

# **Immunisation Agenda 2030**

**A Global Strategy to Leave No One Behind**

**Draft Three**

At a Glance .....	3
Introduction .....	4
The Case for Immunisation.....	6
Shaping a Strategy for the Future .....	9
Learning from the Global Vaccine Action Plan.....	9
Lessons learned from disease-specific initiatives .....	10
Changing context and challenges.....	12
What's new in IA2030?.....	13
A Framework for Action .....	15
<b>[SP 1] Immunisation Programmes for Primary Health Care / Universal Health Coverage</b>	<b>17</b>
<b>[SP 2] Commitment &amp; Demand</b>	<b>18</b>
<b>[SP 3] Coverage &amp; Equity</b>	<b>20</b>
<b>[SP 4] Life Course &amp; Integration</b>	<b>21</b>
<b>[SP 5] Outbreaks &amp; Emergencies</b>	<b>22</b>
<b>[SP 6] Supply &amp; Sustainability</b>	<b>23</b>
<b>[SP 7] Research &amp; Innovation</b>	<b>25</b>
Impact and Strategic Priority Goals .....	26
Operationalisation .....	28



## Vision

**A world where everyone, everywhere, at every age...**

**... fully benefits from vaccines...**

**... for good health and well-being**



Reduce mortality and morbidity from vaccine-preventable diseases for everyone throughout the life course.

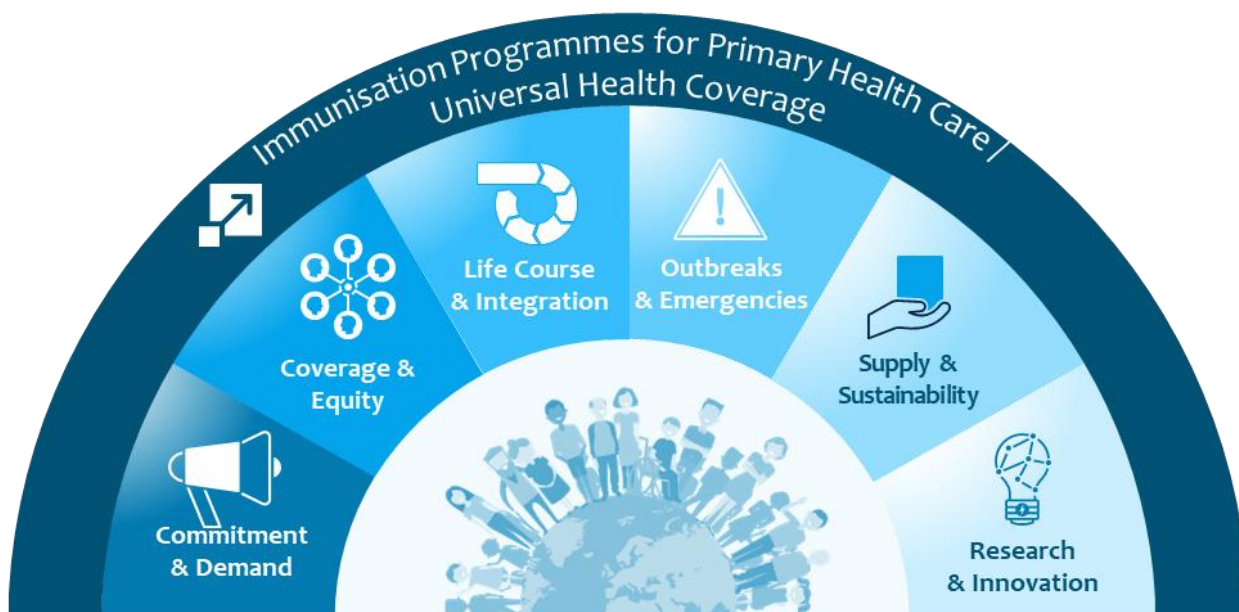
Leave no one behind, by increasing equitable access and use of new and existing vaccines.

Ensure good health and well-being for everyone by strengthening immunisation within primary health care and contributing to universal health coverage and sustainable development.



## Impact goals

## Strategic priorities



## Core principles



People-Focused



Country-Owned



Partnership-Based



Data-Guided

Immunisation is a global health and development success story, saving millions of lives every year. Between 2010 and 2018, 23 million deaths were averted by the measles vaccine alone.<sup>1</sup> The number of infants vaccinated annually—more than 116 million, or 86% of all babies born—has reached the highest level ever reported. More than 20 life-threatening diseases can now be prevented by immunisation.<sup>2</sup> Since 2010, 116 countries have introduced vaccines that they were not previously using,<sup>3</sup> including those against major killers like pneumococcus, diarrhoea, cervical cancer, typhoid, and cholera.

Furthermore, this is an era of much innovation in vaccine development. The first vaccines for malaria, dengue, and Ebola now exist, and promising vaccines for respiratory syncytial virus, universal influenza, and tuberculosis are in the pipeline. New research on broadly neutralising antibodies and therapeutic vaccines has the potential to open fresh horizons. Increasingly, vaccines are protecting health beyond infancy—in adolescence, adulthood, during pregnancy, and in older age groups.

Innovative ways are being developed to distribute and administer vaccines and to improve immunisation services. Digital tools, new technologies for needle-free vaccine administration, and more robust vaccine storage and supply chains promise to transform immunisation programmes<sup>4</sup> over the next decade. Timely access to reliable data will provide exciting new opportunities for national programmes to monitor and continually improve their performance, reach, and efficiency.

Immunisation is a key component of primary health care and is making huge contributions towards universal health coverage. Vaccines are critical to the prevention and control of infectious-disease outbreaks. They underpin global health security and will be a vital tool in the battle against antimicrobial resistance.

Nevertheless, there are important challenges to overcome. The benefits of immunisation are unevenly shared: vaccine coverage varies widely among and within countries. Some populations—often the poorest, the most marginalised, or the most vulnerable in fragile and conflict-torn settings—have poor access to immunisation services. Each year, 20 million infants lack the benefits of a full course of even basic vaccines, and many more miss out on newer vaccines. Of these, over 13 million receive no vaccines through the immunisation programme – the “zero dose” children.

In some countries, progress has stalled or even reversed, and the risk that complacency will undermine past achievements is real. Outbreaks of measles and vaccine-derived polioviruses are stark reminders that strong immunisation programmes and effective disease surveillance are needed to sustain high levels of coverage and to eliminate and eradicate diseases. Because measles is highly infectious, it serves as a tracer (the “canary in the coal mine”) of inadequate immunisation coverage and gaps in the health system. Measles disease data from surveillance indicates communities and age groups that are un- and under-immunized and where immunisation

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<sup>1</sup> M.K Patel, L. Dumolard, Y. Nedelec, S. Sodha, C. Steulet, K. Kretsinger, J.Mcfarland, P.A. Rota, and J.L. Goodson, “Progress toward regional measles elimination—worldwide, 2000–2018.” *Weekly Epidemiological Record* No. 49 (2019): 581-600.

<sup>2</sup> <https://www.who.int/immunization/diseases/en>

<sup>3</sup> 2019 Assessment Report of the Global Vaccine Action Plan, World Health Organisation (WHO) ([https://www.who.int/immunization/sage/meetings/2019/october/1\\_GVAP\\_review\\_YB.PDF](https://www.who.int/immunization/sage/meetings/2019/october/1_GVAP_review_YB.PDF)).

<sup>4</sup> Throughout this document, the term “immunisation programme” is used to reflect a shift both in language and in thinking. On the one hand, because immunisation programmes are only one component of the overall health system, it aligns the global vision and strategy with the broader health and development agenda. On the other hand, it is more comprehensive than the more commonly used term “routine immunisation,” which does not capture the full spectrum of an immunisation programme’s activities, such as catch-up vaccinations, periodic intensification of immunisation activities, or efforts to address missed opportunities.

programs and overall primary health care systems are inadequate, highlighting where particular attention and intervention is needed. In addition, high coverage of the measles vaccine is an indicator of a strong immunisation programme, which can signal a solid foundation for primary health care services. In particular, the second dose of measles is an opportunity to enhance focus on strengthening immunisation programmes to reach children beyond the first year of life and broadening immunisation services to support vaccination throughout the life course.

If all people are to gain access to immunisation services, vaccines must be delivered to areas that are isolated geographically, culturally, socially or otherwise, and to marginalised populations, displaced people and migrants, and those affected by conflict, political instability, and natural disasters. The causes of low vaccine use must be understood and addressed in order to boost people's demand for immunisation services. Tailored strategies should be developed to understand and overcome barriers to immunisation including, very importantly, gender-related barriers of caregivers and health workers to access immunisation services. New approaches are needed to reach older age groups and to deliver integrated, people-centred immunisation alongside other primary health care services.

The **Immunisation Agenda 2030 (IA2030)** sets an ambitious overarching global vision and strategy for vaccines and immunisation for the decade 2021–2030. It draws on the lessons learned from the past, acknowledges the continuing and new challenges posed by infectious diseases, and aims to capitalise on new opportunities to meet these challenges. IA2030 positions immunisation as a key contribution to people's fundamental right to the enjoyment of the highest attainable physical and mental health, as well as an investment for the future, creating a healthier, safer, and more prosperous world for all. IA2030 aims to ensure that we maintain our hard-won gains, but also that we achieve more—leaving no one behind, in any situation or at any stage of life.

IA2030 is intended to inspire and align the activities of community, country, regional, and global stakeholders—national governments, regional bodies, global agencies, development partners, health care professionals, academic and research institutions, vaccine developers and manufacturers, the private sector, and civil society. It focuses on maximizing impact through more effective and efficient use of existing resources, accelerating innovation to improve performance, and striving towards financial and programmatic sustainability. Success will depend on building and strengthening partnerships both within and outside the health sector as part of coordinating efforts to achieve universal health coverage and accelerate progress towards the 2030 Sustainable Development Goals (SDGs).

IA2030 provides a long-term strategic framework that will guide a dynamic operational phase, responding to changes in country needs and global context over the decade. This document, therefore, is just the beginning: IA2030 global vision and strategy will be complemented by technical annexes, which will provide detailed information and guidance on the IA2030 strategic framework. These technical annexes will be complemented by new and existing strategies and immunisation plans, including those for disease specific programmes meant to control, eliminate, or eradicate disease. IA2030 will be put into operation through regional and country strategies, a governance structure, and a monitoring and evaluation framework that will guide country implementation.

Through the collective endeavours of all stakeholders, we can achieve the vision for the decade: *A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being.*

## The Case for Immunisation

Immunisation reaches more people than any other health and social service and is a vital component of primary health care. It benefits individuals, communities, countries, and the world as a whole. It is an investment in the future, by:

1. **Saving lives and protecting the health of populations**<sup>5,6,7</sup>: Deaths from infectious diseases have fallen dramatically thanks to immunisation. Vaccines also prevent disabilities that impair children's growth and cognitive development, giving them the opportunity not just to survive but also to flourish.

Between 2010 and 2017, the mortality of children under five years of age declined by **24%**, thanks in large part to immunisation.<sup>5</sup>

Vaccines benefit not only infants and children, but also older age groups. They can prevent infection-related cancers and protect the health of the elderly and the vulnerable, allowing people to live longer, healthier lives. In addition, fewer infections mean less risk of transmitting disease to relatives and other members of the local community.

In countries that have introduced the HPV vaccine, after 5 to 8 years, cancer causing HPV prevalence was reduced by **83%** among girls aged 13-19 and the prevalence of precancerous lesions decreased by **51%** among girls aged 15-19.<sup>6</sup>

In many countries, out-of-pocket payments for health care can have a catastrophic impact on household finances, potentially plunging households into poverty. Preventing infection by immunisation can reduce families' expenditure on health care, contributing to financial protection, a core component of universal health coverage.

Vaccines will help keep an estimated **24 million** people from slipping into poverty by 2030.<sup>7</sup>

2. **Improving countries' productivity and resilience**<sup>8,9</sup>: Immunisation is the foundation for a healthy and productive population. Preventing infections reduces the burden on health systems, and a healthier population is a more productive one. Children protected against infectious diseases have greater educational attainment and contribute more to national development and prosperity.

Immunisation against measles in 94 low- and middle-income countries returned an estimated **\$58** for every \$1 invested in the vaccination.<sup>8</sup>

Disease outbreaks are disruptive and costly to halt. They can overwhelm and profoundly disrupt public health programmes, clinical services and health systems. They can also have an adverse effect on travel, trade, and overall development. For seasonal diseases like influenza, treatment costs and lost productivity are borne repeatedly. Well-immunised communities are resistant to infectious-disease outbreaks, and strong health systems and immunisation programmes can detect and respond rapidly to limit their impact.

The full economic impact of the 2014–2016 West Africa Ebola outbreak has been estimated at **\$53.2 billion**.<sup>9</sup>

<sup>5</sup> Global Burden of Disease, Institute for Health Metrics and Evaluation, 2017.

<sup>6</sup> M. Drolet, É. Bénard, N. Pérez, and M. Brisson, on behalf of the HPV Vaccination Impact Study Group, "Population-level impact and herd effects following the introduction of human papillomavirus vaccination programmes: Updated systematic review and meta-analysis." *Lancet*, 394, no. 10197 (2019): 497–509.

<sup>7</sup> A.Y. Chang, C. Riumallo-Herl, N.A. Perales, S. Clark, A. Clark, D. Constenla, T. Garske, M.L. Jackson, K. Jean, M. Jit, E.O. Jones, X. Li, C. Suraratdecha, O. Bullock, H. Johnson, L. Brenzel, and S. Verguet, "The equity impact vaccines may have on averting deaths and medical impoverishment in developing countries." *Health Aff (Millwood)*, 37, no. 2 (2018): 316–324.

<sup>8</sup> S. Ozawa, S. Clark, A. Portnoy, S. Grewal, L. Brenzel, and D.G. Walker, "Return on investment from childhood immunisation in low- and middle-income countries, 2011–20." *Health Aff (Millwood)*, 35, no. 2 (2016): 199–207.

<sup>9</sup> C. Huber, L. Finelli, and W. Stevens, "The economic and social burden of the 2014 Ebola outbreak in West Africa." *J Infect Dis*, 218, suppl. 5 (2018): S698–S704.

3. **Enabling a safer, healthier, and more prosperous world**<sup>10,11</sup>: Vaccines are a critical component of the battle against emerging and re-emerging infections. Pathogens are not bound by national borders—local and international movement of people can rapidly spread infections. Increasing urbanisation results in large, dense populations that raise the likelihood of infectious-disease transmission and outbreaks. In addition, climate change exposes new populations to vector-borne diseases and may alter the patterns and intensity of seasonal diseases. Detecting, preventing, and responding to infectious-disease threats are therefore key to **global health security**.

Due to factors like climate change, between 2030 and 2050, malaria is expected to cause **60,000** additional deaths per year.<sup>10</sup> This trend may change with future use of a malaria vaccine being piloted in three African countries.

In all parts of the world, bacterial and parasitic infections are increasingly developing resistance to antibiotics and other antimicrobials. Preventing infection through immunisation not only protects against drug-resistant infections, but also reduces the need for and use of antibiotics, thereby contributing to the battle against **antimicrobial resistance**.

Global estimates suggest that widespread use of PCV could reduce the number of antibiotics used for pneumonia patients by 47%, equivalent to **11.4 million** antibiotics days globally.<sup>11</sup>

Immunisation and disease surveillance are core capacities of **International Health Regulations (IHR)**, contributing to resilient and sustainable health systems that can respond to infectious-disease outbreaks, public health risks, and emergencies.<sup>12</sup> Furthermore, the safe management and disposal of vaccine waste ought to be part of all vaccination efforts. Such efforts contribute directly to patient safety, quality of care, while reducing environmental and climate risks.

10% increase in IHR core capacities (e.g., surveillance, risk communication) is associated with a **19% decrease** in incidence of cross-border infectious threats.<sup>12</sup>

Immunisation plays a critical role in **achieving the SDGs**. Most directly, it contributes to SDG3—“Ensure healthy lives and promote well-being for all at all ages”—while also contributing directly or indirectly to 13 of the other SDGs. (See Figure 1.),

<sup>10</sup> WHO, “Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s,” 2014.

<sup>11</sup> R. Laxminarayan, P. Matsoso, S. Pant, C. Brower, J.A. Røttingen, K. Klugman, S. Davies, “Access to effective antimicrobials: A worldwide challenge.” *Lancet*, 387 (2016): 168–75.

<sup>12</sup> J.C. Semenza, M.O. Sewe, E. Lindgren, S. Brusin, K.K. Aaslay, T. Mollet, and J. Rocklöv, “Systemic resilience to cross-border infectious disease threat events in Europe.” *Transbound Emerg Dis*, 66, no. 5 (2019): 1855–1863.



Figure 1: Immunisation's Contributions and Relevance to 14 of the 17 Sustainable Development Goals<sup>13</sup>

	<p>Immunisation <b>protects people from being forced into poverty</b> by out-of-pocket health care expenditures and loss of income.</p>		<p>Immunisation promotes a <b>healthy and productive workforce</b> contributing to the economy.</p>
	<p>Infectious-disease prevention increases the impact of food security and <b>reduced hunger</b> on child development and maternal health.</p>		<p>Vaccine manufacturing contributes to national industrial <b>infrastructure</b> in low- and middle-income countries.</p>
	<p>Immunisation is one of the most cost-effective ways to save lives and promote good <b>health and well-being</b>.</p>		<p>Immunisation prevents diseases affecting <b>those who are most marginalised</b>, especially in poor urban or remote rural settings and in areas of conflict.</p>
	<p>Protecting against illnesses that can impair cognitive development enables <b>quality education</b> to provide greater benefits.</p>		<p>Immunisation protects urban public health and interrupts disease transmission, providing a platform for <b>sustainable cities and communities</b>.</p>
	<p>Removing gender-related barriers to immunisation contributes to <b>gender equality</b> by supporting women's full participation and equal opportunities to access health services.</p>		<p>Vaccines are critical to building people's resilience to, and mitigating the risk of, disease outbreaks tied to <b>climate change</b>, such as yellow fever, malaria and cholera.</p>
	<p>Immunisation and <b>clean water, sanitation, and hygiene</b> act synergistically to prevent diarrhoeal diseases, which are a leading cause of child mortality in low-income countries.</p>		<p>Good health through immunisation is a critical determinant of <b>peace and well-being</b> in society.</p>
	<p>Immunisation logistics systems are increasingly using cleaner and more sustainable technologies that rely on solar and other <b>renewable energies</b>.</p>		<p>Immunisation broadens <b>partnerships</b> and multisectoral approaches so that civil society, communities, and the private sector work together towards common goals.</p>

<sup>13</sup> Gavi, "Immunisation and the Sustainable Development Goals" (<https://www.gavi.org/library/publications/gavi-fact-sheets/immunisation-and-the-sustainable-development-goals/>).



IA2030 envisions *“A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being.”*

To achieve this ambitious vision, we have drawn lessons from the past and identified the factors that will contribute to success in the future.

### Learning from the Global Vaccine Action Plan

The Global Vaccine Action Plan (GVAP) was the global immunisation strategy of the Decade of Vaccines (2011 through 2020). Developed through extensive global consultations, GVAP brought together existing goals to eradicate and eliminate diseases, and set new global goals that took into account the full spectrum of immunisation functions. A review of GVAP in 2019 identified important lessons to be carried forward into the next decade to 2030.<sup>14</sup>

GVAP successfully brought multiple global, regional, and national stakeholders together to develop a **shared vision and strategy** for the future of immunisation. The health and immunisation community agreed to aspirational goals to catalyse action, and although many GVAP goals have not been met, much progress has nevertheless been made.

GVAP enhanced the visibility of, and helped build high-level **political will for, immunisation**. It provided a common framework for establishing priorities, aligning activities, and assessing progress. It created a platform that can be built on: GVAP was a comprehensive strategy, and most of its **goals and objectives** remain relevant.

It was anticipated that GVAP would be **implemented through national immunisation programmes, with the support of partners**. However, GVAP was only partially successful in influencing actions at the country level, and partner activities were not always fully coordinated globally or nationally. To achieve the enhanced country ownership critical to the success of the IA2030 vision, tailored strategies will be needed, taking into account significant differences among countries of varying sizes and resources, as well as dissimilarity in conditions, including subnational differences. IA2030 will also focus on strengthening existing partnerships and building new relationships, especially at the country level—for example, with a wider range of civil-society organisations (CSOs) and the private sector - under the leadership of national programmes.

During GVAP implementation, **Regional Vaccine Action Plans** provided a way to translate global strategies into regional planning. Regional immunisation plans will be revised for 2011-2030 to align with IA2030—a critical step in implementing the IA2030 vision and strategies.

GVAP also struggled to influence national and global responses to issues that grew in importance during the decade, such as high levels of conflict, climate change, migration, and urbanisation, as well as growing public reluctance to use vaccination services. To carry out IA2030, greater flexibility may be needed nationally and subnationally to account for local circumstances in order to respond more effectively to **emerging challenges**.

GVAP established the first global **monitoring and evaluation framework** for immunisation, defining roles and responsibilities for stakeholders. The framework provided a wealth of information on progress and raised

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<sup>14</sup> 2019 Assessment Report of the Global Vaccine Action Plan, WHO ([https://www.who.int/immunization/sage/meetings/2019/october/1\\_GVAP\\_review\\_YB.PDF](https://www.who.int/immunization/sage/meetings/2019/october/1_GVAP_review_YB.PDF)).

awareness of the need for quality data. It was unable to ensure, however, that this abundance of data led to improvements in the performance or accountability of national programmes.

IA2030 will build on these lessons, establishing greater clarity on roles and responsibilities so that the agenda can be executed nationally, regionally, and globally, and improving the use of data to prompt action and ensure accountability.

### Lessons learned from disease-specific initiatives

GVAP drew together pre-existing disease-focused goals to eradicate polio and eliminate measles and rubella, as well as maternal and neonatal tetanus. Disease-specific initiatives were inspired by the landmark achievement of smallpox eradication. They have the advantage of focusing on a single clear objective, with stakeholders agreeing to common approaches and timelines. After endorsing GVAP, the World Health Assembly approved additional disease-specific targets. (See Table 1.)

Existing disease-specific goals are enduring global commitments that will continue to be an important element of IA2030. Nevertheless, revisions may be made during the development of the IA2030 monitoring and evaluation framework, especially to goals for which target dates have passed.

**Polio.** Enormous progress has been made towards the eradication of polio. Wild poliovirus is now circulating in only two countries, where conflict, lack of access, cross-border population movements, community engagement and weaknesses in health infrastructure are major obstacles to immunisation. The continuing challenges in interrupting the transmission of wild poliovirus, as well as the emergence of circulating vaccine-derived poliovirus outbreaks in countries that have been declared polio free, demonstrates that strong immunisation programmes as a part of primary health care are essential to reaching and sustaining global eradication. In addition, as the world moves closer to global eradication, the decline in resources provided through the Global Polio Eradication Initiative (GPEI) presents an additional challenge to sustaining polio eradication and reaching broader immunisation goals. In many countries, GPEI has helped build an infrastructure that supports immunisation functions beyond polio. Effective planning for an immunisation setting without the GPEI infrastructure and resources is therefore vital to ensure that functions essential for shared disease-prevention goals—surveillance of vaccine-preventable diseases, strong immunisation services, and outbreak responses—are sustainably integrated into national immunisation programmes and resources.

**Measles.** Before measles vaccines were introduced in the 1960s, measles was a leading cause of child morbidity and mortality worldwide, responsible for more than 2 million deaths annually. From 2000 to 2018, with stronger health systems and increases in measles vaccination coverage, global measles mortality declined by about 73%. However, regional elimination has not been achieved and sustained, and in recent years an alarming resurgence in measles cases and deaths around the world has occurred, in some cases with cross-border importations and even small pockets of immunity gaps leading to large outbreaks. Because measles is so contagious, very high levels of vaccine coverage (95%) with two timely doses of measles containing vaccine are required to prevent its spread. Coverage with the first dose of measles vaccine has plateaued globally at around 85% over the past decade, and although coverage with the second dose has increased to 69%, the percentage is not sufficiently high to remove the need for supplementary means of delivering vaccine through planned campaigns, periodic intensification of routine immunisation, and other strategies. Providing every child with two timely doses of measles containing vaccine and carrying out effective elimination standard measles surveillance are, therefore, critical indicators of a strong immunisation programme, which is the foundation of primary health care. Measles cases highlight population immunity gaps, signalling a weak primary health care. Therefore, responding to the measles challenge,

which can only be achieved through a strong and resilient immunisation programme, will be a powerful and measurable means to achieve equity.

**Maternal and Neonatal Tetanus.** Three-quarters of the priority countries have attained maternal and neonatal tetanus elimination (MNTE). Greater efforts are needed to eliminate the disease in the remaining 25%. MNTE will reduce neonatal mortality, which has declined more slowly than for children under five years of age. Also, although they address inequities, current MNTE strategies target only pregnant women and women of reproductive age, leaving older male children, male adults, and elderly men unprotected from tetanus. Implementing strategies for the vaccination of all populations, using a life-course approach, will help overcome these gender disparities. Maternal and neonatal tetanus is also strongly associated with poverty, so its incidence can be used as a marker of the quality of health services being delivered to marginalised and underserved populations, and of care seeking by these groups.

**Strengthened Systems for Integrated Disease Control.** Controlling key infectious diseases equitably, efficiently, and sustainably requires both strong immunisation programmes and targeted disease-specific strategies. As an integral component of primary health care, strong disease surveillance and immunisation programmes are essential to raising immunity, reducing risk of and from disease, and preventing morbidity and mortality. Even so, supplementary immunisation activities may still be needed to quickly boost immunity in targeted populations. Deciding on the blend and balance of these two approaches depends on disease epidemiology, context, and the ability of health systems to deliver vaccines to those who need them most.

Lessons learned from the past decade demonstrate the difficulty of eradicating or eliminating a disease in the absence of strong and resilient immunisation programmes. Therefore, IA2030 focuses on building a strong national immunisation infrastructure that is integrated into primary health care services, as a way to help achieve and sustain elimination and eradication goals. To achieve universal health coverage through strong primary health care, all aspects of the health systems will need attention, including immunisation and preventive services, disease surveillance, emergency outbreak preparedness and response, as well as a strong workforce, and efficient patient management for existing and emerging diseases.

**Table 1: Existing Goals and Targets of Disease-Specific Initiatives**

Disease-specific goals (initiatives)	Targets
Polio eradication (GVAP, Polio Endgame Strategy 2019–2023)	Interrupt transmission of all wild poliovirus by 2020.
	Stop circulating vaccine-derived poliovirus outbreaks within 120 days of detection.
	Certify eradication by 2023.
Neonatal tetanus elimination (GVAP)	Eliminate neonatal tetanus in the remaining 40 countries by 2015.
Measles and rubella elimination (GVAP, Global Measles and Rubella Strategic Plan 2012–2020)	Eliminate measles in at least five World Health Organisation (WHO) regions by 2020.
	Eliminate rubella in at least five WHO regions by 2020.
Cholera control (Ending Cholera—A Global Roadmap to 2030)	Reduce cholera deaths by 90% by 2030.
Elimination of viral hepatitis as a major public health threat (Global Health Sector Strategy on Viral Hepatitis 2016–2021)	Reduce new cases of chronic viral hepatitis B and C infections by 90% by 2030.
	Reduce viral hepatitis B and C deaths by 65% by 2030.
Control of vector-borne diseases (including Japanese encephalitis) (Global Vector Control Response 2017–2030)	Reduce mortality due to vector-borne diseases by at least 75% by 2030.
	Reduce case incidence due to vector-borne diseases by at least 60% by 2030.
	Prevent epidemics of vector-borne diseases in all countries by 2030.

Elimination of yellow fever epidemics ( <a href="#">Eliminate Yellow Fever Epidemics [EYE]</a> )	Reduce yellow fever outbreaks to zero by 2026.
Elimination of meningitis epidemics and reduction of cases and deaths ( <a href="#">Global Roadmap to Defeat Meningitis</a> )	Eliminate meningitis epidemics by 2030. <sup>2</sup>
	Reduce cases and deaths from vaccine-preventable meningitis by 80% by 2030.
	Decrease the impact of sequelae by 50% by 2030.
Reduction of seasonal influenza burden ( <a href="#">Global Influenza Strategy 2019–2030</a> )	No disease-specific targets.
Zero deaths from dog-mediated rabies by 2030 ( <a href="#">Zero by 30: The Global Strategic Plan</a> )	Reduce deaths from dog-mediated rabies to zero by 2030.

1. Target dates are dependent on the epidemiological situation.

2. As of September 13, 2019.

## Changing context and challenges

As well as drawing lessons from the past decade, IA2030 has been shaped by the changing global environment.

**Sustaining Trust.** Uptake of immunisation services is affected by multiple factors, from the convenience and quality of facilities and services to the spread of misinformation about the safety and effectiveness of vaccines. These considerations need to be understood and dealt with in order to enhance and sustain trust in vaccines and immunisation services within communities and to build resilience against misinformation about vaccines. To tackle the harm being caused by antivaccination messaging—especially through social media—the specific context and reasons for the lack of trust must be understood, and robust efforts must be made to build and keep trust, especially in the face of falsehoods. Strategic investments to forge trust and confidence in vaccines can increase community support for vaccines and assure that immunisation is viewed as a social norm.

**Inequities.** The benefits of immunisation are not spread equally, either among or within countries. As of 2018, 70% of unvaccinated children lived in **middle-income countries**.<sup>15</sup> Reaching all people will require higher national vaccine coverage but also fewer **subnational inequities**. Success will depend on interventions that take into account poverty, education, socioeconomic and cultural factors, and gender-related barriers hindering access to immunisation.

**Population Movements.** Continuing **urbanisation** will pose a major challenge as it results in large and dense urban populations at high risk of infectious disease. Migration and **cross-border population movements** have the potential to generate communities of unprotected individuals at risk of infection. Migrants and mobile populations are often difficult to reach or track. Most often they move across borders, and therefore it is not even clear who is responsible to vaccinate these populations, so they may end up being marginalised and be entirely left out.

**Ensuring Immunisation for All Ages.** Expanding the benefits of vaccination to all age groups offers tremendous opportunities, but more effort is needed to do it effectively. As more vaccines become available for older age groups, new methods are needed to reach populations other than infants and to deliver integrated and people-centred health services. The world is also experiencing significant **demographic shifts**. Regions like Africa are undergoing rapid population growth and a resultant “youth bulge,” whereas others are experiencing significant population ageing. These shifts will have a major impact on the need and design of immunisation services at different ages.

**Climate Change and Natural Disasters.** The world’s changing climate will have significant implications for infectious disease. New populations will be exposed to vector-borne diseases such as malaria and dengue, and increased risks of flooding will boost chances for the spread of water-borne diseases such as cholera. Climate

<sup>15</sup> WHO/UNICEF coverage estimates, 2018 revision, July 2019 ([https://www.who.int/immunization/monitoring\\_surveillance/data/en/](https://www.who.int/immunization/monitoring_surveillance/data/en/)).

change also disrupts seasonal disease patterns, potentially shifting the timing, duration, and pattern of their transmission. In addition, it can alter the endemicity of infectious diseases. Climate-informed surveillance-and-response systems will be an essential part of national preparedness for infectious-disease outbreaks. Furthermore, the environmental impact of vaccine waste, from excess packing to burning which releases harmful pollutants, will have to be more comprehensively addressed and minimized as part of efforts to mitigate climate change.

**Conflict and Political Instability.** Civil conflict can rapidly lead to loss of health-service infrastructure and shortages of trained health workers, often for extended periods, thereby disrupting delivery of immunisation services. Affected populations are frequently also at higher risk of infectious diseases because of the breakdown in national infrastructure and mass displacement into temporary settlements.

**Outbreaks.** The world continues to experience outbreaks of measles, yellow fever, diphtheria, and other vaccine-preventable diseases, as well as of emerging infections such as Ebola. Immunisation and **disease surveillance** will be critical for preventing, detecting, and controlling infectious-disease outbreaks. Disease surveillance provides insight into the effectiveness of immunisation programmes, informs their optimisation, and serves as early warning of potential outbreaks. Comprehensive preparedness and response strategies, including the capacity to carry out research during outbreaks, will limit the impact of outbreaks on people's health and national finances.

**Optimising and Sustaining Supplies.** Achieving the IA2030 vision will require a **reliable global supply of appropriate, affordable and innovative vaccines and other immunisation products of assured quality**. Every year, many countries experience disruptions in the supply of vaccines, often because of a mismatch between global production levels and the combined needs of countries. Attention must be given to achieving and sustaining healthy market dynamics for vaccines and immunisation products over the long term, both globally and regionally. Reliable forecasts of national vaccine needs and priorities will continue to be important enablers in improving healthy market dynamics and improving and sustaining supplies. The **price of vaccines** is another key barrier to access, and can delay the introduction of new vaccines in low- and middle-income countries. In addition, there are regulatory, financing and procurement barriers to sustainable vaccine supplies. For instance, countries also have markedly different procurement processes that may need adjustments to respond to changes in the vaccine market and in quality-assurance requirements.

### What's new in IA2030?

Recognising these lessons from the past, as well as the changing context, IA2030 differs from its predecessor—GVAP—in several marked respects:

- **Bottom-up Co-creation.** IA2030 has been developed through a co-creation process. The close engagement of countries in its development ensures that the vision, strategic priorities, and goals align with each country's needs.
- **Tailored Implementation Adapted to Country Context.** The IA2030 strategic framework is flexible, moving away from a “one-size-fits-all” approach. It allows countries to adapt the global framework to their local conditions, and ensures that partners provide differentiated, targeted, and customised support.
- **Adaptability to Changing Needs.** The IA2030 strategic framework is designed to adapt to changing needs and new challenges that emerge over the decade.
- **Targeted Ways to Address Inequities.** IA2030 aims to ensure that the benefits of immunisation are equitably shared among and within countries. It gives priority to those populations not currently being reached, particularly the most marginalised communities, those living in fragile and conflict-affected settings, and mobile populations, especially those moving across borders.

- **Gender-Responsive Strategies.** IA2030 reaches beyond gender-related strategies that focus only on coverage rates of boys and girls. It aims at understanding and addressing all direct and indirect barriers affecting access to immunisation services, including those related to the gender of caregivers, health workers, and aiming at increasing women's full and equal participation to decision-making at all levels.
- **Stronger Focus on Systems Strengthening.** IA2030 positions sustainable immunisation programmes, embedded within primary health care, as the basis for achieving high immunisation coverage and advancing universal health coverage. Notably, IA2030 builds on existing disease-specific initiatives by emphasising the importance of these goals, while stressing the importance of importance of strengthening the health system to help achieve disease control and elimination and eradication goals.
- **Measles as a Tracer.** IA2030 regards measles vaccination coverage and incidence - tracked through surveillance data – as a tracer to measure the strength of immunisation programmes, indicating communities and age groups that are un- or under- immunized and where more efforts are needed.
- **Life Course Approach.** The growing number of new vaccines administered beyond childhood is opening frontiers for national immunisation programmes and necessitates new methods for delivery. IA2030 has a stronger focus on expanding the benefits of immunisation throughout the life course.
- **Strengthening Partnerships Beyond Health.** The future of immunisation will increasingly be based on integration and collaboration with stakeholders within and beyond health. IA2030 targets closer collaboration with existing and new partners. This enhanced collaboration will have mutual advantages, extending the benefits of immunisation while helping others achieve their goals.
- **Accelerating Innovation.** A more nimble and robust research agenda brings new opportunities to meet unknown future challenges. IA2030 concentrates not only on new vaccine development but also on speeding innovations to improve programme performance, as well as surveillance and quality and access to immunisation data, drawing on lessons learned from other sectors.
- **Better Use of Existing Resources for Self-Sustainability.** IA2030 has a strong focus on maximising the impact achieved with existing resources. Efficient, effective, and resilient national immunisation programmes delivered as a part of primary health care, backed by strong political commitment and popular support, hold the key to future progress and long-term sustainability. Partners have a vital role to play in supporting countries on this pathway to self-sustainability.

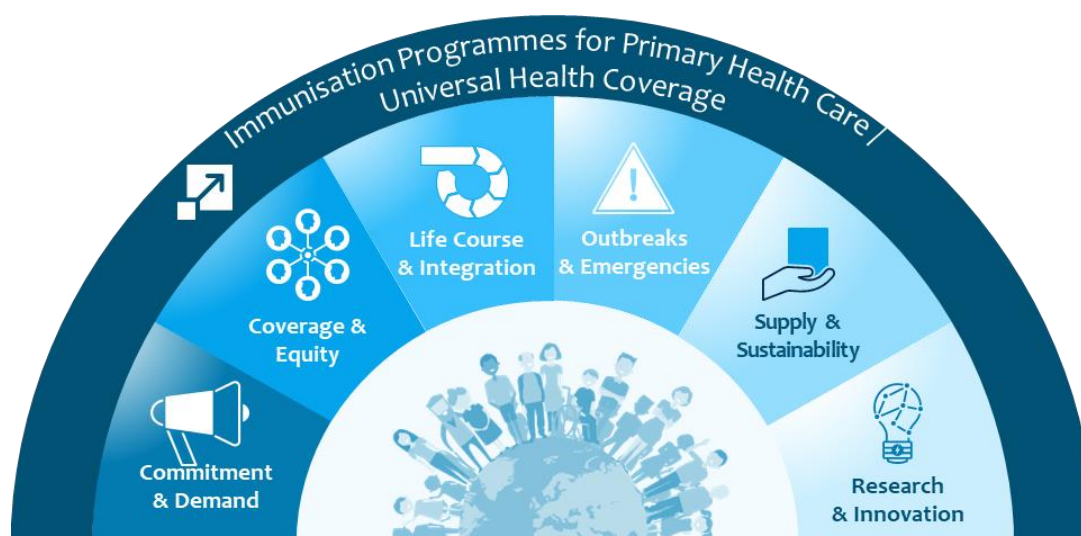
These shifts in emphasis do not, however, lessen the importance of GVAP's still-relevant priorities, which have been incorporated into IA2030's framework for action.



## A Framework for Action

IA2030 is based on a conceptual framework of **seven strategic priorities**. (See Figure 2.) Each strategic priority has defined **objectives and goals** and outlines the **key areas of focus** for future efforts. Actions towards these interrelated strategic priorities are needed to achieve IA2030's overall vision and impact goals and to ensure that immunisation fully contributes to stronger primary health care and the attainment of universal health coverage.

Figure 2: The Seven Strategic Priorities of IA2030



The **first strategic priority is overarching**, to ensure that the immunisation programmes are an integral part of primary health care services, aligned to the ambition of universal health coverage. The second relates to commitment and community demand. Together, these first two strategic priorities pinpoint the **fundamentals of an immunisation programme** needed to deliver people-centred and demand-driven services to individuals and communities.

The next three strategic priorities focus on ensuring the **delivery of immunisation services** throughout the life course to all, and to do so amid population growth, continuing urbanisation, rising migration, cross-border population movements, and displacement of populations, as well as in locations affected by conflict, political instability, natural disasters, and climate change.

The remaining two strategic priorities will **enable success**. Continued investments in research are needed to combat important infections for which no vaccines exist. Similarly, innovations will improve the performance of immunisation programmes, enhancing the delivery of immunisation services to underserved populations. Likewise, assuring a reliable global supply of affordable vaccines and dedicated efforts to ensure sustainability of national programmes worldwide are also critical enablers of success.

The seven strategic priorities are anchored by **four core principles** that will shape the nature of actions undertaken to achieve every strategic priority objective and goal. (See Figure 3.) The four core principles are the threads that weave together the strategic priorities and provide guidance on the translation of a high-level strategy into practical actions. They also convey key messages to all partners within and outside of the immunisation community on the values and guiding principles that underpin mutually beneficial partnerships and alignment of activities.



Figure 3: The Four Core Principles of IA2030



**People-Focused**—*Ensuring responsiveness to populations needs*

The design, management, and delivery of immunisation services should be shaped by, and be responsive to, the needs of individuals and communities, including a specific focus on addressing barriers to accessing immunisation services based on age, location, social and cultural, and gender-related factors.



**Country-Owned**—*Driving progress from the bottom up*

Countries should establish targets that are shaped by local contexts and be held accountable for achieving them.



**Partnership-Based**—*Aligning efforts to maximise impact*

Immunisation partners will align and coordinate actions to increase efficiencies and build on complementarities, and reach out to sectors beyond immunisation for mutual benefit.



**Data-Guided**—*Promoting evidence-based decision making*

Reliable and timely data will be used to track progress, drive improvements in programme performance, and underpin decision making at all levels.

**Objective:**

Immunisation programs that are effective, efficient, and resilient deliver vaccination services safely and sustainably as part of national primary health care services, contributing to universal health coverage.

**Goals:**

- Ensure the availability of an adequate well-trained health care workforce.
- Build and strengthen comprehensive vaccine-preventable-disease surveillance, supported by strong and reliable laboratory-based systems.
- Secure high-quality supply chains and effective vaccine management to facilitate equitable coverage in immunisation and, where possible, establish synergies with other primary health care supply chains.
- Generate and use fit-for-purpose immunisation data for evidence-based decision making at all levels.
- Ensure the functionality of vaccine safety systems, in close collaboration with national regulatory agencies.

**Key areas of focus:**

**Immunisation in primary health care**

*Ensure that sustainable immunisation programmes are an integral part of national primary health care strategies and operations, as well as national strategies for universal health coverage.*

**Health workforce**

*Develop health workers who are appropriately distributed, motivated, skilled, available, knowledgeable, and well-resourced to plan, manage, implement, and monitor the performance of immunisation programmes at all levels and locations.*

**Supply chain and logistics**

*Strengthen supply chains to ensure that high-quality vaccines are always available in the right quantity and form, at the right time, and in the right place. Promote integration with other supply chains for a more effective delivery of primary health care. Invest in systems and infrastructure to safely manage, treat and dispose of vaccine waste.*

**Vaccine-preventable-disease surveillance**

*Enhance the efficiency, responsiveness, and comprehensiveness of disease surveillance (including epidemiology and laboratory capacity) in order to do the following: aid the introduction of vaccines; optimise immunisation programmes; measure vaccine impact; monitor disease control, elimination, and eradication; and detect, investigate, and respond to outbreaks. These efforts should build on existing surveillance infrastructure, such as that for polio and measles.*

**Health information systems**

*Ensure that health information systems enable health workers and decision makers to generate and use fit-for-purpose data to effectively implement and manage immunisation programmes at all levels and integrated into country information systems.*

**Vaccine safety monitoring**

*Ensure that national immunisation programmes are able to detect and respond to potential concerns about vaccine safety through continuous monitoring and coordination among relevant stakeholders.*

## Disease control initiatives

Ensure that efforts to strengthen national health systems and initiatives for disease control, elimination, and eradication are carried out in a mutually reinforcing way.

### Applying the core principles:

#### People-Focused

Immunisation will be stepped up in ways that are designed and tailored to the needs and social and cultural preferences of people and communities.

#### Country-Owned

National strategies and plans to build and sustain robust immunisation programmes will strengthen health systems and primary health care in order to attain universal health coverage.

#### Partnership-Based

Public and private partnerships—including those with partners beyond the health sector, with the private sector, and with CSOs—will be forged and coordinated efforts made to strengthen immunisation programmes.

#### Data-Guided

Strengthening immunisation programmes and improving their design and performance for universal health coverage will be guided by data, evidence, and lessons learned from best practices.

## [SP 2] Commitment & Demand<sup>16</sup>

### Objectives:

- Everyone values immunisation and actively seeks out and receives immunisation services.
- Immunisation is positioned as a key contributor to the enjoyment of the highest attainable standard of health as a fundamental right, with accountability and ownership at all levels.

### Goals:

- Build and sustain strong social, political, and financial commitment for immunisation.
- Strengthen leadership, management, and coordination for immunisation programmes at all levels.
- Ensure that people and communities value, actively support, and seek out immunisation services.

### Key areas of focus:

#### Commitment

Ensure that key groups, champions, and stakeholders advocate for greater commitment and ownership of immunisation programmes. This includes advocating for sustained domestic financing, both nationally and subnationally. Encourage leaders to prioritise immunisation in their strategic and operational planning and in their policy, fiscal, and legislative instruments. Strengthen evidence-based decision making, including technical input from bodies such as the National Immunisation Technical Advisory Groups (NITAGs).

#### Subnational support

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<sup>16</sup> For the context of this strategic priority, “demand” refers to the actions that individuals and communities take to seek, support, or advocate for vaccines and vaccination services. Demand is dynamic and varies by context, vaccine, vaccination services provided, time, and place. Demand is fostered by governments, immunisation-programme managers, public- and private-sector providers, local leadership, and civil-society organisations hearing and acting on the voices of individuals and communities. Source: “Final Report from the Informal Working Group on Strategic Objective 2 (SO2) of the Global Vaccine Action Plan (GVAP) to the Strategic Advisory Group of Experts (SAGE) of the World Health Organisation GVAP Working Group” (April 2017).

*Build support for immunisation and capacity for leadership, management, and coordination nationally and subnationally, especially in large countries and in those with decentralised health systems. Establish mechanisms for stakeholder coordination and participation in planning, implementation, and monitoring.*

### **Accountability**

*Establish accountability frameworks involving all stakeholders at all levels, incorporating platforms for engagement and dialogue. Ensure that communities and CSOs are better equipped to hold national and subnational authorities accountable for the equitable delivery and quality of immunisation services. Ensure access to data, information and develop frameworks for joint monitoring.*

### **Leadership, governance, and management**

*Create an environment that enables effective coordination, financial management, and performance monitoring at every level of the immunisation programmes.*

### **Public trust and confidence**

*Establish an ongoing understanding of the comprehensive range of behavioural and social drivers to vaccination (including social processes, gender-related barriers, social media and practical factors), in order to engage communities and encourage greater use of immunisation services.*

### **Public knowledge and understanding**

*Include the topic of immunisation in education curricula, formulate public-education tools (including those that meet the specific needs of vulnerable or marginalised groups), provide educational opportunities for the health workforce, and develop information resources for advocacy groups.*

### **Acceptance and the value of immunisation**

*Use local data to understand and bring tailored solutions to address the underlying causes of low vaccination rates. Use the evidence to respond to barriers related to practical factors, such as access to quality services, and to support positive attitudes and social influences. Proactively implement plans to prevent and respond to adverse events, rumours, and hesitancy and to strengthen resilience against such matters.*

### **Addressing the reluctance to vaccinate**

*Understand and attend to concerns of the public, and develop robust and innovative strategies to mitigate vaccine misinformation, and reduce its propagation and negative impact.*

### **Applying the core principles:**

#### **People-Focused**

Community engagement will be at the heart of building people's trust and of their acceptance and use of vaccines. The emphasis is on dialogue, service quality, effective and respectful provider communication in primary care and accountability.

#### **Country-Owned**

Political leaders, civil society, and immunisation champions will be identified to ensure that countries commit to the enjoyment of the highest attainable standard of health and to ensure that communities are protected against vaccine-preventable diseases.

#### **Partnership-Based**

New partnerships across multiple actors will be formed to build knowledge and raise awareness of the value of immunisation, and to overcome equity and gender barriers in order to build relationships and trust with communities.

#### **Data-Guided**

Behavioural and social research, data, and evidence will be collected locally and nationally to help develop and evaluate appropriate interventions. Communication technologies will be deployed to increase commitment to, and demand for, immunisation.

### Objective:

Everyone has access to safe and effective vaccines regardless of their geographical location, age, socioeconomic status, or any gender-related or other obstacle impeding their opportunity to gain the full benefits of vaccination.

### Goals:

- Reach high and equitable immunisation coverage nationally and in all districts.
- Increase vaccine coverage among the most disadvantaged populations.
- Extend immunisation services to regularly reach under-immunised and “zero dose” children.

### Key areas of focus:

#### Disadvantaged populations

*Identify and address low levels of coverage throughout the entire life course of the poorest and most disadvantaged individuals and communities.*

#### Barriers to immunisation

*Identify barriers to uptake of immunisation services based on age, location, social and cultural, and gender-related factors, and use evidence-based approaches to overcome these barriers to achieve high, equitable coverage.*

#### Gender-responsive strategies

*Understand the role of gender in accessing immunisation services, and implement gender-responsive strategies to overcome barriers faced by recipients, caregivers, service providers, and health workers.*

#### Measles as a tracer

*Use measles cases and outbreaks as a tracer to identify weaknesses in immunisation programmes, and guide programmatic planning to identify and address these weaknesses.*

#### Learning from disease-specific initiatives

*Use the experiences from disease eradication and elimination initiatives in reaching the most marginalised populations, integrating successful strategies for delivery and accountability into the full immunisation programmes.*

#### Context-specific interventions

*Develop, evaluate, and scale up innovative, locally tailored, evidence-based, and people-centred approaches to reach poorly served populations.*

#### Implementation research

*Strengthen local capacity to conduct implementation research to identify factors affecting the equity of immunisation coverage, interventions that enhance coverage and equity and to promote use of the results to implement locally tailored and context-specific interventions and innovations to address inequalities.*

### Applying the core principles:

#### People-Focused

Coverage and equity gaps will be addressed—especially among

#### Country-Owned

To overcome immunisation barriers, national immunisation programmes

#### Partnership-Based

Partnerships will be built with local communities and representatives of

#### Data-Guided

Immunisation data systems will be expanded to map and track “zero dose” and

marginalised and disadvantaged communities, including mobile populations and displaced people—by actively engaging representatives of local communities and local health providers in designing interventions tailored to these groups.

will need to implement strategies based on proven and innovative approaches and local research into effective ways to deliver services to underserved groups.

marginalised groups to gain a solid understanding of the obstacles that bar access to vaccination (including gender barriers faced by recipients, caregivers, and health workers) and to address inequities.

underimmunised populations subnationally, as well as specific marginalised groups, to ensure they are reached by the immunisation programme.

## [SP 4] Life Course & Integration

### Objectives:

- Everyone benefits from recommended vaccines throughout the life course.
- Vaccines delivery is integrated with other essential health interventions, where most beneficial and effective, and leverages on the entire vaccine programme.

### Goals:

- Strengthen policies and service delivery throughout the life course, including for appropriate catch-up vaccinations.
- Establish integrated delivery points of contact between immunisation and other public health interventions for different target age groups.
- Increase support for research and development of vaccines intended to reduce disease burden in older age groups.

### Key areas of focus:

#### **Mobilising support**

*Raise awareness of the benefits of vaccines beyond early childhood, through adolescence and in priority adult groups such as pregnant women, health workers, and older adults.*

#### **Evidence-based delivery practices**

*Identify and evaluate new delivery strategies for scaling up coverage of recommended vaccines throughout the life course.*

#### **Missed opportunities**

*Implement proven approaches to reduce the number of missed opportunities by integrating immunisation with other primary health care planning, health registers and other record systems, and streamlining the use of all health system encounters to check and provide missed vaccines and other essential health interventions.*

#### **Cross-sector collaborations**

*Develop collaborative initiatives to integrate age-appropriate and catch-up vaccination with public and private health services, emphasizing the reciprocal benefits of receiving vaccines with other health interventions. Establish collaborations beyond health care to develop context-specific programmes incorporating immunisation in programmes such as education, nutrition, water and sanitation, care of older people, and women's empowerment.*

#### **Policy environment**

Promote changes in legislation or policy (of immunisation and other programmes) to enable the national focus to expand beyond early childhood immunisation. Develop new collaborations and private-sector partnerships to mobilise financing of immunisation in older age groups.

### Tracking vaccination status

Institute policies that enable vaccination coverage to be monitored at different ages and that facilitate the administration of vaccinations throughout the life course.

### Vaccine development

Generate evidence on the disease burden among older age groups, the potential of vaccines to decrease it, and the programmatic implications for introducing these vaccines.

## Applying the core principles:

#### People-Focused

To meet the needs of different age groups, life-course vaccinations will be integrated into other health care services according to the needs of individuals.

#### Country-Owned

NITAGs will guide country programmes in the expansion of vaccination beyond infancy, as well as at contact points throughout the life course that reflect the specific national and subnational contexts.

#### Partnership-Based

Partnerships with other health interventions and with non-health actors (including those in education, water, sanitation and hygiene, and nutrition) will be built to develop comprehensive life-course approaches for disease control and elimination, including for pneumococcus, diarrhoea, and cervical cancer.

#### Data-Guided

Implementation and social and behavioural research will be conducted to generate data and evidence on effective ways to deliver integrated and coordinated packages of services with immunisation and to identify new vaccination contact points throughout the life course. Research will identify new vaccines needed for older age groups.

## [SP 5] Outbreaks & Emergencies

### Objectives:

- Capacities to prepare for, prevent, detect, and rapidly respond to vaccine-preventable and emerging disease outbreaks are maintained and strengthened.
- People affected by conflict, political instability, acute emergencies, and humanitarian crises receive immunisation services, adapted to their specific needs.

### Goals:

- Decrease the number and magnitude of outbreaks of epidemic-prone vaccine preventable diseases.
- Ensure timely, well-organised responses to outbreaks of epidemic-prone vaccine-preventable diseases.
- Establish timely and appropriate vaccination services during acute emergencies and humanitarian crises.

### Key areas of focus:

#### Coordination and integration

Strengthen coordination and implementation of outbreak preparedness, detection, and response and vaccination activities, in the contexts of the overall humanitarian response, international health regulations, and health systems development programming.



## Local capacity

*Invest in and sustain local capacities and health systems to establish timely detection of, and response to vaccine preventable disease outbreaks; identify and address the underlying causes of outbreaks; ensure that communities affected by outbreaks, other emergencies, and humanitarian crises have continuous access to a package of health services which includes immunisation; and ensure that immunisation outbreak and emergency response are embedded into recovery plans.*

## Comprehensive health response

*Ensure that global, regional, national, and subnational coordination and governance mechanisms can effectively support equitable, transparent, and timely decision making on the allocation of essential supplies and vaccines and the mobilisation of trained human resources.*

## Integrated surveillance

*Rebuild national, regional, and local capacity to conduct integrated surveillance for priority and emerging infectious diseases rapidly after an emergency or humanitarian event, maximising opportunities to monitor and characterise multiple pathogens to ensure early detection of outbreaks. Strengthen integrated disease surveillance for epidemic prone vaccine preventable diseases to enhance prevention and response.*

## Tailored approaches and innovation

*Develop, implement, and evaluate innovative, tailored approaches and relevant frameworks and tools to safely, ethically, and equitably vaccinate populations during outbreaks and in settings that require humanitarian aid. Along with broader early-recovery efforts, and in line with disaster risk-reduction principles, re-establish immunisation services following acute emergencies.*

## Community engagement

*Prioritise two-way communication and engagement with communities and health workers during outbreaks and in settings that require humanitarian aid, in order to effectively limit health emergencies and outbreaks and promote participation in decision making; ensure access to and use of services; and identify and tend to unmet health needs.*

## Applying the core principles:

### People-Focused

Preparedness for, and response to, outbreaks and emergencies will include adapting interventions to meet the full range of affected individuals' needs, including those of mobile populations and displaced people, and will entail drawing on local knowledge to tailor the interventions to the context.

### Country-Owned

National authorities will coordinate efforts to handle emergencies and outbreaks with local authorities, and services will be delivered using trained local staff and community mobilisation networks.

### Partnership-Based

Partnership will be built for coordinated action to provide an integrated package of health services, including vaccination, in ways that support ongoing health systems and surveillance strategies during outbreaks and other acute emergencies, as well as in settings that require humanitarian aid.

### Data-Guided

Research and evaluations will be conducted to generate evidence on novel approaches to identify outbreaks early and to deliver vaccinations and health services during outbreaks and other acute emergencies, as well as in settings that require humanitarian aid.

## [SP 6] Supply & Sustainability

### Objectives:

- All countries have a reliable supply of appropriate, innovative, and affordable vaccines of assured quality.

- Adequate and predictable financing is available for immunisation, through a health financing system that ensures efficient use of resources and universal and equitable access.

### Goals:

- Build and maintain healthy global markets across all vaccine antigens.
- Safeguard access to quality-assured vaccines in a timely fashion in all countries.
- Ensure sufficient financial support for immunisation programmes in all countries in order to achieve universal health coverage.
- Increase immunisation expenditure from domestic resources for aid-dependent countries, and when transitioning away from aid, secure government domestic funding to sustain coverage for all vaccines after the transition.

### Key areas of focus:

#### **Innovation and affordability**

*Ensure that development and supply of, as well as access to, new vaccines meet country needs, and that vaccines are introduced in a timely manner regardless of a country's wealth and are priced affordably to sustain the supply.*

#### **Vaccine forecasting, procurement and supply**

*Enhance national and global forecasting, planning and procurement capabilities and strengthen relationships with manufacturers to make sure that vaccine production and supply meet national needs in all countries.*

#### **Sources of assured quality vaccines**

*Strengthen regulatory capacity in all countries to improve timely access to vaccines of assured quality and to allow diversification of manufacturing sources.*

#### **Supply for emergency situations**

*Strengthen mechanisms for rapid access in emergency, outbreak, or pandemic situations plus those requiring humanitarian aid. This includes sustainable manufacturing, exploring new platforms for rapid scale up of production to address surge requirements and rapid access.*

#### **Sufficient and predictable resources**

*Ensure that funding from all sources is sufficient to procure and deliver recommended vaccines universally.*

#### **Immunisation financing**

*Ensure good governance, stewardship, and accountability of immunisation-programme financing to achieve high performance and best value for the money.*

#### **Partner alignment**

*Streamline and align partnerships that provide immunisation, primary health care, or integrated financing, and ensure effective global collaboration in which the roles, responsibilities, and accountability of all partners are clearly defined, transparent, and monitored.*

#### **Sustainable transitions**

*Ensure that mechanisms exist for countries to transition smoothly out of donor supported programmes, while maintaining and enhancing their immunisation programmes.*

### Applying the core principles:

### People-Focused

There will be a strong focus on developing local human capacity to (1) govern and manage immunisation financing and (2) build understanding of choices so that forecasting of current and future vaccine markets may be better informed.

### Country-Owned

Adequate country capacity to plan for and secure the required financing for their vaccine programme will reduce reliance on external support. Countries will be able to plan, forecast, budget for, and procure required vaccines and ensure the quality of vaccines used by their populations.

### Partnership-Based

Better partnerships will be built to plan for and ensure long-term sustainable financing, with all partners having clear roles, responsibilities, and accountability. Enhanced collaboration among key stakeholders will support healthy vaccine markets.

### Data-Guided

Data systems will be expanded to better allocate resources within national immunisation programmes, monitor the use of these resources, and better forecast vaccine demand, supply, and pricing.

## [SP 7] Research & Innovation

### Objectives:

- Innovations that meet needs of vaccine programmes and communities are developed and made available. These include new and improved vaccines, technologies, and vaccine manufacturing platforms, as well as improvements in immunisation service delivery and programme management.
- Data on the benefits of innovations are generated to strengthen the evidence base and enable advocacy for their implementation at scale.

### Goals:

- Establish and strengthen country capacity to identify, generate, and manage innovation.
- Develop new vaccines and technologies, and improve existing products and services for immunisation programmes.
- Introduce and scale up new and underused vaccines and improved technologies, services, and practices.

### Key areas of focus:

#### Needs-based innovation

*Strengthen mechanisms to identify vaccine related research and innovation priorities according to community needs, particularly for the underserved, and ensure that these priorities inform innovations in immunisation products, services, and practices.*

#### New and improved products, services and practices

*Accelerate the development of new vaccines, technologies, and improvements to existing products, services and practices, while ensuring continued progress on vaccines for priority targets including, among others HIV, TB, malaria, emerging infectious diseases.*

#### Evidence for Implementation

*Shorten the path to maximum vaccine impact by using implementation and operational research, as well as by enabling evidence-informed policy and implementation decisions based on sound evidence on needs, benefits and risks.*

#### Local innovation

*Build local capacity to use and source innovation to solve programmatic challenges so that innovations are closer to the problem, are co-created and demanded by local managers, and can be rapidly brought to scale.*

### Applying the core principles:

#### People-Focused

Innovations in products, services, and practices will be client focused and address community and provider needs and preferences.

#### Country-Owned

Countries will have the capacity to identify, source and manage vaccine and immunisation innovation. This includes determining, documenting, and communicating their priorities, along with identifying, evaluating and implementing local and global innovations. Country priorities will inform the global innovation agenda.

#### Partnership-Based

Partners will devise ways to support the development, evaluation, implementation, and sustainability of suitable immunisation solutions, drawing on the complementary expertise of national and global stakeholders.

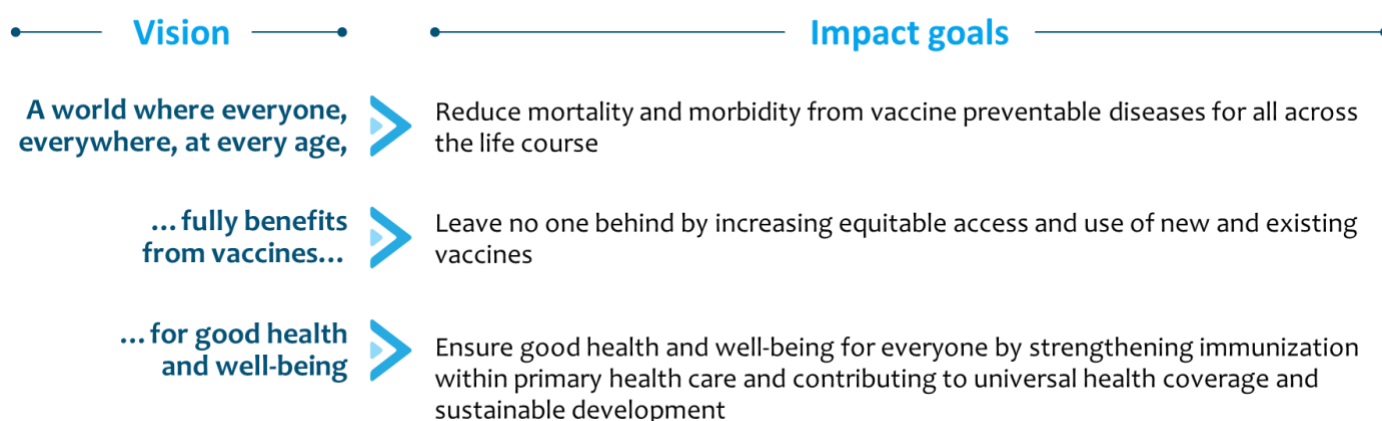
#### Data-Guided

Evidence on unmet needs and the value of innovations in all aspects of immunisation will be rigorously collected and shared to promote evidence-based research, development, execution, and scale-up.

## Impact and Strategic Priority Goals

Realising the IA2030 vision will require achieving the impact goals shown in Figure 4:

**Figure 4: Impact Goals for the IA2030 Vision**



In addition, each strategic priority will have specific goals that are used as the basis for evaluating progress on the priorities. (See Figure 5.) These goals will complement the existing disease-specific goals as well as the broader health goals and SDGs. The strategic priority goals will mirror the ambition of these existing commitments and aim to galvanise efforts to reach important gains in immunisation over the coming decade.

As an adaptive and flexible strategy, the IA2030 framework allows goals to be revised throughout the decade in response to major contextual changes. These goals will be further refined in the monitoring and evaluation framework and will include indicators, targets, and methods for tracking progress.

IA2030 goals will inspire action for implementation. For countries, this action could mean setting evidence-based, but ambitious country-specific targets and milestones for the decade. For regions, it could mean defining a trajectory towards achieving the global goals by setting specific targets and milestones in regional vaccination

action plans. For partner organisations, it could mean aligning organisational strategies and indicators to support attainment of IA2030 goals.

Goal and target setting globally, regionally, and by country should be:<sup>17</sup>

- Aligned with the vision of IA2030.
- Responsive to changing trends and conditions.
- Aligned with the broader health agenda (SDG3, primary health care, and universal health coverage).
- Ambitious, but achievable and measurable to enable accountability.
- Linked to an action and a work plan.
- Reinforcing previous commitments (for example, disease-specific goals, as shown in Table 1).

**Figure 5: IA2030 Impact Goals and Strategic Priority Goals**

Strategic priorities	Strategic priority goals
Immunisation Programmes for Primary Health Care / Universal Health Coverage	<ul style="list-style-type: none"> <li>• Ensure the availability of an adequate well-trained health care workforce.</li> <li>• Build and strengthen comprehensive vaccine-preventable-disease surveillance, supported by strong and reliable laboratory-based systems.</li> <li>• Secure high-quality supply chains and effective vaccine management to facilitate equitable coverage in immunisation and, where possible, establish synergies with other primary health care supply chains.</li> <li>• Generate and use fit-for-purpose immunisation data for evidence-based decision making at all levels.</li> <li>• Ensure the functionality of vaccine safety systems, in close collaboration with national regulatory agencies.</li> </ul>
Commitment & Demand	<ul style="list-style-type: none"> <li>• Build and sustain strong social, political, and financial commitment for immunisation.</li> <li>• Strengthen leadership, management, and coordination for immunisation programmes at all levels.</li> <li>• Ensure that people and communities value, actively support, and seek out immunisation services.</li> </ul>
Coverage & Equity	<ul style="list-style-type: none"> <li>• Reach high and equitable immunisation coverage nationally and in all districts.</li> <li>• Increase vaccine coverage among the most disadvantaged populations.</li> <li>• Extend immunisation services to regularly reach under-immunised and “zero-dose” children.</li> </ul>
Life Course & Integration	<ul style="list-style-type: none"> <li>• Strengthen policies and service throughout the life course, including for appropriate catch-up vaccinations</li> <li>• Establish integrated delivery points of contact between immunisation and other public health interventions for different target age groups.</li> <li>• Increase support for research and development of vaccines intended to reduce disease burden in older age groups.</li> </ul>
Outbreaks & Emergencies	<ul style="list-style-type: none"> <li>• Decrease the number and magnitude of outbreaks of epidemic-prone vaccine-preventable diseases.</li> <li>• Ensure timely, well-organised responses to outbreaks of epidemic-prone vaccine-preventable diseases.</li> <li>• Establish timely and appropriate vaccination services during acute emergencies and humanitarian crises.</li> </ul>
Supply & Sustainability	<ul style="list-style-type: none"> <li>• Build and maintain healthy global markets across all vaccine antigens.</li> <li>• Safeguard access to quality-assured vaccines in a timely fashion in all countries.</li> <li>• Ensure sufficient financial support for immunisation programmes in all countries in order to achieve universal health coverage.</li> <li>• Increase immunisation expenditure from domestic resources for aid-dependent countries, and when transitioning away from aid, secure government domestic funding to sustain coverage for all vaccines after the transition.</li> </ul>
Research & Innovation	<ul style="list-style-type: none"> <li>• Establish and strengthen country capacity to identify, generate, and manage innovation.</li> <li>• Develop new vaccines and technologies, and improve existing products and services for immunisation programmes.</li> <li>• Introduce and scale up new and underused vaccines and improved technologies, services, and practices.</li> </ul>

<sup>17</sup> Definitions of key terms: a goal is an ambitious commitment to address a single challenge; an indicator is a metric used to measure a goal; and a target is a specific (and sometimes time-bound) outcome of an indicator to identify a goal’s achievement.

IA2030 is an **overarching strategy** intended to establish a **shared vision and strategic priorities** on immunisation in order to guide the activities of countries and stakeholder organisations.

The vision and strategy of IA2030 do not exist in isolation. It is backed by technical analyses and documentation, with complementing strategies of stakeholder organisations, disease-specific initiatives, and other global health and development programmes and are meant to steer the progress of national strategies and plans for immunisation.

Furthermore, the creation of IA2030 is planned as a **multistep process** that entails agreement on a vision, strategic priorities, and high-level goals as a first step. Equally important is the second step: translating the strategy into concrete actions. This will take place through the development of regional and national operational plans, an IA2030 governance mechanism, and a monitoring and evaluation framework.

IA2030 is designed to be adapted to regional and national contexts. Countries will be able to prioritise their efforts towards the focus areas of each IA2030 strategic priority, depending on their local situation. IA2030 enables partners and stakeholders at all levels to align their work, ensuring that all efforts reinforce one another in pursuit of common goals.

### Operational plans

The global strategy will become operational nationally, regionally, and globally, shaped by IA2030's seven strategic priorities and four core principles.

**Nationally**, countries can incorporate the IA2030 vision and strategies into their national immunisation strategies as part of their national health-planning process. Countries will define their own targets and timelines to achieve IA2030 goals. Support it will be tailored to country context and integrated, as much as possible, into processes to strengthen primary health care, achieve universal health care, and attain the SDGs.

**Regionally**, existing **regional vaccination action plans** will be updated to align with IA2030's vision and strategic priorities. Tailored support will be provided to countries according to the different needs of national immunisation programmes. Regional collaboration will involve stakeholders within and outside of immunisation to take advantage of synergies and promote integration.

**Globally**, operationalising the IA2030 vision and strategy will focus on those components that are best coordinated globally, with alignment among global stakeholders. It will require communications and advocacy to maintain momentum, mobilise support for IA2030 and for immunisation more generally, and promote buy-in to IA2030's principles and strategic priorities.

### Governance mechanism

A governance mechanism will be established to ensure implementation and accountability, defining the roles and responsibilities of all stakeholders delivering the IA2030 vision and strategies. This will be a key objective of the second phase of the IA2030 development process.

### Monitoring and evaluation framework

Drawing on the lessons learned from GVAP, a robust monitoring and evaluation framework will be developed to measure progress towards the vision and goals. It will align closely with operational plans to promote the greatest transparency and accountability possible.

The approach to achieving the IA2030 vision will be dynamic and responsive. While the vision and strategy document serves as a constant throughout the decade, operational plans at the national, regional, and global levels will evolve as circumstances change. Just as the battle against infectious disease requires agile and flexible immunisation programmes, so too a global immunisation strategy must be sensitive to rapid shifts in disease epidemiology, technological advances, community needs, political environments and financial realities, constantly adjusting to changing needs and opportunities.