phase 2 - respondents were asked to score the severity of challenges to immunization programs and whether they had improved, gotten worse, or stayed the same in the preceding two years. Responses were received from 18 EPI managers (90% response rate), 34 country representatives (85%), and 6 Regional Advisors (100%).

3.3 Consultation 3 - Survey (June 2018)

At the June 2018 Global Immunization Meeting in Kigali, Rwanda., the 240 participants were surveyed on “The why, what, and how?” of a post-2020 global immunization strategy by the WHO Department of Immunization, Vaccines, and Biologicals (IVB) by email. [8] The seven questions in the survey are shown in Appendix 2.

In total, 158 responses were received, for an approximately 65% response rate. Among the respondents, 31% represented a country perspective, 15% represented a regional perspective, and the remaining 54% represented a global perspective. Twenty-five countries were represented, primarily from the African and Eastern Mediterranean regions.

Consolidated Results from consultations 1 – 3

Although the first three consultations took place at different times, had slightly different objectives, and targeted different respondents, there was considerable concordance in their findings. In total, 286 responses were received. Key findings from these consultations were as follows:

GVAP Development

- The consultative phase for the design and definition of the GVAP was open and inclusive, but the development of the plan itself was driven by a handful of agencies. The latter took a top down approach with limited engagement and ownership of stakeholders delivering immunization (country governments, Civil Society Organizations (CSOs), partners, and regions), and very limited involvement of people from outside the field of immunization.
- There was a lack of clarity on process ownership and leadership. The development process made it difficult for GVAP work group outputs to be reflected in the final plan.
- Inadequate involvement of implementing parties resulted in plans with limited operational focus.

GVAP Implementation

- GVAP was viewed as a first-time all-encompassing plan for immunization with large and diverse stakeholder engagement.
- 94% of EPI managers surveyed (in Phase 2 of Survey 1) and 56% of WHO and UNICEF country representatives felt that GVAP accelerated their immunization activities.
- GVAP was seen as a powerful tool to orient global immunisation actors, but difficult to implement. It provides the "what" but not the "how."
- Aspirational goals and objectives and disease-specific targets that were seen as too ambitious to reach by 2020 led to limited accountability by many stakeholders.
- The Monitoring and Evaluation/Accountability (M&E/A) Framework included in GVAP provided a useful mechanism for monitoring progress but there has been limited accountability for progress toward goals.
- Advocacy and communication about GVAP have not been strong – despite the plan's quality, knowledge of GVAP is still limited outside the immunization community.

Success Factors for the Future

- A post-2020 strategy should be developed using a bottom-up approach, with a limited number of globally agreed goals/targets and details developed at regional and national levels.
- A post-2020 strategy should be integrated into larger strategies/goals, such as the Sustainable Development Goals (SDGs) and the 13th WHO General Programme of Work.
- A post-2020 strategy should take into account the changing context of immunizations and of global health in general, such as climate change and migration.

3.4 Consultation 4 - Survey (February - April 2019)

An online survey was administered to 115 stakeholders using an off-the shelf tool (Qualtrics™).

Respondents scored 36 specific actions relating to GVAP (Appendix 4) on their contribution to improving global immunization. Options were 3 for "important contribution of GVAP", 2 for "moderate contribution of GVAP", 1 for "slight contribution of GVAP", and 0 for "GVAP did not

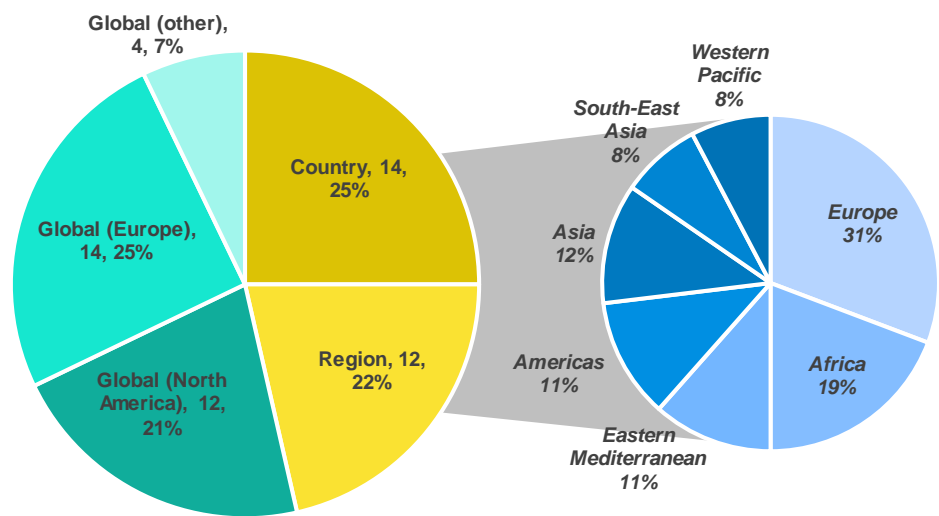
contribute”. In addition, respondents scored the GVAP strategic objectives in terms of contribution to improving global immunization, using the same scoring rubric.

Table 1 Stakeholders targeted in the survey

Stakeholder type	Invited		Provided response	
	Count	Percentage	Count	Percentage
Country & Regions	56	49%	26	46%
Global	59	51%	30	51%
TOTAL	115	100%	56	49%

The survey was opened on February 12, 2019 and closed on April 23, 2019. Responses are summarized in Table 1. Of those representing country and regional perspectives, the WHO European and African regions accounted for 50% of the respondents (Figure 1). Looking instead at the different stakeholder groups, the ones providing most responses have been the following: Academic Institutions with 12 respondents, Country Representatives with 11 respondents, WHO Staff (both at headquarters [HQ] and Regional Offices [ROs]) with 10 respondents and Immunization partners with 8 respondents.

Figure 1 Survey respondents: Perspectives of overall respondents and distribution of country and regional respondents across WHO regions

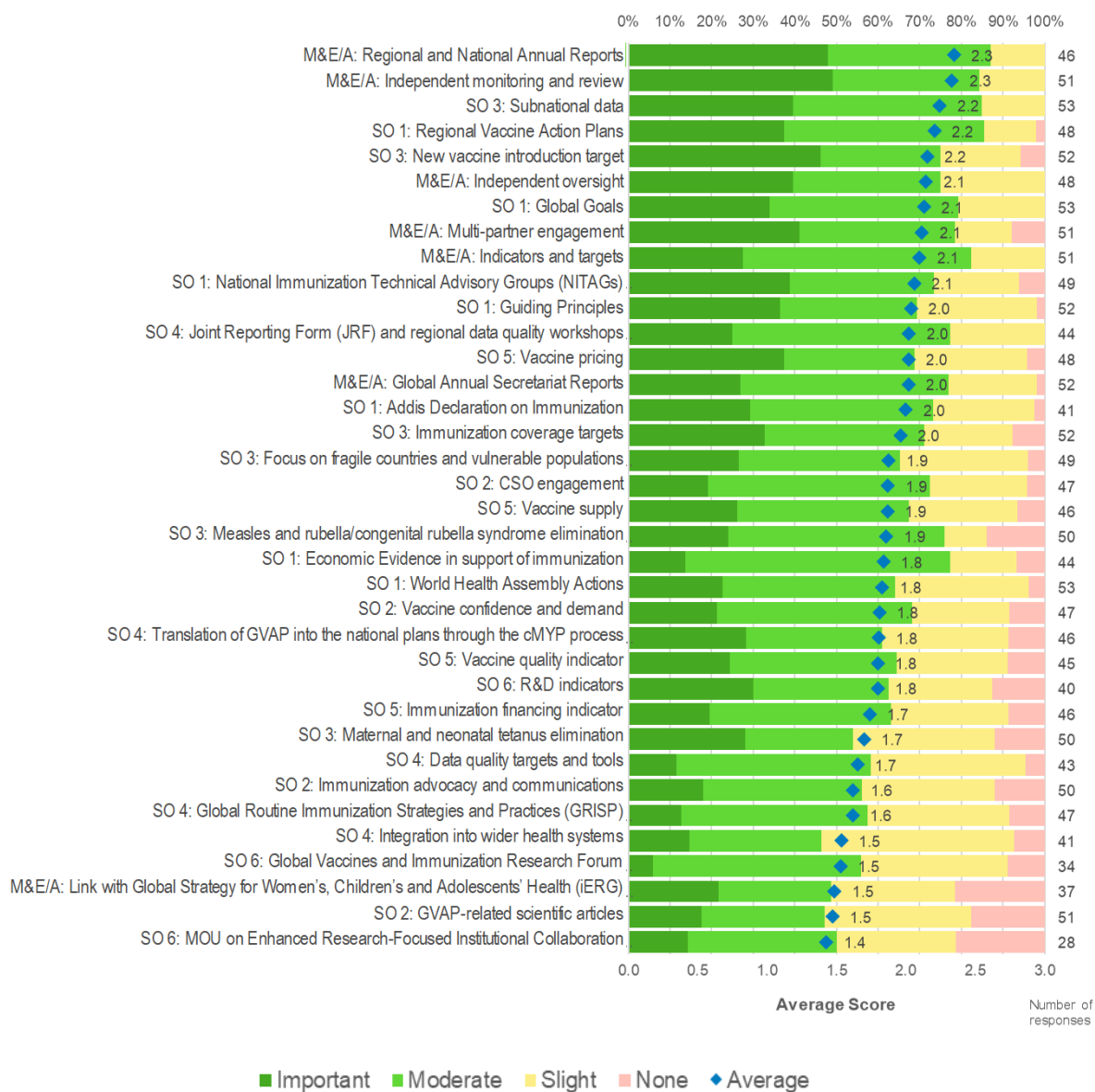


Results from Consultation 4

The average score for the contribution of each item to global immunization was calculated based on the number of responses received (details of the number of responses are provided in each figure). Of the 36 GVAP-related action items, 15 had average scores between 2 and 3, indicating that respondents believed they had made ***moderate to important*** contributions to improving global immunization. These items are shown in Appendix 4. None had an average score ≤ 1 , indicating that all were considered to have made at least some contribution to improving global immunization. Scores for all 36 action items are shown in Figure 2.

Figure 2. Perceived GVAP contribution to improving global immunization

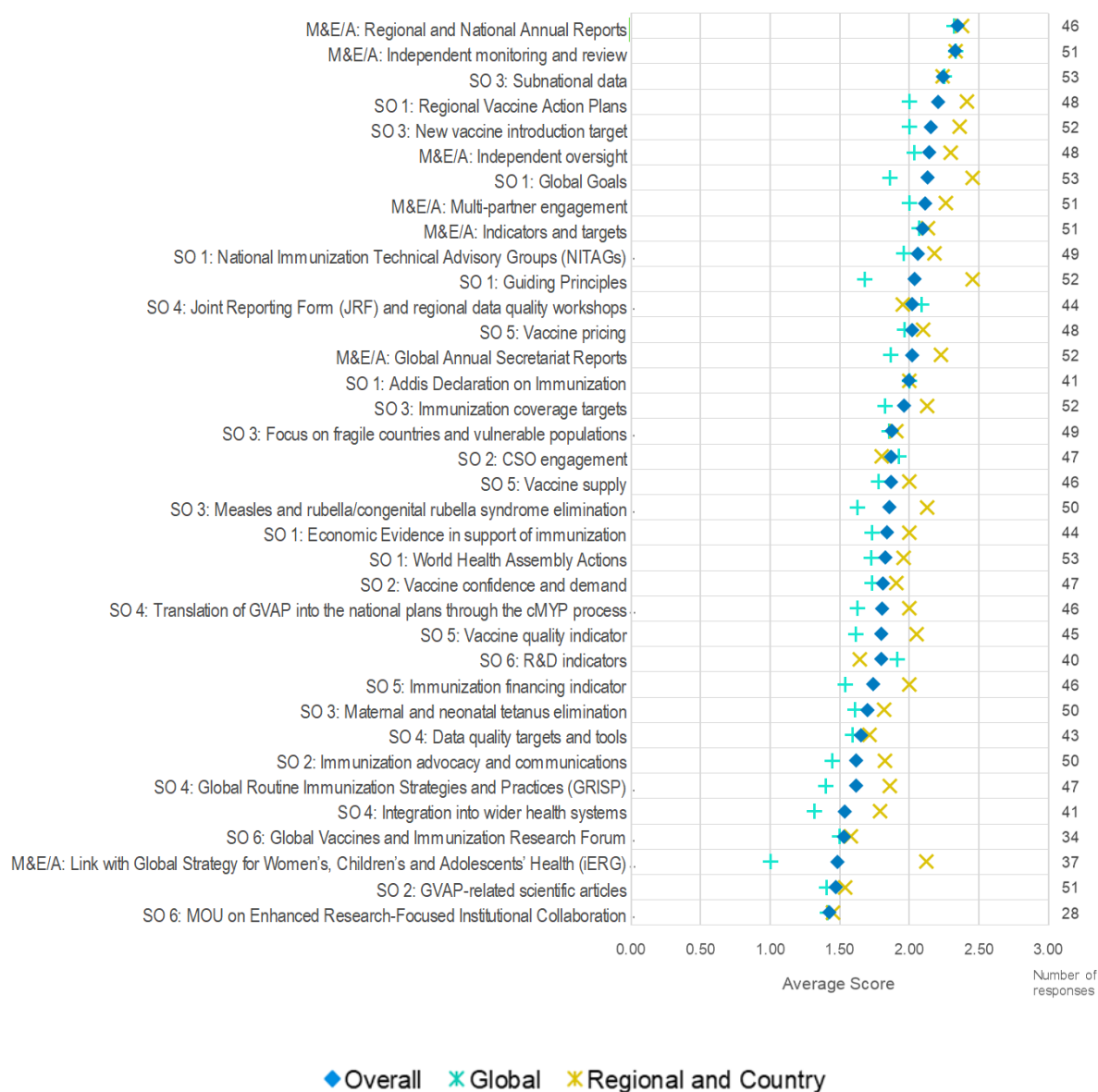
Score distribution and average score for each of the 36 survey items, all respondents combined



In general, respondents representing regional and national perspectives gave similar or slightly higher scores than those representing global perspectives (see Figure 3).

Figure 3 Perceived GVAP contribution to improving global immunization

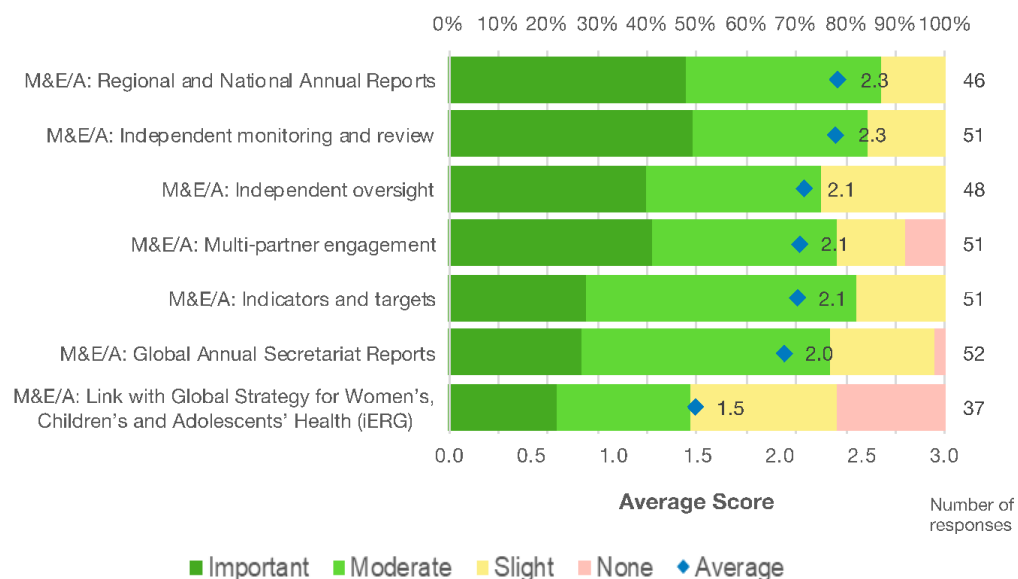
Average score for each of the 36 survey items, by perspective of respondent (global or regional/country)



These results show broad recognition of the value of the **GVAP Monitoring and Evaluation/Accountability framework** [2] and of similar measurement and evaluation conducted at the regional level. GVAP contribution to **building political will for immunization** through setting global goals, establishing and strengthening national immunization technical advisory groups (NITAGs), developing regional vaccine action plans, and – in Africa - the Addis Declaration on Immunization, as well as to highlight the importance of **equity**, through a focus on subnational data and access to new vaccines have also been recognized.

Looking specifically at actions relating to the Monitoring and Evaluation/Accountability framework, six of the seven action items received scores between 2 and 3, reflecting a moderate to important contribution, with the **regional and national annual reports** and the **independent monitoring and review process** considered the areas with the most valuable contribution (Figure 4).

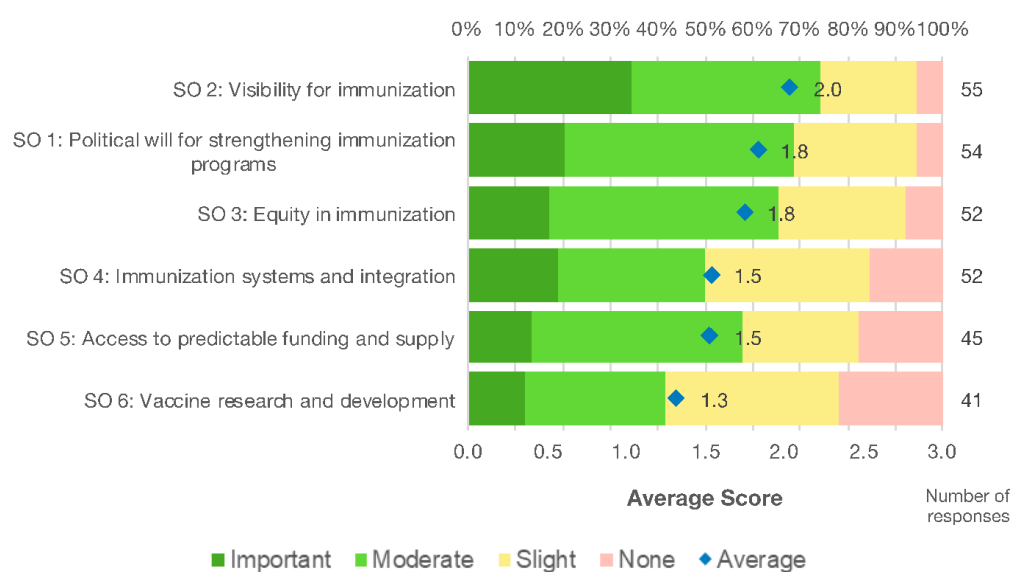
Figure 4 **GVAP Contribution to improving global immunization: M&E/A**
Score distribution and average score for the Monitoring and Evaluation/Accountability framework survey items, all respondents combined



When respondents were asked to score the contribution of GVAP to meeting each Strategic Objective (SO), all of the six SOs received average scores between 1.0 and 2.0, indicating that GVAP had made ***moderate to slight*** contributions to achieving each one (Figure 5). **Visibility for immunization** and **political will** for strengthening the immunization programs were the objectives with the highest scores.

Figure 5 **GVAP Contribution to achieving Strategic Objectives**

Score distribution and average score for GVAP contribution to each Strategic Objective survey items, all respondents combined



3.5 Consultation 5 – Interviews (March – May 2019):

Forty semi-structured interviews were conducted. Questions were sent in advance and tailored to the participant’s background. Interviews were conducted by teleconference, were generally 30 minutes in duration, and were documented in real time. Interview transcripts were analyzed with the Framework Method.[9] Data were coded with MAXQDA software (VERBI, 2017), to organize the input into themes and stratified according to participant backgrounds. Transcripts were re-read by all team members to ensure that the analysis accurately reflected the data collected.

Summary Results from consultation 5 (details are provided in Appendix 5)

Preparation of GVAP. Stakeholders generally agreed that the consultation process was inclusive of global, regional, and national levels. Similarly, all levels mentioned that the regional and national level involvement in this process seemed to have ended after the initial consulting phase, before the plan was written. It was perceived as more of a “Western” process, rather than the intellectual co-creation of a plan. Many respondents felt that GVAP did not elicit great country ownership.

Partnership & collaboration. The scope of the GVAP consultation phase was cited as one of the strengths. Since GVAP’s goals and objectives were aligned with by many in the immunization community, the existence of a global framework seemed to unify different actors and partners around a common agenda. However, many partners did not fully buy-in to all aspects of GVAP, which led to the perception of a “pick and choose” approach to implementation.

Advocacy. GVAP was used as an advocacy tool. It reminded leaders about the importance of vaccination, the impact of immunization programs, and the need to stay engaged. GVAP advocacy at the regional level contributed to the development of Regional Vaccine Action Plans (RVAPs), which could then be translated and implemented at the country levels. Respondents appreciated having the GVAP framework as a point of reference for immunization programs. Over the decade, however, there was a sense that GVAP visibility and communication and advocacy for GVAP faded. GVAP branding was not seen to contribute to the visibility of the national immunization programs.

Stakeholder strategies. GVAP served as a reference point for immunization strategies at all levels. Some respondents stated that recommendations during the annual review period influenced some of their organizational priorities and strategies. Global level respondents felt GVAP guidance was clear, actionable, and had an implementation focus. The challenge was applying this guidance at the regional and country level. Though national plans were country-driven, many were influenced by GVAP and the RVAPs. Many respondents highlighted

differences in the quality of plans, in their implementation, and the level to which they focused on country level needs.

Implementation. Competing priorities in and outside the health sector made it difficult for countries to allocate the required resources to immunization. Although SAGE highlighted emerging challenges such as vaccine hesitancy, political instability and logistical challenges, support for and implementation of corrective actions was weak. GVAP assessment and regional progress report recommendations highlighted gaps in progress, helped some countries to make changes, and served as reminders for accelerating progress. Some respondents pointed to the impracticality and lack of specificity of the recommendations for corrective actions, insufficient action for follow-up, and insufficient political support or resources to enact change. Overall many found it difficult to attribute progress directly to GVAP.

M&E/A. GVAP clearly delineated the importance of monitoring and evaluation (M&E) – an important strength in the GVAP partnership and collaboration. The 2019 report on the M&E/A Framework included the following observations: [10]

- “The GVAP M&E/A framework defined indicators and targets to track progress against the GVAP goals’ and strategic objectives, stakeholder commitments, and resources invested in vaccines and immunization, and established a cyclical process of monitoring, independent review, and recommendations for action
- “Stakeholder feedback indicated that while the M&E/A framework was a step in the right direction, it did not meet all expectations. It kept immunization high on the global health agenda and stimulated efforts to improve data quality. However, it failed to promote greater accountability among countries and immunization partners.
- “While existing disease eradication, elimination and control goals established through the World Health Assembly (WHA) and Regional Committees should be carried forward, the timelines and milestones must be reset using an evidence-based approach to achieve the right balance between ambition and reality. Countries and regions should have a greater role in setting timelines and milestones, considering the status of their programmes and their plans to address shortfalls.

- “The monitoring and accountability process cannot be limited to the global and regional levels and must be replicated at the country level. Serious consideration may be given to a bottom-up approach to M&E/A. There should be clear and repeated communications about the scope and intent of the M&E/A framework so that roles and responsibilities are well-understood and correctly implemented.”

Accountability differentiated GVAP from its predecessors. Respondents distinguished between accountability for countries and accountability for partners. Some felt that if countries and regions were to be held accountable under this framework, it creates an expectation that partners should also be held accountable.

Demand for immunization. Respondents at all levels questioned to what extent immunization demand at the community level was created as a direct result of GVAP. However, respondents felt that GVAP was not intended to build demand by individuals, rather to galvanize stakeholders. Globally, there were differing views about whether immunization demand was being created. Regionally, there was doubt that GVAP directly created demand for immunization. The country level respondents perceived this more positively, as it may have helped the national programs to advocate with the Ministries of Health.

Resource mobilization. Several respondents expressed disappointment due to an expectation of funding that did not materialize. Gavi, the Vaccine Alliance (Gavi) was cited as being instrumental in securing additional funding, but doubts were raised as to whether this was attributable to GVAP. Furthermore, Gavi support was limited to eligible countries; other countries did not benefit from either financial or technical support from this funding source. Some respondents stated that the GVAP brand helped garner commitments from countries but that this did not translate into additional funding, either for existing programmatic activities or corrective actions called-for in the annual review process.

Research & Development (R&D). GVAP prioritized vaccine R&D yet some felt that GVAP contributed little to it as R&D was proceeding independently of GVAP. It was leveraged for broad support and to accelerate progress in research; unfortunately, the resulting benefits are not directly attributable to GVAP.

4. Discussion

The Decade of Vaccines Collaboration (DoVC) managed the development of GVAP through a broad consultative process. This collaboration allowed partners to draft the GVAP document that laid the groundwork for a global framework for vaccination and immunization. Following the initial consultation, GVAP itself was developed by a small group of global players. The result was a document that was viewed by many as top down and not immediately “owned by” countries and regions., even though it was endorsed by all countries following discussions at the WHO Executive Board meeting and the World Health Assembly. Nonetheless, RVAPs and national comprehensive multi-year plans (cMYPs) were developed and/or updated to reflect regional/national situations. Consequently, some targets differed from global targets.

Key stakeholders noted that GVAP contributed to the enabling environment of immunization, through increasing visibility, building political will and pushing for greater equity in immunization. GVAP outlined strategic objectives that were accompanied by recommended actions, and described what needed to be done to operationalize the plan. The intent was to keep the global plan at a high level, after which regions and countries would operationalize the plans through preparing or updating their RVAPs or national cMYPs, along with other disease-specific or program specific strategic documents. Nonetheless, many felt that the GVAP should have gone further to describe implementation more concretely. This type of response suggests that many of the recommended actions went unnoticed, representing a failure to communicate and utilize this part of GVAP effectively.

Another strength of the plan was the M&E/A framework that combined a set of ambitious goals with a global reporting process designed to foster accountability. It provided a unifying framework for ongoing monitoring and evaluation of immunizations that resulted in a substantial improvement in timeliness and quality of data reported. The focus on top-line results, to some extent, diverted attention from progress targets set forth by interim (2015) goals to improve immunization systems (e.g., presence of NITAGs, assessment of vaccine confidence, immunization data quality, research capacity, etc.).

The annual Independent Review of progress by SAGE’s DoV WG provided recommendations for improvements which were subsequently endorsed by the WHA. Though it’s unclear whether

these recommendations were transformed into action or how much impact they had when brought back to the national level, annual M&E reports and WHA sessions gave all stakeholders a clear assessment of the progress and remaining challenges as well as an opportunity to raise key concerns such as vaccine hesitancy and advance the global understanding of what is needed. This was perceived as a key component of the value-add of GVAP.

A recurring theme of responses involved the necessity for future frameworks to be flexible in order to be able to adapt to a changing world. In this regard, respondents commented on the need to continue addressing questions of social equity and health, equitable access to vaccinations, and linking immunization to SDGs and primary healthcare. Others again focused on the need for the global framework to allow for adaptation at the country level, taking into consideration the local context, including local politics, instability, and conflict. Additionally, respondents discussed a need for focus to be placed on preparedness efforts in cases of emergencies or major outbreaks of vaccine preventable diseases. Many respondents noted that a future framework needs to address vaccine hesitancy, which is proving increasingly problematic for vaccination uptake. In addition, the growing role of technology in global health, such as digitization and digital health, will need to be integrated into future frameworks. The increasing emphasis on integration of health programs (in part as a function of the drive toward universal health coverage) will also need to be addressed.

Limitations of the method. The reviews targeted a wide range of stakeholders, so it is to be expected that the responses reflect divergent viewpoints. Stakeholder selection was neither systematic nor random but based on consultation between TFGH, MMGH and WHO. Some stakeholders were involved in more than one consultation, potentially leading to over-representation of certain individual perspectives. Some responses contained inaccuracies, indicating a lack of knowledge or misperceptions regarding GVAP design and implementation: these were taken as accurate reflections of stakeholder perspectives and therefore included in the analysis. No attempt was made to fact-check stakeholder responses. Responses are subject to social desirability bias, particularly since the reviews targeted a highly interconnected community of immunization experts.

5. Summary Observations from Stakeholder Consultations:

- A global framework such as GVAP can coalesce partners across the globe around immunization. However, it is necessary to strike the right balance between ambition and realism in setting goals and targets, if country ownership and accountability is to be achieved.
- *GVAP targets helped regions and countries gauge their progress.* Targets should be evidence-based, discussed and pursued in concert with immunization partners, countries and regions.
- *Although GVAP engaged a wider array of partners than its predecessors, respondents expressed a desire for partnerships to be expanded beyond immunization efforts.* These should include those working on education; emergencies and preparedness; health technology development; water, sanitation, and hygiene; universal health coverage; and nutrition. Partners from academia and the private sector should also be engaged, specifically those in primary health care.
- *There was incomplete regional and country ownership of GVAP.* Future plans should engage regions and countries in ways that promote ownership.
- *One of the GVAP weaknesses was the (perceived) top down approach.* Future plans should take an approach which consistently includes and captures local contexts. Context-specific targets should be developed towards meeting global goals.
- *Immunization coverage and equity (between and within countries) will remain a major challenge moving forward.* Increased attention to the quality and timeliness of sub-national data can help address these issues.
- *An M&E/A mechanism is essential.* Accountability should be strengthened at all levels and across all partners. The visibility of annual reports should be increased in the future.
- *Future strategies must have the flexibility to adapt to a changing world.* Mechanisms should be put in place which allow adaptation to changing circumstances that can otherwise hinder or reverse immunization efforts (e.g. instability, hesitancy).

6. Appendices

6.1 Appendix 1. Consultation 1 - 2017 Interview Questions

1. Was the GVAP development process (top down) adequate to the goals and time available?
2. Were the resources involved in the process sufficient and appropriate?
3. Was Regional and country involvement sufficient?
4. Were representatives of the different functional areas (Policy setting, implementation, R&D, advocacy, communications, funding, etc.) sufficiently involved?
5. Were each of these functional areas dealt with sufficiently and appropriately?
6. Was the goal and objectives setting process balanced and strategic?
7. Did it contribute to create accountability?
8. Has the resulting plan been actionable and with sufficient implementation focus?
9. What will be a likely scenario/situation of global immunization by 2030?
10. Is there a need for a GVAP 2.0 while the GVAP 1.0 has not yet delivered on all its goals?
11. Should GVAP 1.0 merely be extended to achieve its goals? Or with modified goals?
12. Top down vs. bottom-up (country involvement)? Should the development of GVAP 2.0 be mainly a regional rather than global process?
13. What would this mean in terms of financing support?
14. How should the target setting be done? Can region-specific goals and objectives be incorporated into a Global Vaccine and Immunization Framework?
15. What importance should be given to Advocacy and Communications? With which objectives?
16. Should overall funding needs be fully addressed ahead of the start of the plan?
17. How could currently existing financing streams for immunisation be incorporated (Gavi, CEPI, etc.)?
18. How can integration with the broader health/SDG agenda and with other major global programs be ensured (e.g. Global Fund, etc.)?
19. Is there agreement with the timeline (initiating the process in 2017 to arrive at a fully developed plan (based on strong regional components) in time for approval at WHA 2020?

6.2 Appendix 2. Consultation 3 - 2018 Survey

1. Why do you think a new global immunization strategy post-GVAP is needed?
2. What would be the overarching objective of developing a new global immunization strategy post-GVAP?
3. Who do you think will be the main target audience of such a new post-2020 immunization strategy?
4. If a new post-GVAP immunization strategy is developed, what should be its main focus?
5. Many new and emerging issues have been put forward by various partners in the past years. How would you rank the following in terms of their importance for post-2020?
6. If a new post-GVAP immunization strategy is developed, how do you think it should it be organized?
7. Do you think a new post-GVAP strategy will require that specific technical sub-strategies to be developed as inputs?

6.3 Appendix 3. Consultation 4 - Online Questionnaire

As we approach the end of Decade of Vaccines, the immunization community is actively engaged in understanding the successes and challenges of the Global Vaccine Action Plan (GVAP) as a crucial input to developing a post-2020 immunization strategy. To this end, previous surveys have collected feedback on how the GVAP was developed and on the utility of GVAP annual reports and recommendations.

This survey follows up to collect your views on how the GVAP was implemented, focusing specifically on the **Added Value of GVAP**.

You will see several lists of key actions that were undertaken in conjunction with GVAP.

Please **score each action** in terms of how much it contributed to improving immunization systems as follows:

- GVAP Impact on Strengthening Global Immunization
- 4 – important contribution of GVAP
- 3 – moderate contribution of GVAP
- 2 – slight contribution of GVAP
- 1 – GVAP did not benefit
- 0 – don't know

Please score the impact of each action in **your own professional context**, whether national, regional, or global, and consider only the **impact attributable to GVAP**.

For example, if the action significantly strengthens an immunization system, and that improvement *would **not** have happened without GVAP*, then it would be scored 4, for “important contribution”. If the improvement would have happened even without GVAP, the action would be scored 1, for “did not benefit”.

If we have omitted any actions relating to GVAP that have contributed to strengthening immunization systems, please describe them in the “Other Comments” fields.

- 1) **Monitoring and Evaluation/Accountability Framework.** The following actions were undertaken to foster accountability for achieving GVAP goals.

Action	Impact on Global Immunization (Score)
a) Indicators and Targets. The GVAP reinforced or enhanced existing global targets and established a wide range of new indicators and targets for issues such as financing, integration, and research and development. Since 2017, progress against key indicators has been available online at the GVAP Indicators Portal .	
b) Global Annual Reports . The GVAP Secretariat describes progress toward GVAP targets each year in a comprehensive <i>Secretariat Report</i> .	
c) Independent monitoring and review: The Strategic Advisory Group of Experts (SAGE) reviews this report and issues a concise <i>Assessment Report</i> that highlights key issues and recommends actions to accelerate progress.	
d) Regional and National Annual Reports. Since 2016, all WHO regions and some countries have published annual progress reports of their Regional vaccine action plans developed in conjunction with the GVAP Secretariat Report.	
e) Independent oversight. As called-for by the World Health Assembly (WHA), the WHO Regional Committees, the WHO Executive Board, and the WHA review progress on an annual basis to foster accountability at the highest levels. WHA discussions have been very active, with as many as 51 country statements in a single session.	
f) Multi-partner engagement. The GVAP was endorsed by 5 major global health players (WHO, UNICEF, Gavi, the Bill and Melinda Gates Foundation, and NIAID (USA)).	

- g) Comments (free answer)

- 2) **Strategic Objective 1: All countries commit to immunization as a priority.** The following actions were undertaken to build political will for immunization.

Action	Impact on Global Immunization (Score)
a) Guiding Principles. Six principles were adopted to guide the elaboration of GVAP: 1) Country ownership, 2) Shared responsibility and partnership, 3) Equity, 4) Integration, 5) Sustainability, and 6) Innovation.	
b) Global Goals. The GVAP set forth 5 Goals: i) Achieve a world free of poliomyelitis ii) Meet global and regional elimination targets iii) Meet vaccination coverage targets in every region, country and community iv) Develop and introduce new and improved vaccines and technologies v) Exceed the Millennium Development Goal 4 target for reducing child mortality	
c) World Health Assembly (WHA) Actions. In 2012, the WHA endorsed the GVAP, and in 2013 it adopted the GVAP Monitoring and Evaluation Framework and the Midterm Review resolution at the 2017 WHA.	
d) Regional Vaccine Action Plans. By 2016, all the WHO regions had adopted regional vaccine action plans aligned with the GVAP. These plans include robust monitoring and evaluation (M&E) frameworks that contribute to global GVAP M&E.	
e) Addis Declaration on Immunization. At the 28th African Union (AU) Summit in 2017, Heads of State from across Africa endorsed the Addis Declaration on Immunization, committing to advance universal access to immunization across Africa.	
f) National Immunization Technical Advisory Groups (NITAGs). GVAP called for an increase in the number of countries with functioning NITAGs and Assessment Reports have recommended that NITAGs contribute to monitoring the implementation of national vaccine action plans.	
g) Economic Evidence in support of immunization. The Decade of Vaccines Economics (DOVE) project has generated economic evidence on the value of vaccines, including estimates of the cost of illness, return-on-investment, and the cost of financing vaccine programs. They estimated that projected immunizations will yield a net return about 16 times greater than costs over the decade.	
h) Overall, do you think GVAP contributed to strengthening political will for immunization program strengthening in your context?	

- i) Comments (free answer)

Strategic Objective 2: Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility. The following actions were undertaken to build demand for immunization.

Action	Impact on Global Immunization (Score)
j) Immunization advocacy. GVAP messages have been disseminated through World Immunization Weeks, #VaccinesWork, and other immunization-related media (see list at LINK).	
k) GVAP-related scientific articles. Publications addressing GVAP have included special issues of Health Affairs and Vaccine . See additional examples at LINK.	
l) CSO engagement. GVAP highlighted the role that CSOs play in ensuring that leadership and accountability are in place at all levels (local, national, regional and global). The GVAP Secretariat has engaged CSO representatives in monitoring the progress of GVAP.	
m) Vaccine confidence and demand. GVAP called for monitoring trends in the level of confidence in vaccination. In response, indicators of vaccine demand and hesitancy have been added to the Joint Reporting Form, which countries use to report immunization data to WHO and UNICEF. The SAGE Working Group on Vaccine Hesitancy was launched to understand and help address hesitancy; its outputs have been published on the WHO website and in a special issue of Vaccine .	
n) Overall, did GVAP help to increase visibility or improve communication and advocacy for immunization-related issues in your context?	
o) Comments (free answer)	

- 3) **Strategic Objective 3: The benefits of immunization are equitably extended to all people.** The following actions were undertaken to improve equity in immunization.

Action	Impact on Global Immunization (Score)
a) Immunization coverage targets. GVAP reaffirmed the coverage targets set by the Global Immunization Vision and Strategy, calling for achieving at least 90% national DTP3 coverage and 80% DTP3 coverage in every district in all member states by 2015. For the first time, GVAP also set targets for a) reducing inequity in coverage between wealth quintiles, b) reducing dropout rates, and c) sustaining high coverage for three or more consecutive years.	
b) Subnational data. GVAP reviews have contributed to a greater appreciation of the need for sub-national data to evaluate progress in immunization and to efforts to collect, share, and use subnational data. As of 2018, 141 member states have reported subnational immunization data .	
c) New vaccine introduction target. GVAP called for at least 90 low and lower-middle income countries to introduce one or more new or underutilized vaccines by 2015, and for all such countries to introduce one or more new or underutilized vaccines by 2020.	
d) Focus on fragile countries and vulnerable populations. GVAP Assessment Reports have highlighted the challenges presented by conflict and crisis. They have called for partner coordination and targeted approaches to reach children consistently missed, especially in countries with low vaccination rates and in populations displaced by conflict.	
e) Measles and rubella/congenital rubella syndrome (CRS) elimination. GVAP Assessment reports have highlighted the challenges of achieving measles and rubella/CRS elimination targets and called for additional resources, strengthening immunization systems and improving case-based surveillance.	
f) Maternal and neonatal tetanus elimination (MNTE). GVAP Assessment reports have highlighted missed targets for MNTE and called for concerted efforts to achieve elimination by 2020.	

- a) Comments (free answer)

- 4) **Strategic Objective 4: Strong immunization systems are an integral part of a well-functioning health system.** The following actions were undertaken to strengthen immunization systems and foster greater coordination between immunization and other programs.

Action	Impact on Global Immunization (Score)
a) Global Routine Immunization Strategies and Practices (GRISP). The GRISP provides a comprehensive framework of strategies and practices for routine immunization intended to help realize the full benefits of immunization.	
b) Data quality. GVAP established a target of all countries having high quality immunization coverage data by 2020, as determined by the WUENIC Grade of Confidence, and highlighted the need to improve data quality in multiple Assessment Reports. The Data Quality Review Toolkit was published in 2017 to provide guidance to countries in conducting annual reviews of data quality.	
c) Regional Joint Reporting Form (JRF) Workshops. As a result of data quality concerns raised by the first GVAP report, JRF workshops are now being held in all regions to improve the quality of the reported data.	
d) Integration into wider health systems. An indicator assessing health system integration (including immunization) was approved by SAGE in 2017. In addition, WHO has developed the Missed Opportunities for Vaccination Strategy to increase coverage and promote synergy between programs.	

- a) Comments (free answer)

- 5) **Strategic Objective 5: Immunization programmes have sustainable access to predictable funding, quality supply and innovative technologies.** The following actions were undertaken to address these issues.

Action	Impact on Global Immunization (Score)
a) Immunization financing indicator. GVAP called for an increasing trend in country financing of national immunization programs. Assessment Reports have recommended that countries improve the tracking and reporting of immunization expenditures.	
b) Vaccine quality indicator. GVAP monitored the percentage of doses of vaccine used worldwide that are of assured quality.	
c) Vaccine supply. GVAP monitoring highlighted the issue of vaccine stockouts and contributed to greater attention to the problem of vaccine supply. The MI4A project (Market Information for Access to Vaccines) is now gathering market intelligence on vaccine supply and demand to address affordability and shortage issues for self-funding and self-procuring countries.	
d) Vaccine pricing. At the 2015 World Health Assembly, countries raised their concerns about vaccine prices and adopted a landmark resolution calling for price transparency and greater affordability. This created momentum for the V3P platform , which facilitates the appropriate comparison of price information and to provide countries with accurate, reliable and useful data on vaccine product, price and procurement.	
e) Overall, did GVAP help mobilize resources more effectively for immunization programs and related activities?	

- a) Comments (free answer)

- 6) **Strategic Objective 6: Country, regional, and global research and development (R&D) innovations maximize the benefits of immunization.** The following actions were undertaken to accelerate high-impact R&D in vaccines and immunization.

Action	Impact on Global Immunization (Score)
<p>a) R&D indicators. GVAP established new indicators and targets calling for</p> <ul style="list-style-type: none"> i) Licensure and launch of vaccine or vaccines against one or more major currently non-vaccine preventable diseases ii) Licensure and launch of at least one platform delivery technology iii) Progress towards development of HIV, TB, and malaria vaccines iv) Progress towards a universal influenza vaccine (protecting against drift and shift variants) v) Progress towards institutional and technical capacity to carry out vaccine clinical trials vi) Vaccines that have either been re-licensed or licensed for use in a controlled-temperature chain vii) Vaccine delivery technologies receiving WHO prequalification <p>Assessment reports have called for improving research capacity in low- and middle-income countries and making more use of implementation and operational research to improve immunization system performance.</p>	
<p>b) Memorandum of Understanding (MOU) on Enhanced Research-Focused Institutional Collaboration related to the Global Vaccine Action Plan. In 2013, leaders of the WHO, the US National Institute of Allergy and Infectious Diseases, and the Bill and Melinda Gates Foundation Global Health Program signed a MOU to strengthen and develop research-focused institutional cooperation in relation to the Decade of Vaccines.</p>	
<p>c) Global Vaccines and Immunization Research Forum (GVIRF): The GVIRF is held every 2 years to assess progress in the GVAP R&D agenda, identify opportunities and challenges in meeting GVAP goals, and promote partnerships in vaccine research.</p>	

- a) Comments (free answer)

7) Respondent information

- a) When completing this survey, what perspective were you reflecting in your responses?
 - i) Global
 - ii) Regional
 - iii) Country
- b) What type of organisation do you represent?
 - i) Government
 - ii) Public health and development agencies
 - iii) Non-governmental organizations
 - iv) Academic and research institutes
 - v) Industry
 - vi) Funders
 - vii) Other (please specify)
- c) What is your role? (free answer)
- d) May we contact you with follow-up questions? If yes, please enter your contact information below.
 - i) Yes
 - (1) Name
 - (2) Title
 - (3) Organization
 - (4) Email address
 - ii) No

Thank you very much for completing this survey.

6.4 Appendix 4. Consultation 4 - GVAP action items scoring 2 or more

Average Score	Area	Action items
2.3	M&E/A	<u>Regional and National Annual Reports.</u> Since 2016, all WHO regions and some countries have published annual progress reports of their regional vaccine action plans developed in conjunction with the GVAP Secretariat Report. These reports have been presented in regional committee (RC) meetings each year.
	M&E/A	<u>Independent monitoring and review.</u> The Strategic Advisory Group of Experts (SAGE) reviews the Secretariat report and issues a concise Assessment Report that highlights key issues and recommends actions to accelerate progress
2.2	SO 3: Equity	<u>Subnational data collection and reporting.</u> GVAP reviews have contributed to a greater appreciation of the need for subnational data to evaluate progress in immunization and to efforts to collect, share, and use subnational data. As of 2018, 141 member states have reported subnational immunization data.
	SO 1: Political will	<u>Regional Vaccine Action Plans.</u> By 2016, all the WHO regions had adopted regional vaccine action plans aligned with the GVAP. These plans include robust monitoring and evaluation (M&E) frameworks that contribute to global GVAP M&E.
	SO 3: Equity	<u>New vaccine introduction target.</u> GVAP called for at least 90 low and lower-middle income countries to introduce one or more new or underutilized vaccines by 2015, and for all such countries to introduce one or more new or underutilized vaccines by 2020.
2.1	M&E/A	<u>Independent oversight.</u> As called-for by the World Health Assembly (WHA), the WHO Executive Board (EB) and the WHA review progress on an annual basis to foster accountability at the highest levels.
	SO 1: Political will	<u>Global Goals.</u> The GVAP set forth 5 Goals: Achieve a world free of poliomyelitis; Meet global and regional elimination targets; Meet vaccination coverage targets in every region, country and community; Develop and introduce new and improved vaccines and technologies; and Exceed the Millennium Development Goal 4 target for reducing child mortality.
	M&E/A	<u>Multi-partner engagement.</u> The GVAP was developed under the auspices of 5 major global health institutions (WHO, UNICEF, Gavi, BMGF, and NIAID (USA)), and these organizations engaged actively in the monitoring process, including serving as the secretariat for preparing annual reports.
	M&E/A	<u>Indicators and Targets.</u> The GVAP Monitoring and Evaluation/Accountability Framework reinforced or enhanced existing global targets and established a wide range of new indicators and targets for issues such as financing, integration, and research and development. Since 2017, progress against key indicators has been available online at the GVAP Indicators Portal.

Average Score	Area	Action items
	SO 1: Political will	<u>National Immunization Technical Advisory Groups (NITAGs)</u> . GVAP called for an increase in the number of countries with functioning NITAGs and Assessment Reports have recommended that NITAGs contribute to monitoring the implementation of national vaccine action plans.
2.0	SO 1: Political will	<u>Guiding Principles</u> . Six principles were adopted to guide the elaboration of GVAP: 1) Country ownership, 2) Shared responsibility and partnership, 3) Equity, 4) Integration, 5) Sustainability, and 6) Innovation.
	SO 4:	<u>Joint Reporting Form (JRF) and data quality workshops</u> . As a result of data quality concerns raised by the first GVAP report, JRF workshops are now being held in all regions to improve the quality of the reported data. Regional workshops for data quality are also being held.
	SO 5: Funding and Supply	<u>Vaccine price transparency</u> . At the 2015 World Health Assembly, countries raised their concerns about vaccine prices and adopted a landmark resolution calling for price transparency and greater affordability. This created momentum for the V3P platform, which facilitates the appropriate comparison of price information and provides countries with accurate, reliable and useful data on vaccine product, price and procurement.
	M&E/A	<u>Global Annual Secretariat Reports</u> . The GVAP Secretariat describes global progress toward GVAP targets each year in a comprehensive Secretariat Report.
	SO 1: Political will	<u>Addis Declaration on Immunization</u> . At the 28th African Union (AU) Summit in 2017, Heads of State from across Africa endorsed the Addis Declaration on Immunization (ADI), committing to advance universal access to immunization across Africa. This was accompanied by a roadmap for its implementation.

6.5 Appendix 5. Consultation 5 - Thematic Analysis from 2019 Interviews

This section provides a summary of responses from global, regional, and country stakeholders.

1. Involvement to-date with DoVC, GVAP or RVAP.

Global participants were selected by the project team with input from WHO HQ IVB and included key stakeholders in the Decade of Vaccines Collaboration (DOVC), which formulated GVAP; in the ongoing GVAP measurement and evaluation work; and in programs relevant to GVAP goals. Regional and country participants included WHO regional advisors (RA) and at least one country focal point from each region. Country focal points were WHO Country office staff, National Immunization Program focal points, or NITAG members. Thirteen countries and all six WHO regions were represented among the interviewees.

2. What went well in the DoVC? Specifically, with respect to structure, process, partnership and collaboration?

Setting a global framework

The existence of a global framework was useful in unifying different actors and partners around a common agenda. The DOVC collaboration “identified shared interests and values and facilitated conversation and collaboration among partners.” Having a global framework raised the profile of immunization.

Accentuating the importance of monitoring and evaluation

GVAP created a framework that clearly delineated the importance of monitoring and evaluation (M&E) – an important strength in the GVAP partnership and collaboration. M&E allowed for “more in-depth evaluation,” and cited the significance of the annual reporting to the World Health Assembly (WHA). It “set the stage for aspirations and targets.”

Inclusive consultation process at the beginning

The inclusive consultation process meant that: “all types of partners were involved - The consultation process was really rich.” In the regions, respondents noted how the DoV working group “tried to be comprehensive”, and “countries were very engaged in developing Regional Vaccine Action Plans (RVAP), especially strategies.”

3. What went poorly in the DoVC? Specifically, with respect to structure, process, partnership and collaboration?

Top down approach not reflecting needs of regions and countries

“At the end of the process, it became less public. It was smaller groups (WHO with consultants) writing the plan itself... Since the last step was more WHO steps, we lost the connection and exchanges from partners at that time.” In spite of the acknowledged breadth

of the consultations, a recurring criticism from respondents was that the GVAP collaborations and partnerships served too heavily with a top down approach, which may have failed to reflect the needs of regions and countries.

Competing priorities and lack of buy in from key partners

While the numerous partners involved in GVAP were cited as one of the strengths, it also was cited as a weakness by some respondents: “Some of the key partners did not buy into and support some of the GVAP goals, which was detrimental to progress. Their contribution to the monitoring and accountability process was also limited. Conversion of the recommendations from SAGE into actions on the ground was difficult.” Given competing priorities: “It was tough to get the leaders to focus on immunization.” Many partners did not fully buy-in to all aspects of GVAP, which led to the perception of a “pick and choose” approach to implementation.

Funding

Many respondents commented on the financial aspects of GVAP. Several respondents expressed disappointment and confusion due to an expectation of potential funding that did not materialize: “The \$10 billion BMGF promise generated a lot of interest.” The observations regarding lack of funding extended to funding for corrective actions called-for in the annual review process.

Lack of clarity around implementation, accountability, ownership, and collaboration

Particularly at regional and country levels: “The accountability framework was not robust enough, [particularly] without clear roles and responsibilities and actions in response to the non-achievement of targets.”

4. Was there enough regional and country involvement? If not, please explain. ... or what could have been done better?

Regional and country involvement and ownership

Respondents generally agreed that regions and countries were sufficiently involved in the consultation process at the beginning. Others noted that, despite the initial involvement of countries and regions at the planning stage, their involvement and engagement decreased when the writing of the GVAP took place. A global level respondent noted, “For the development of the content of the plan, the consultation was sufficient.” This is in contrast to a statement by a country level representative: “The preparation of GVAP did not elicit great country ownership. It was a more ‘Western’ process, rather than the intellectual co-creation of a plan.”

Room for improvement and suggestions

Respondents stated there was room for improvement in regional and country ownership of GVAP and RVAP. An overarching theme in these discussions involved finding better ways to

encourage regions and countries to take ownership for the GVAP and RVAPs. One global level respondent noted a major weakness of GVAP was that there was “insufficient recognition of outside forces,” such as vaccine hesitancy, political instability, and logistical challenges. A major limitation mentioned at all levels was that the regional and national level involvement in this process seemed to end after the initial consulting phase, before the plan was written. One global respondent succinctly explained these issues, “There was not enough country and regional leadership in the process, beyond mere consulting with them. Countries were not bringing their own values and experiences to the table.” Regional respondents echoed that they felt there had been regional involvement during the consultation phase and that their involvement decreased as time went on. Others reiterated the top down approach discussed above by stating that “WHO used its governing body mechanism, but member states were not directly involved.” Country level respondents felt that country involvement was limited.

5. In your view, what were the strengths and weaknesses of the GVAP partnership and collaboration?

Strengths

Respondents underscored how the GVAP partnership and collaborations allowed them to draft a DoV document which laid the groundwork for a global framework for vaccination and immunization. GVAP served to sensitize leaders at all levels about the importance of vaccination and immunization programs. Regional and country level respondents discussed how having global partners who agreed to have vaccines at the center of a global push and advocacy effort was a major strength of the framework, which served as a potential impetus for regional and country level buy in for involvement. Other strengths included accentuating the importance of monitoring and evaluation, and the inclusive consultation process at the beginning.

Weaknesses

As stated above, respondents were concerned about the top down approach in actually writing the plan. To many the diminished engagement of countries and regions at this stage resulted in an approach that did not fully reflect their needs. Other challenges cited included competing priorities, lack of buy-in and funding by partners, and a lack of clarity around implementation, accountability, ownership, and collaboration.

6. How have the GVAP and RVAPs influenced your organization’s immunization goals, priorities, and strategies?

Respondents from the global level reiterated how GVAP served as a point of reference for international organizations, regions, and countries, which speaks to its overall global visibility. While many global level strategies were aligned with GVAP in terms of messaging, alignment

with GVAP in terms of priorities and resource allocation varied. One respondent from a multilateral explained, “[Our] immunization road map reflects on GVAP goals, and [our] strategic goals in the area are aligned with GVAP.” Another multilateral respondent explained that “the GVAP and recommendations during the annual review period did influence the priorities and strategies in some parts of the organization.”

At the regional level, respondents also discussed GVAP serving as a reference point for regional and country level immunization strategies. It was clear from these perspectives that GVAP was used more as an advocacy tool. “In areas with regional goals (measles, polio, Hep B, World Immunization Week), GVAP informed the country work, but rather as a continuation of already existing efforts.” GVAP advocacy at the regional level allowed for the development of RVAPs, which could then be translated and implemented at country-specific levels. A national respondent shared “Based on the GVAP and RVAP, annual country workplans were established including measles elimination targets. These plans helped to motivate the partnership in the country to move forward.” The degree to which GVAP influenced regional and country strategies varied.

7. Have the resulting regional and country plans been actionable and with a sufficient implementation focus?

16 responses (40%): positive

11 responses (28%): ambiguous

4 responses (10%): negative

9 responses (23%): no response

From a global perspective, respondents overall felt that GVAP guided action plans were clear, actionable, and had an implementation focus. The challenge, they reported, was translating the plans to the regional and country level, which is where the quality of the implementation and outcomes varied. Several respondents noted that implementation and outcomes are difficult to directly tie to GVAP. One global level respondent explained “Immunization plans were done well and are achieving results, particularly regarding measles and rubella and coverage improvement. But this would perhaps have also happened without GVAP.”

Respondents from the regional level held varying views on GVAP’s influence on regional and country plans. Whereas some saw regional plans being actionable and leading towards implementation, others reported that implementation focus did not arise out of GVAP or RVAP initiatives. Many respondents highlighted differences in the quality of plans, in implementation differences, and the level to which they focused on country level needs. A global level respondent noted that “It was difficult to attribute any changes in implementation at the country level specifically to GVAP.”

As stated by one respondent, “The national strategy is not a result of the RVAP”. Though National plans were driven by countries, respondents from the country level explained that country action plans were at least influenced by the GVAP and RVAP. One country

representative explained how GVAP and their specific RVAP had added momentum to pre-existing regional goals that had not been gaining traction, “GVAP has 5 DoV goals and strategic objectives. The RVAP used the DoV goals and transferred these into regional goals (i.e. regional elimination targets), which had not been accepted earlier by the RC.”

8. Did immunization activities in countries benefit from ‘GVAP branding’? If so, please provide examples.

GVAP was visible through its promotion of communication and advocacy with regions and country levels during the preparation and planning stages of drafting the framework. When reflecting upon the visibility, communication, and advocacy for GVAP throughout the decade, respondents felt that GVAP fell short in these areas as time went on. Responses varied, with most indicating that the branding itself may not have had an impact on the visibility of the program: “Probably not - outside of the small immunization group, no one knew about it.” That being said, respondents reported positively on the existence of having the DoV and GVAP frameworks against which they could reflect on immunization programs as a point of reference.

9. Has GVAP helped to build demand for immunization? If so, please provide examples.

Responses varied, with respondents at all levels questioning to what extent immunization demand at the community level may or may not have been created as a direct result of GVAP. Some respondents noted that GVAP may have contributed to a higher priority being accorded to immunization by national governments.

Other global respondents clearly expressed how GVAP was unable to build demand for immunization. One explained, “This is one of the weaknesses. We have not done much on demand creation. We were rather targeting ministries and partners, but not the public.” Another explained how GVAP was not able to build demand by people but argued that GVAP was “not intended to do that.” This individual explained how they provided “a technical document,” which “galvanized partners,” and pointed to communications agencies as being better placed to build immunization demand.

From a global perspective, respondents expressed nuanced views about immunization demand being created and the impetus for the creation of this demand. At regional level, respondents were generally doubtful that GVAP directly created demand for immunization. At country level, respondents reflected more positively on the creation of demand for immunization and GVAP’s perceived role in this process. One country level respondent explained how GVAP “helped the national program to advocate with the Ministry of Health.”

10. Have GVAP and ‘your’ RVAP helped mobilize funds for immunization in your country/region/organization and if so, how?

2 responses (5%): additional funding was made available 11 responses (28%): ambiguous	18 responses (45%): no additional funding was made available 9 responses (23%): no response
<p>The majority of the respondents did not see GVAP or RVAPs as being directly involved in the generation of additional funding for immunization programs. Some stated that funding was able to be garnered at the regional level in line with GVAP. A regional level respondent reflected on how GVAP aided in obtaining additional resources, “Donors had more confidence that we were ‘on track’ with the immunization plan. Internally, we were able to argue for additional positions and resources, using GVAP for this purpose.” Others questioned whether the funds and resources they were able to obtain could necessarily be attributed to GVAP’s involvement. Gavi was cited as being instrumental in securing additional funding, but doubts were raised as to whether this was attributable to GVAP. At the country level, one respondent noted how the GVAP brand helped “garner commitments from countries, but this did not translate into incremental funding.”</p>	
11. Each year the GVAP Assessment Reports and regional progress reports make recommendations for accelerating progress. Which recommendations have been the most relevant and useful to your organization?	
16 responses (40%): positive 12 responses (30%): ambiguous	4 responses (10%): negative 8 responses (20%): no response
<p>Global level respondents saw these reports in a positive light, particularly in terms of recommendations for improving data quality, striving to reach equity through urban vaccination, and reaching those who lacked access to immunization programs. One respondent commented “Most important were reminders of countries which did not make it and helped to make necessary changes. Highlighted gaps were the most useful – e.g. focusing on vulnerable populations.”</p> <p>Regional level respondents saw both positive and negative aspects of the annual progress reports. Some commented on how receiving the reports was an important mechanism which allowed for the comparison of different regions in terms of meeting GVAP targets while others noted the entire reports were not always read widely. One individual who found the reports in his region useful elaborated: “The RVAP mid-term evaluation report helped significantly to move implementation in countries with EPI managers meetings organized around this report and exerting pressure on countries which fell short on ETAGE recommendations”.</p> <p>Those with critical views of the annual reports noted that the “recommendations were overall impractical” and “not specific enough.” Several commented on the perceived lack of action for follow-up in the reports and the lack of political support to enact change. One explained,</p>	

“Annual reports are rarely for action. When presented to the regional committee there is rarely call for action, no discrete action is identified for follow up activities”. Other regional respondents reported not being aware of the existence of these reports.

Country level respondents had varying views as to the visibility and importance of annual reports at the country level.

12. In your view, was the GVAP (and RVAP) monitoring / evaluation and accountability framework fit for purpose? Did the indicators, targets, and annual review process contribute to accountability and trigger corrective action in countries?

Respondents from the global level discussed it as a step in the right direction, although there is room for improvement. One global respondent explained the positive aspects: “M&E has been mainstreamed and countries have been contributing data. This led to comparisons across countries, regional plans and annual reports. There has been a benefit. We now have some subnational data, [and we will have] more and more [data]. [This] will drive accountability.” Another respondent noted how the M&E framework triggered accountability and changed how people assessed more complex problems. However, he/she also felt that the framework was “not completely fit for purpose because we did not ask why things were not working, rather than only numbers.”

Regional respondents had varied opinions about whether M&E/A was fit for purpose. Several individuals found the frameworks to be useful others noted a lack of clarity around the M&E/A framework. Respondents distinguished between accountability for countries and accountability for partners. Some felt that if countries and regions were to be held accountable under this framework, it creates an expectation that partners might also be held accountable.

Some country level respondents found positive aspects of the M&E/A framework while others explained not having seen the reports and therefore were unable to make a judgement on the matter.

13. Each year, progress under GVAP is discussed at the World Health Assembly and each RVAP is discussed at relevant Regional Committee meetings. Do you perceive these discussions as useful? Have they helped to build political will for immunization?

17 responses (42.5%): positive
9 responses (22.5%): ambiguous

6 responses (15%): negative
8 responses (20%): no response

Global level respondents generally saw such discussions in a positive light and as being an opportunity to leverage political will. One explained, “The WHA reports and discussions did generate a lot of interest during the annual meetings. It did serve to keep immunization high on the health agenda in countries.” However, one respondent from the global level took a

more critical stance, “If we’re serious about GVAP, continuing to count on WHA for touchpoint with country ministries and as predominant stakeholder is too narrow and may reinforce existing dynamics that need to shift for country ownership.”

Regional respondents perceived the WHA immunization discussions as positive for gaining political will for immunization-related programs. Several commented on the Addis Declaration on Immunization (ADI) as an example of how actors came together in order to build political will for more bottom up approaches and to create country buy in for the AFR Region. One reported, “It was important for Ministers to have to stand up at WHA or Regional Committees and report. It certainly helped to get the ministers’ buy in to immunization.” Another explained how the meeting served educational purposes for politicians, “It focuses ministers on the topic. During the meeting, they commit to issues, and commitments are recorded and can be used later to move the agenda.”

Country level respondents perceived the WHA immunization discussions more critically in terms of building will at the country level with one noting, “This is important from a global perspective.” They overall saw the benefits at a larger scale, but expressed doubts about the WHA being able to translate into action at the country level. One country level respondent explained how such an event was “merely political,” and that “once ministers come back, [there is] no change.”

Global respondents discussed the importance of indicators and how it was important to use the proper ones in order for them to be useful. Indicators related to partners, such as research and vaccine prequalification, were perceived as working well. However, indicators related to country performance did not work as well, especially in those with low coverage.

14. What was the greatest contribution of GVAP to R&D for immunization? What could have been done better?

Responses varied with some respondents feeling that GVAP maintained a public focus on vaccine R & D and others feeling that GVAP contributed little to R & D as that was proceeding independent of GVAP. Respondents also discussed research and development as an output of GVAP. One global level respondent explained, “GVAP provided some focus and political capital for vaccine research and development at large and some specific vaccines. We were able to leverage GVAP to enhance broad support for vaccine research and development and accelerate progress. Nevertheless, the benefits were often indirect.” He further explained, “The recognition of the value of vaccine R&D in a global setting has probably contributed to a greater sense of corporate social responsibility in this area and may have delayed the exit of major private sector pharma and biotech companies from vaccine R&D.”

15. Looking back to the call for the Decade of Vaccines in 2010, how has the immunization landscape changed since then? Has progress accelerated, kept pace, or slowed? How have the adoption of the GVAP in 2012 and the RVAPs contributed to this change?

- Improvements in immunization programs, higher awareness and positive perceptions of immunization in political spheres and in the media; more attention being paid to global outbreaks of measles and elimination goals.
- Actors and stakeholders involved in immunization have become more diverse (including, for example, CSOs, academics, politicians, and stakeholders concerned with health security)
- Vaccine hesitancy is an important issue that needs to be addressed.
- Immunization is becoming embedded into larger discussions about broader issues, such as the SDGs and the push for universal health coverage.
- Whereas vaccination coverage was increasing in some countries, setbacks in the last few years have been “difficult and sad.” Changing context over the last decade, such as vaccine hesitancy, conflicts, and crises brought about unforeseen challenges.
- GVAP encouraged private sector engagement. That being said, there remain uncertainties concerning the extent to which the changes in the immunization landscape could be attributed to GVAP.

16. Given the changes that have occurred in the immunization landscape since 2010, what are the most important aspects of the GVAP to retain going forward?

Having global targets with a global level vision and high aspirations

Respondents resoundingly commented on the global framework instituted with GVAP and DoV, which served as a novel way to unify partners across the globe around immunization.

Respondents also commented upon the need to retain targets set out by the GVAP framework as they set guide posts against which regions and countries could gauge their process. However, they noted that these targets would need to be based on evidence, and discussed and implemented in concert with immunization partners, countries and regions. They also called for a balance between setting achievable goals and setting overly ambitious targets and considering a bottom up approach.

Annual M&E/A Framework Reports

Respondents discussed the importance of annual monitoring and evaluation, and accountability framework reports. Particularly, they commented on the need to use M&E/A frameworks in the assessment of regions and countries in order to institute accountability through different governing bodies. Respondents noted how this could allow the GVAP focus to remain on coverage and equity in terms of immunization and vaccination distribution across the globe, which will remain one of the challenges moving forward. An added bonus of

the M&E/A framework, according to respondents, was that it included research and development and their development into its plans. However, given that several noted a lack of awareness of these reports, it will be important to increase their visibility and importance in the future.

Having different partners and collaborations

GVAP engaged a wider array of partners than its predecessors, for example including an R&D agenda and highlighting the role of CSOs.

17. Similarly, going forward, what are the most important aspects to revise? In terms of the most useful partnership?

Increasing region and country involvement, ownership, and accountability

One of the major weaknesses discussed by respondents was the top down approach employed by the GVAP. Respondents consistently recommended an approach which would be more bottom up in order to capture and consider local contexts. A main concern was that GVAP was unable to recognize why some countries fared better than others in terms of immunization, which a top down approach was not able to take into account. There were many recommendations regarding specific strategies for instituting a more bottom up approach in the future.

Improving progress indicators and data quality

Respondents generally felt that progress indicators and data quality should be improved moving forward and that having country and regional-level indicators would be a better approach so that they were more context-specific. Regional and country level formulated progress indicators, they argued, would ultimately improve the quality of data that they were able to produce within a M&E/A framework. Others indicated that it would be beneficial in the future to have qualitative formative work in deciding which progress indicators and data are important to consider, to integrate life course approaches into questions of immunization and equity in healthcare, and to consider economic cost-benefit analyses. Another suggestion for improving progress indicators and data quality involved promoting the inclusion of partners from research and development, private industry, and academia.

Adapting to a changing world

An overarching theme to responses involved the importance of future GVAP frameworks to be flexible in order to be able to adapt to a changing world. In this regard, respondents commented upon the need to continue addressing questions of social equity and health, equitable access to vaccinations, and linking immunization to SDGs and primary healthcare. Others again focused on the need for bottom up approaches which would allow policy makers to take into account local issues, such as local politics, instability, and conflict, which can

hinder immunization efforts. Additionally, and on a similar note, respondents discussed a need for focus to be placed on preparedness efforts in cases of emergencies or major outbreaks of vaccine preventable diseases. An upcoming challenge was that future frameworks need to be able to address vaccine hesitancy, which is likely to prove problematic for vaccination uptake. Others discussed the growing role of technology in global health, such as digitization and digital health, and how this will need to be integrated into future frameworks.

Considerations about partnership moving forward

Respondents had varying opinions and suggestions concerning the partnerships and how to maintain or modify them moving forward. The general view was that GVAP had set the scene for creating a common global agenda around immunization and having GVAP adopted by “more than 5 signatories was a major strength.” Others echoed the added value of buy in for GVAP by major global agencies and organizations but were concerned about the lack of diversity and inclusion of certain partners at lower levels.

It was commonly argued that countries and regions needed to be more involved, particularly in leading partnerships and implementation efforts in local contexts. Finally, respondents expressed a desire for partnerships to be expanded beyond immunization efforts in order to include those working on emergencies and preparedness, health technology development, partners from the private sector, and partners from primary health care, particularly frontline healthcare professionals. In order to achieve this, respondents thematically discussed the importance of funding being available to achieve these goals.

18. Do you have any additional thoughts to share, on any of the topics we’ve discussed today?

Responses have been incorporated into sections on other questions.

Bibliography

- [1] World Health Organization Strategic Advisory Group of Experts on Immunization. The Global Vaccine Action Plan and the Decade of Vaccines Review and Lessons Learned. in press.
- [2] World Health Organization. Global Vaccine Action Plan 2011-2020. WHO Press, 2013.
http://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/
[accessed February 14, 2019].
- [3] Alonso P, de Quadros CA, Lal AA, eds. Decade of Vaccines. Vaccine 2013;31 (Supplement 2): B1-B250.
- [4] World Health Organization. Strategic Advisory Group of Experts on Immunization (SAGE) Decade of Vaccines Working Group (established March 2013): Terms of Reference.
2018.https://www.who.int/immunization/sage/sage_wg_decade_vaccines/en/ [accessed September 5, 2019].
- [5] Mantel C, Malvoti S. Developing a Global Immunization Strategy 2021-2030. SAGE Meeting, 18 October 2017.
2017.https://www.who.int/immunization/sage/meetings/2017/october/3_16102017Mantel_GVAP_SAGEOct2017.pdf?ua=1 [accessed August 19, 2019].
- [6] Daugherty MA, Hinman AR, Cochi SL, Garon JR, Rodewald LE, Nowak G, et al. The Global Vaccine Action Plan - insights into its utility, application, and ways to strengthen future plans. Vaccine. 2019;37:4928-36. DOI: 10.1016/j.vaccine.2019.07.042.
- [7] World Health Organization Strategic Advisory Group of Experts on Immunization. 2016 Midterm review of the Global Vaccine Action Plan.
https://www.who.int/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2016_EN.pdf?ua=1, [accessed September 13, 2019]
- [8] Lydon P. Global Immunization after 2020.
2018.https://www.who.int/immunization/sage/meetings/2018/october/SAGE_october_2018_GVAP_Lydon.pdf [accessed August 19, 2019].
- [9] Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Med Res Methodol. 2013;13:117. DOI: 10.1186/1471-2288-13-117.
- [10] Global Vaccine Action Plan - Monitoring, evaluation & accountability - 2019 report.
https://www.who.int/immunization/global_vaccine_action_plan/GVAP_review_lessons_learned/en/, accessed 13 September 2019