

# **Immunisation Agenda 2030**

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

**Draft for SAGE**

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## Vision

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

... fully benefits from vaccines...

... for good health and well-being



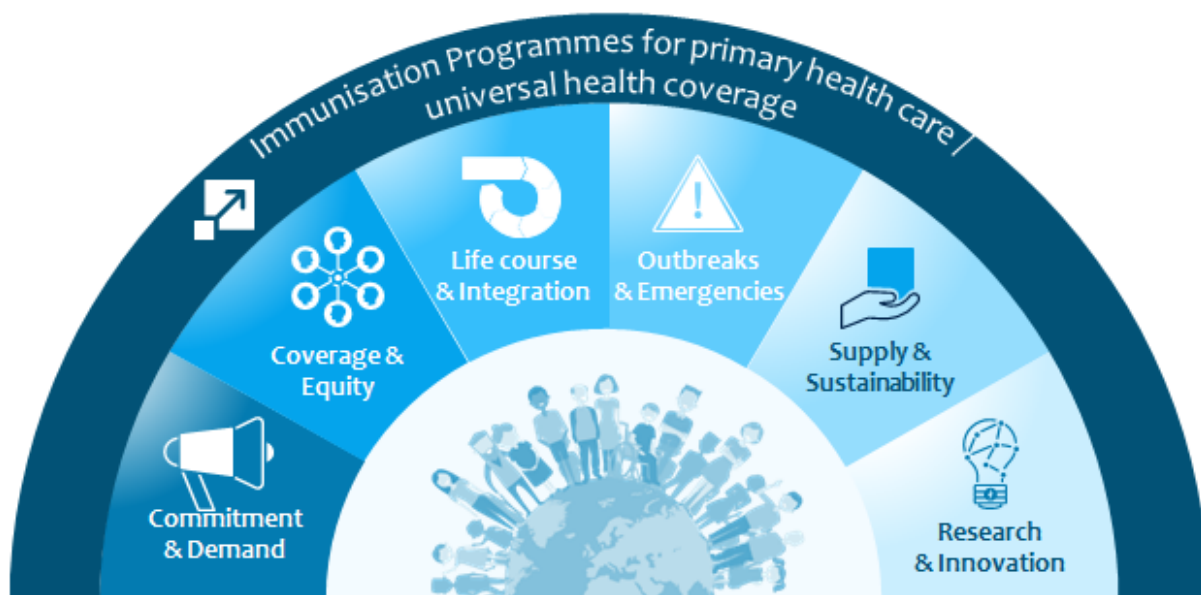
## Impact goals

Reduce mortality and morbidity from vaccine-preventable diseases for all across 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

## Strategic priorities



## Core principles



People-Focused



Country-Owned



Partnership-Based



Data-Driven

Immunisation is a global health and development success story, saving millions of lives every year. Between 2010 and 2017, 21 million deaths were averted by measles vaccination alone.<sup>1</sup> The number of infants vaccinated annually – more than 116 million, 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 new vaccines that they were not previously using<sup>3</sup>, including vaccines against major killers, such as pneumonia, human papillomavirus, rotavirus, typhoid and cholera.

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

Innovative new 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 over the next decade. Ready 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 a huge contribution towards universal health coverage. Vaccines are critical to the prevention and control of infectious disease outbreaks, underpinning 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 levels vary markedly between and within countries, with some populations having poor access to immunisation services – often the poorest, the most marginalised or the most vulnerable in fragile and conflict-affected settings. Each year, 20 million infants do not enjoy the benefits of a full course of even basic vaccines, and many more miss out on newer vaccines.

In some countries, progress has stalled or even reversed, and there is a real risk that complacency will undermine past achievements. Measles and vaccine-derived poliovirus outbreaks are stark reminders that strong immunisation programmes and effective disease surveillance are needed to sustain high levels of coverage and achieve disease elimination and eradication. Due to its high infectiousness, measles can serve as an indicator (‘the canary in the coalmine’) of inadequate immunisation coverage and gaps in the system. Measles vaccination and surveillance is therefore a key pathfinder for improving immunisation services and strengthening primary health care systems.

If all people are to gain access to immunisation services, vaccines must be delivered to geographically and/or culturally isolated and marginalised populations, to displaced people and migrants, and to those affected by conflict, political instability and natural disasters. The causes of low vaccine uptake must be understood and

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<sup>1</sup> Dabbagh A, Laws RL, Steulet C, Dumolard L, Mulders MN, Kretsinger K, Alexander JP, Rota PA, Goodson JL. Progress Toward Regional Measles Elimination - Worldwide, 2000-2017. *Morbidity and Mortality Weekly Report* 2018;67:1323-29.

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

<sup>3</sup> 2018 Assessment Report of the Global Vaccine Action Plan, WHO

([https://www.who.int/immunization/global\\_vaccine\\_action\\_plan/sage\\_assessment\\_reports/en/](https://www.who.int/immunization/global_vaccine_action_plan/sage_assessment_reports/en/))

addressed, to boost people's demand for immunisation services. New approaches are needed to reach older age groups and to deliver integrated, people-centred immunisation alongside other primary health services.

The **Immunisation Agenda 2030 (IA2030)** capitalises on new opportunities to meet the continuing challenges posed by infectious diseases. It positions immunisation as a key contribution to people's fundamental right to 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 achieve more – leaving no one behind, in any situation or at any stage of life.

IA2030 sets an overarching vision and the direction and global goals for the decade 2021–2030. This document is just the beginning – it will be followed by regional strategies and a monitoring and evaluation framework that will guide country implementation. These will complement existing strategies and immunisation plans, including those of disease-control, elimination and eradication programmes. IA2030 provides a long-term strategic framework, which will guide a dynamic operational phase, responsive to changes in country needs and global context.

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. Success will depend on building and strengthening partnerships with others both within and outside the health sector, as part of coordinated efforts to achieve universal health coverage and accelerate progress towards the 2030 Sustainable Development Goals.

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.*

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

### 1. Saving lives and protecting population health:

Immunisation saves lives. Deaths from infectious diseases have fallen dramatically thanks to immunisation. Vaccines also prevent disabilities that impair child growth, leading to better growth and cognitive development – giving children the opportunity not just to survive but also to flourish.

Between 2010 and 2017, under-5 mortality declined by **24%**, thanks in large part to immunisation<sup>4</sup>

Vaccines are similarly beneficial for older age groups, from adolescents to those in their later years. Vaccines can prevent infection-related cancers and protect the health of the elderly and the vulnerable, further enabling people to live longer, healthier lives. In addition, fewer infections mean less risk of disease transmission to relatives and other members of the local community.

In less than 10 years, HPV vaccination has reduced HPV prevalence by **83%** in girls aged 13–19 and reduced the prevalence of precancerous lesions by **51%** among girls aged 15–19 in countries which have introduced the vaccine<sup>5</sup>

In many countries, out-of-pocket payments on 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 prevent an estimated **24 million** people slipping into poverty by 2030<sup>6</sup>

### 2. More productive and resilient countries:

Immunisation is the foundation for a healthy and productive population. Preventing infections reduces the burden on health systems, while a healthier population is a more productive one. Children protected against infectious disease benefit more from schooling and contribute more to national development and prosperity.

Vaccination against measles in 94 low- and middle-income countries returned an estimated **US\$58** for every US\$1 invested in vaccination<sup>7</sup>

Disease outbreaks are disruptive and costly to halt. Outbreaks of measles and other infectious diseases can overwhelm public health programmes and health services. They can profoundly disrupt health systems, and also affect trade, travel and development. For seasonal diseases such as influenza, treatment costs and lost productivity are borne repeatedly. Well-

The full economic impact of the 2014–16 West Africa Ebola outbreak has been estimated at **US\$53.2bn**<sup>8</sup>

<sup>4</sup> Global Burden of Disease, Institute for Health Metrics and Evaluation, IHME, 2017

<sup>5</sup> Drolet M, Bénard É, Pérez N, Brisson M; 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*. 2019;394(10197):497–509

<sup>6</sup> Chang AY, Riumallo-Herl C, Perales NA, Clark S, Clark A, Constenla D, Garske T, Jackson ML, Jean K, Jit M, Jones EO, Li X, Suraratdecha C, Bullock O, Johnson H, Brenzel L, Verguet S. The equity impact vaccines may have on averting deaths and medical impoverishment in developing countries. *Health Aff (Millwood)*. 2018;37(2):316–324

<sup>7</sup> Ozawa S, Clark S, Portnoy A, Grewal S, Brenzel L, Walker DG. Return on investment from childhood immunisation in low- and middle-income countries, 2011–20. *Health Aff (Millwood)*. 2016;35(2):199–207

<sup>8</sup> Huber C, Finelli L, Stevens W. The economic and social burden of the 2014 Ebola outbreak in West Africa. *J Infect Dis*. 2018;218(suppl\_5):S698–S704

immunised communities are resistant to infectious disease outbreaks, while strong health systems and immunisation programmes can detect and respond rapidly to outbreaks, limiting their impact.

### 3. A safer, healthier and more prosperous world:

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 creates large and dense populations in urban areas, increasing the likelihood of infectious disease transmission and outbreaks. In addition, climate change exposes new populations to vector-borne diseases, and may alter patterns and intensity of seasonal diseases. Detecting, preventing and responding to infectious disease threats are therefore key to **global health security**.

Between 2030 and 2050, malaria is expected to cause **60,000** additional deaths per year<sup>9</sup>

In all parts of the world, bacterial and parasitic infections are increasingly developing resistance to antibiotics and other antimicrobials. Prevention of infections by 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**.

Without action, antimicrobial resistance will be causing an estimated **10 million** deaths by 2050<sup>10</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.

Furthermore, immunisation plays a critical role in **achieving the Sustainable Development Goals (SDGs)**. Most directly, it contributes to SDG3 – to ensure healthy lives and promote well-being for all at all ages – but it directly or indirectly contributes to 13 of the other SDGs (Fig. 1).

<sup>9</sup> World Health Organization. (2014). Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. World Health Organization.

<sup>10</sup> Review on Antimicrobial Resistance. Tackling Drug-Resistant Infections Globally: Final Report and Recommendations. 2016. London: Review on Antimicrobial Resistance.

	<p>Immunisation <b>protects people from being forced into poverty</b> by out-of-pocket health care expenditure 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>the most marginalised</b>, especially in urban poor or remote rural settings and in conflict areas.</p>
	<p>Protecting against illnesses that could 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>Due to its significant reach, addressing gender-related barriers to immunisation contributes to <b>gender equality</b>.</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 and cholera.</p>
	<p>Immunisation and <b>water, sanitation and hygiene</b> act synergistically to prevent diarrhoeal diseases – 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 reliant on solar and other <b>renewable energies</b>.</p>		<p>Immunisation broadens <b>partnerships</b> and multi-sectoral approaches with civil society, communities and the private sector working towards common goals.</p>

Fig. 1 – Immunisation's contributions and relevance to 14 of the 17 Sustainable Development Goals<sup>11</sup>.

<sup>11</sup> Gavi - Immunisation and the sustainable development goals <https://www.gavi.org/library/publications/gavi-fact-sheets/immunisation-and-the-sustainable-development-goals/>



**Immunisation Agenda 2030** 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 the lessons from the past and identified the factors that contribute to success in the future.

### Learning from the Global Vaccine Action Plan

The Global Vaccine Action Plan (GVAP) was the global immunisation strategy during the Decade of Vaccines between 2011 and 2020. Developed through extensive global consultations, GVAP brought together existing disease eradication and elimination goals, and set new global goals across 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>12</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 were not met, much progress has nevertheless been made.

GVAP enhanced the visibility of immunisation and helped to 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.

**Implementation** of GVAP was anticipated to be through national immunisation programmes, with the support of partners. However, GVAP was only partially successful in influencing actions at a country level, and partner activities were not always fully coordinated at the global or national level. To achieve the enhanced country ownership critical to the success of IA2030 vision, tailored strategies will be needed, taking into account significant differences between countries of varying sizes, resources and contexts, including sub-national differences. IA2030 will also focus on strengthening existing partnerships and building new relationships, for example with a wider range of civil society organisations (CSOs) and the private sector.

In GVAP implementation, **Regional Vaccine Action Plans** provided a mechanism for translating global strategies into regional planning. Regional plans will be revised to align with IA2030, which will be a critical step in the implementation of 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, migration and urbanisation, and growing public reluctance to use vaccination services. For implementing IA2030, greater flexibility may be needed at the national and sub-national levels to account for local context, in order to respond more effectively to **emerging challenges**.

GVAP created the first global **monitoring and evaluation framework** for immunisation, defining roles and responsibilities for stakeholders. This provided a wealth of data on progress, and raised awareness of the need for

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<sup>12</sup> The Global Vaccine Action Plan and the Decade of Vaccines, Review and Lessons Learned, Draft 13 September 2019 for SAGE

quality data. However, the framework was unable to ensure that this abundance of data drove improvements in national programme performance and national-level accountability.

IA2030 will build on these lessons, establishing greater clarity on roles and responsibilities for implementation at national, regional and global levels, and improving the use of data to drive action and ensure accountability.

### Lessons learned from disease-specific initiatives

GVAP drew together pre-existing disease-focused eradication and elimination goals for polio, measles and for maternal and neonatal tetanus. Disease-specific initiatives were inspired by the landmark smallpox eradication achievement. They have the advantage of focusing on a single clear objective, with stakeholders aligned around common approaches and agreed timelines. After the endorsement of GVAP, additional disease-specific targets have been endorsed at the World Health Assembly (Table 1).

Existing disease-specific goals are enduring global commitments, endorsed by the World Health Assembly, and will continue as an important component of IA2030. Nevertheless, revisions may be made during the development of the IA2030 monitoring and evaluation framework, especially for goals where target dates have passed.

**Polio:** Enormous progress has been made towards polio eradication. Wild poliovirus is now circulating in only two countries, where insecurity and lack of access, cross-border population movements and health infrastructure weaknesses are major obstacles to immunisation. In many countries, the Global Polio Eradication Initiative (GPEI) has helped to 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 – vaccine-preventable disease surveillance, strong immunisation services, and outbreak responses – are sustainably integrated into national immunisation programmes. Continuing outbreaks of vaccine-derived poliovirus are a reminder of the importance of maintaining high levels of population coverage to sustain eradication.

**Measles:** Before measles vaccines were introduced in the 1960s, measles was a leading global cause of child morbidity and mortality, responsible for more than two million deaths annually. From 2000 to 2017, global measles mortality has declined by about 80%. However, regional elimination has not been achieved and sustained, and recent years have seen an alarming resurgence in measles cases and deaths across the globe. As measles is so contagious, very high levels of vaccine coverage (95%) are required to prevent its spread. Global coverage of the first dose of measles vaccine has plateaued around 85% over the past decade and although coverage of the second dose has increased to 69%, this 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. Measles vaccination, and effective surveillance for rapid outbreak detection, is therefore the foundation of effective immunisation programmes and primary health care systems. Responding to the measles challenge will also drive immunisation programmes to achieve enhanced equity, since it is the disease that highlights immunity gaps and requires every child, everywhere to be reached.

**Maternal and neonatal tetanus:** Maternal and neonatal tetanus elimination (MNTE) has been achieved in three-quarters of priority countries, although greater efforts are needed to achieve elimination in those remaining. Achieving MNTE will reduce neonatal mortality, which has declined more slowly than under-5 mortality. While addressing inequities, current MNTE strategies only target pregnant women and women of reproductive age, leaving older male children, male adults and elderly males unprotected. The implementation of strategies aimed at vaccinating all populations with 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 approaches. Strong disease surveillance and immunisation programmes as an integral component of primary healthcare provide the essential method to raise immunity, reduce disease risk, and prevent morbidity and mortality. However, supplementary immunisation activities may sometimes be needed to rapidly boost immunity in targeted populations and to provide a rapid response to outbreaks. Deciding on the blend and balance between these two approaches depends on disease epidemiology, context and the ability of health systems to deliver vaccines to those who need them most.

Elimination and eradication goals that have not been achieved over the past decade are more likely to succeed when building upon a strong national immunisation infrastructure integrated into primary health care systems.

Disease-specific goals (initiatives)	Targets
Polio eradication ( <a href="#">Polio Endgame Strategy 2019-2023</a> ) <sup>i</sup>	Interrupt transmission of all wild poliovirus (WPV) by 2020
	Stop circulating vaccine derived poliovirus (cVDPV) outbreaks within 120 days of detection
	Certify eradication by 2023
Measles and rubella elimination ( <a href="#">Global Measles and Rubella Strategic Plan 2012-2020</a> )	Eliminate measles in at least five WHO regions by 2020
	Eliminate rubella in at least five WHO regions by 2020
Neonatal tetanus elimination (GVAP)	Reach neonatal tetanus elimination in the last 40 countries by 2015
Cholera control ( <a href="#">Ending Cholera – A Global Roadmap to 2030</a> )	Achieve 90% reduction of cholera deaths by 2030
Elimination of viral hepatitis as a major public health threat ( <a href="#">Global Health Sector Strategy on viral hepatitis 2016-2021</a> )	Achieve 90% reduction new cases of chronic viral hepatitis B (and C) infections by 2030
	Achieve 65% reduction of viral hepatitis B (and C) deaths by 2030
Vector-borne diseases (incl. Japanese encephalitis) control ( <a href="#">Global Vector Control Response 2017-2030</a> )	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 by 2026	Reduce yellow fever outbreaks to zero by 2026
Elimination of meningitis epidemics and reduction of cases and deaths ( <a href="#">Meningitis Roadmap</a> )	Eliminate meningitis epidemics by 2030 <sup>ii</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="#">Rabies Global Strategic Plan "0 by 30"</a> )	Reduce deaths from dog-mediated rabies to zero by 2030

i. Target dates dependent on epidemiological situation

ii. As of September 13<sup>th</sup>, 2019

Table 1: Existing goals and targets of disease-specific initiatives

## Changing context and challenges

As well as learning lessons from the past decade, IA2030 has been shaped by a review of the changing global context.

**Inequities:** The benefits of immunisation are not spread equitably, either among or within countries. As of 2018, 70% of unvaccinated children live in **middle-income countries**.<sup>13</sup> Reaching all people will require increased national vaccine coverage but, importantly, also reduced **sub-national inequities**. Success will depend on interventions that take account of poverty, education, socio-economic and cultural factors, and gender-related barriers hindering access to immunisation.

**Population movements:** Continuing **urbanisation** will pose a major challenge, creating large and dense urban populations at high risk of infectious disease. **Migration** has the potential to create communities of unprotected individuals at risk of infection. Migrants and mobile populations are often difficult to reach and track.

**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, disrupting immunisation service delivery. Affected populations are often also at increased risk of infectious diseases, due to the breakdown in national infrastructure and mass displacement into temporary settlements.

**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 create new opportunities for the spread of water-borne diseases such as cholera. Climate change also disrupts seasonal disease patterns, potentially shifting the timing, duration and pattern of their transmission, and has the potential to alter the endemicity of infectious diseases. Climate-informed surveillance and response systems will be an essential part of national preparedness for infectious disease outbreaks.

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

**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 factors need to be understood and addressed, in order to build and sustain trust in vaccines and immunisation services within communities and to enhance resilience to misinformation about vaccines. To tackle the harms being caused by anti-vaccination messaging – especially through social media channels – there is a need to understand the specific context and the reasons for the lack of trust, with robust efforts to build and sustain this trust, especially in the face of falsehoods. Strategic investments to build trust and confidence in vaccines can increase community support for vaccines and assure that immunisation is viewed as a social norm.

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<sup>13</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/)

**Ensuring immunisation for all ages:** Expanding the benefits of vaccination to other age groups along the **life course** offers tremendous opportunities, but more effort is needed to do it effectively. As more vaccines become available for older age groups, new approaches 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 such as Africa are undergoing rapid population growth and a resultant ‘youth bulge’, while others are experiencing significant population ageing. These shifts will have a major impact on the need for immunisation services at different ages.

**Optimising and sustaining supplies:** Achieving the IA2030 vision will require a **reliable global supply of appropriate, innovative and affordable 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 needs to be given to achieving and sustaining healthy market dynamics for vaccines and immunisation products over the long term, at both the global and regional levels. Reliable forecasts of national vaccine needs and priorities will continue to be important enablers in improving healthy market dynamics and optimising 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. Countries also have markedly different procurement processes, which 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 and the changing context, IA2030 differs from its predecessor – the Global Vaccine Action Plan – in several marked respects:

- **Bottom-up co-creation:** IA2030 has been developed through an co-creation process, with close engagement of countries to ensure that the vision, strategic priorities and goals are aligned with country needs.
- **Tailored implementation adapted to country context:** The IA2030 framework is more flexible, enabling countries to tailor the global strategy according to their local context, and partners to provide differentiated, targeted and tailored support.
- **Adaptability to changing needs:** The IA2030 strategic framework is designed to be adapted to changing needs and new challenges that emerge over the course of the decade.
- **Targeted ways to address inequities:** IA2030 aims to ensure that the benefits of immunisation are equitably shared both among and within countries, prioritising those not currently being reached, particularly the most marginalised communities within countries, and the most vulnerable communities living in fragile and conflict-affected settings.
- **Stronger systems focus:** IA2030 positions sustainable immunisation programmes, embedded within primary health care, as the basis for achieving high coverage and advancing universal health coverage.
- **Measles as the key pathfinder:** IA2030 places measles vaccination as the driver that will help to build strong immunisation programmes and primary healthcare systems, and the indicator identifying where to focus to find every last unimmunised child.
- **Life-course approach:** The growing numbers of new vaccines administered beyond childhood open new frontiers for national immunisation programmes and require new methods to deliver them. 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 focuses on greater

collaboration with existing and new partners. This enhanced collaboration will have mutual benefits, extending the benefits of immunisation, while at the same time helping others to achieve their goals.

- **Accelerating innovation:** A more nimble and robust research agenda brings new opportunities to meet unknown future challenges. IA2030 focuses not only on new vaccine development but also on accelerating innovations to improve programme performance and to enhance the delivery of immunisation, 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 healthcare, backed up by strong political commitment and popular support, hold the key to future progress and long-term sustainability. Partners have a key role to play in supporting countries on this pathway to self-sustainability.

These shifts in emphasis do not, however, lessen the importance of other still-relevant priorities identified by the Global Vaccine Action Plan, which have been incorporated into IA2030's framework for action.

IA2030 is based on a conceptual framework of **seven strategic priorities** (Fig. 2). Each strategic priority has defined **objectives and goals**, and outlines the **key areas of focus** for future efforts. Actions towards these inter-related strategic priorities are needed to achieve the overall vision and impact goals of IA2030, and to ensure immunisation fully contributes towards the strengthening of primary health care and achievement of universal health coverage.

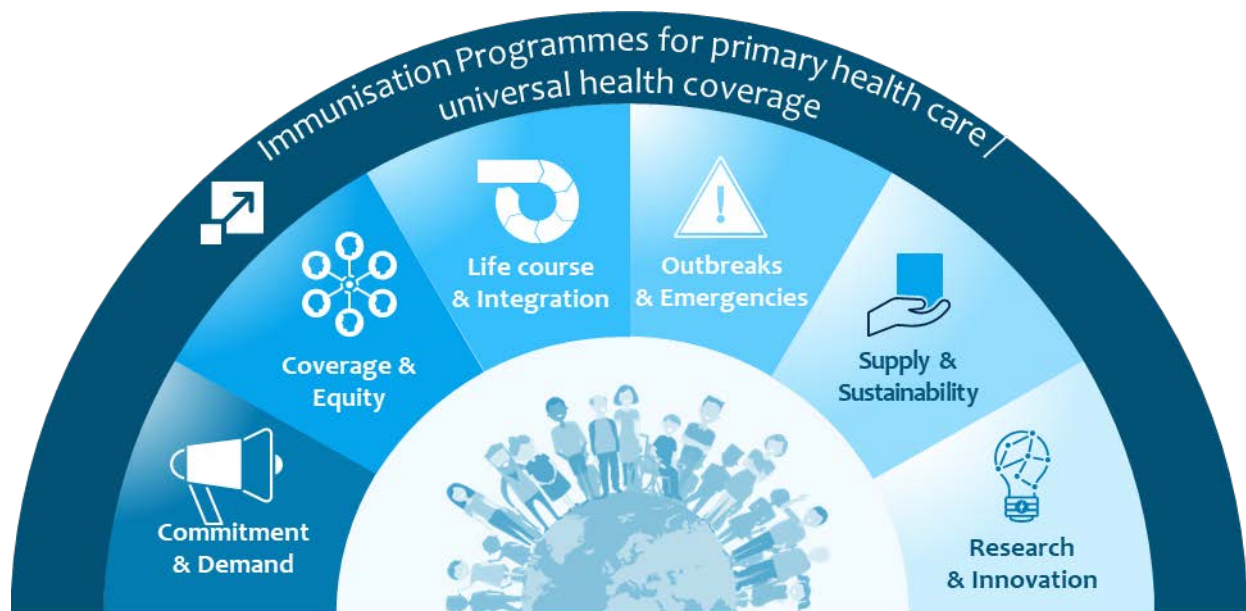


Fig. 2 – The seven strategic priorities of the Immunisation Agenda 2030.

The **first strategic priority is overarching**, to ensure that the immunisation programmes are an integral part of a primary health care system and aligned to the ambition of universal health coverage. The second relates to commitment and community demand. Together, these first two strategic priorities focus on 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** along the life course to all, and in the context of population growth, continuing urbanisation, rising migration and displacements of people, and in places affected by conflict, political instability, natural disasters and climate change.

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

The seven strategic priorities are reinforced by a set of **four core principles** that will shape the nature of actions undertaken to achieve every strategic priority objective and goal (Fig. 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.



**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.



**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-Driven** – *Promoting evidence-based decision-making*

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

Fig. 3 – The four core principles of the Immunisation Agenda 2030.



**Objective:**

Effective, efficient and resilient immunisation programmes to safely deliver immunisation services as part of national primary health care systems, contributing to universal health coverage.

**Goals:**

- Ensure adequate health workforce availability
- 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 establish synergies with other primary health care supply chains where possible
- Generate fit-for-purpose immunisation data for evidence-based decision-making
- Ensure functional vaccine safety systems in close collaboration with national regulatory agencies

**Key areas of focus:**

**Immunisation in primary health care**

*Ensure immunisation is an integral part of national primary health care strategies and operations, and national strategies for universal health coverage.*

**Health workforce**

*Develop health workers who are motivated, skilled, available, resourced and knowledgeable to plan, manage, implement and monitor immunisation programme performance 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, in the right presentation, at the right time and in the right place. Promote integration with other supply chains for a more effective delivery of primary health care.*

**Vaccine-preventable disease surveillance**

*Enhance the efficiency, responsiveness and comprehensiveness of disease surveillance (including epidemiology and laboratory capacity) in order to: inform vaccine introductions, 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 decision-makers to use high-quality immunisation data to effectively manage immunisation programmes and are linked to other primary health care data systems.*

**Vaccine safety monitoring**

*Ensure that national immunisation programmes are able to detect and respond to potential vaccine safety concerns, through continuous monitoring and coordination across relevant stakeholders (e.g. immunisation programmes, national regulatory agencies).*

**Disease control initiatives**

*Ensure that vaccine-preventable disease control, elimination and eradication efforts are implemented in ways that strengthen national health systems.*

## Applying the core principles:

### People-focused

Immunisation strengthening will be designed and tailored to the needs and social and cultural preferences of people and communities.

### Country-owned

National strategies and plans to strengthen immunisation programmes will be aligned with broader health systems strengthening and primary health care development for the attainment of universal health coverage.

### Partnership-based

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

### Data-driven

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

## [SP 2] Commitment & Demand<sup>14</sup>

### Objective:

Everyone values immunisation and actively seeks out and receives immunisation services, and immunisation is positioned as a key contributor to the right to health, 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 at all levels
- Ensure people and communities value, actively support and seek out immunisation services

### Key areas of focus:

#### Commitment

*Ensure key groups, champions and stakeholders advocate for greater commitment and ownership of immunisation programmes, including sustained domestic financing, at national and sub-national levels. Encourage leaders to prioritise immunisation in their strategic and operational planning and in their policy, fiscal and legislative instruments. Strengthen evidence-based decision making, with technical input from groups such as National Immunisation Technical Advisory Groups (NITAGs).*

#### Sub-national support

*Build support for immunisation and capacity for leadership, management, coordination at the national and sub-national levels in large countries and in those with devolved 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 sub-national authorities*

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<sup>14</sup> For the context of this strategic priority, “demand” refers to the actions of individuals and communities to seek, support and/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 Organization GVAP Working Group (April 2017)).

accountable for the equitable delivery and quality of immunisation services. Ensure access to information and develop frameworks for joint monitoring.

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

Create an enabling environment for effective coordination, financial management and performance monitoring at every level of the immunisation programmes.

### **Public trust and confidence**

Develop a better understanding of community attitudes, behaviours and social norms, and use communication technologies, social media, social behaviour change and gender responsive approaches to engage communities and encourage greater use of immunisation services.

### **Public knowledge and understanding**

Include immunisation in education curricula, develop 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, trust and value of immunisation**

Use local data to understand underlying causes of low uptake of services and tailor approaches to address them. Based on the evidence, address convenience, service availability, confidence and complacency issues. Proactively implement plans for prevention and response for adverse events, rumour and hesitancy and to strengthen resilience.

### **Approaches to address reluctance to vaccinate**

Address concerns and develop robust strategies to target sources of vaccine misinformation and reduce the risk of its propagation.

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

#### **People-focus**

Community engagement will be at the heart of building people's trust, acceptance and use of vaccines and vaccinations with an emphasis on dialogue, service quality, caregiver respect, user convenience and accountability.

#### **Country-owned**

Political leaders, civil society and immunisation champions will be identified to ensure countries commit to immunisation of their people as a right and to ensure that communities are protected against vaccine-preventable diseases.

#### **Partnership-based**

New partnerships will be built to communicate knowledge and raise awareness of the value of immunisation, and to overcome gender barriers to build relationships and trust with communities.

#### **Data-driven**

Behavioural and social research, data and evidence will be collected locally and nationally for use in developing locally appropriate interventions and acceptable communication technologies will be deployed to increase commitment and demand for immunisation.

## **[SP 3] Coverage & Equity**

### **Objective:**

Everyone has access to safe and effective vaccines irrespective 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 equitable immunisation coverage at national level and in all districts
- Increase coverage of vaccines among the most disadvantaged populations
- Reduce the number of children not reached through the immunisation programme (“zero-dose” children)

## Key areas of focus:

### Disadvantaged populations

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

### Barriers to immunisation

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

### Measles as a pathfinder

*Use measles as a key ‘pathfinder’ for immunisation programmes by identifying zero-dose children, weaknesses in immunisation programmes and evidence of low vaccine uptake.*

### Learning from disease-specific initiatives

*Use the experience learned 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 and promoting use of the results to develop 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 marginalised and disadvantaged communities – by actively engaging representatives of local communities and local health providers in the design of interventions tailored to these groups.

### Country-owned

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

### Partnership-based

Partnerships with local communities, representatives of marginalised groups, and organisations that work with them will be built for implementation of local initiatives to address inequalities and with a solid understanding of the obstacles to their access to vaccination (including gender barriers of recipients caregivers and health workers).

### Data-driven

Immunisation data systems will be expanded to map and track unimmunised and under-immunised populations at the sub-national level and specific marginalised groups to ensure they are reached by the immunisation programme.

**Objective:**

- Everyone benefits from new and underused vaccines recommended across the life course
- Delivery of vaccinations is integrated with other appropriate health opportunities

**Goals:**

- Strengthen policies and service delivery to provide new and underused vaccines and appropriate catch-up vaccination across the life course
- Establish integrated delivery touchpoints for immunisation and other public health interventions across the life course

**Key areas of focus:**

**Mobilising support**

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

**New delivery methods**

*Identify and use successful delivery strategies for scaling up coverage of new and underused vaccines recommended across the life course.*

**Missed opportunities**

*Implement proven approaches to reduce missed opportunities by integrating immunisation with other primary health care planning, health registers and other record systems, and community- and facility-based service delivery for all ages.*

**Cross-sectoral collaborations**

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

**Policy environment**

*Promote enabling changes in legislation or policy (of immunisation and other programmes), to expand national focus beyond childhood immunisation. Develop new collaborations and private sector partnerships to mobilise additional financing to expand service provision to specific older age groups.*

**Tracking vaccination status**

*Develop approaches that enable vaccination coverage to be monitored at different ages and for vaccinations administered across the life course.*

**Evidence-based practices**

*Evaluate new approaches for reaching populations beyond infancy and integrating services, and share lessons learned to encourage adaptation and wider uptake.*

## Applying the core principles:

### People-focused

Life-course vaccinations will be provided through people-centred touch points integrated with other health care services to meet the needs of different age groups.

### Country-owned

NITAGs will guide country programmes to expand vaccines beyond infancy and contact points throughout the life course that reflect their specific national and sub-national contexts.

### Partnership-based

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

### Data-driven

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

## [SP 5] Outbreaks & Emergencies

### Objective:

- Capacities to prepare for, prevent, detect and rapidly respond to vaccine-preventable disease outbreaks are maintained and strengthened.
- Those affected by conflict, political instability, acute emergencies and humanitarian crises continue to 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 in 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 ensure timely detection of and response to outbreaks; identify and address the underlying causes of outbreaks; and ensure communities affected by outbreaks, other emergencies, and humanitarian crises have continuous access to immunisation services; and ensure immunisation recovery plans are embedded into outbreak and emergency response.*

#### Comprehensive health response

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

### **Integrated surveillance**

*Re-build national, regional and local capacity to conduct integrated surveillance for priority diseases rapidly following an emergency or humanitarian event, maximising opportunities to monitor and characterise multiple pathogens to ensure early detection of outbreaks.*

### **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 humanitarian settings and initiate reestablishment of immunisation services following acute emergencies along with broader early recovery efforts and in line with disaster risk reduction principles.*

### **Community engagement**

*Prioritise two-way communication and engagement with communities and health workers during outbreaks and in humanitarian settings to promote participation in decision-making; ensure access to and use of services; and identify and address unmet health needs.*

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

#### **People-focused**

Outbreak and emergency preparedness and response will adapt interventions to meet the full range of needs of affected individuals and draw upon local knowledge to tailor interventions to the context.

#### **Country-owned**

National authorities will coordinate efforts to address 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, other acute emergencies and in humanitarian settings.

#### **Data-driven**

Research and evaluations will be conducted to generate evidence on novel approaches to deliver vaccinations and health services during outbreaks, other acute emergencies and in humanitarian settings

## **[SP 6] Supply & Sustainability**

### **Objective:**

- 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 sustain healthy markets across all antigens at the global level
- Safeguard access to quality-assured vaccines in a timely fashion in all countries
- Ensure sufficient financial support for immunisation programmes across all countries 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 of all vaccines after transition

## Key areas of focus:

### **Innovation and affordability**

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

### **Vaccine supply and demand**

*Enhance national and global forecasting capabilities and strengthen relationships with manufacturers to ensure that vaccine production and supply meets national needs across all countries.*

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

*Strengthen regulatory capacity across all countries to enhance 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, pandemic or humanitarian situations.*

### **Sufficient and predictable resources**

*Ensure 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 money.*

### **Partner alignment**

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

### **Sustainable transitions**

*Ensure mechanisms exist so that countries transition smoothly out of programmes supported by donors, maintaining and enhancing their immunisation programmes.*

## Applying the core principles:

### **People-focused**

A strong focus on developing local human capacity for governance and management of immunisation financing, and to build understanding of people's choices to inform better forecasting of current and future vaccine markets.

### **Country-owned**

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

### **Partnership-based**

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

### **Data-driven**

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



**Objective:**

- Evidence is developed and generated on the benefits of new and improved vaccines, technologies and vaccine manufacturing platforms.
- Data is also generated for other innovations to improve disease prevention, immunisation service delivery and programme management, and on promotion of their implementation at scale.

**Goals:**

- Establish and strengthen country capacity to identify, create 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 research and innovation priorities based on the needs of communities, particularly the underserved, and ensure they inform innovations in immunisation products, services and practices.*

**New and improved products**

*Develop new vaccines and technologies and improve existing products and services while ensuring continued progress on vaccines for HIV, TB, malaria and other priority diseases.*

**Development and implementation**

*Accelerate the pathway to impact, including through evidence generation, operational and implementation research, innovative immunisation management processes and practices, improved regulatory capacity, and greater knowledge sharing.*

**Local innovation**

*Build local capacity to use innovation to solve programmatic challenges so that innovations are closer to the problem, 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 should address community and provider needs and preferences.

**Country-owned**

Countries should have the capacity to identify and manage innovation, including identifying, documenting and communicating their own priorities and evaluating and implementing innovations. Country priorities should inform the global innovation agenda. Global partners should research, document and communicate country needs to industry.

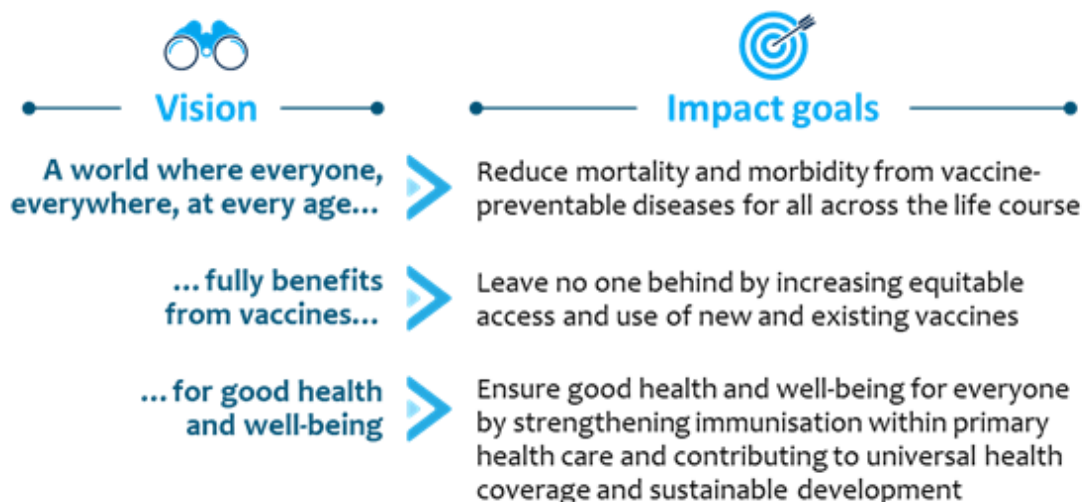
**Partnership-based**

Partners should develop mechanisms to support the development, evaluation, implementation and sustainability of suitable solutions, drawing on the complementary expertise of national and global stakeholders.

**Data-driven**

Evidence on unmet needs and the effectiveness of innovations across all aspects of immunisation should be rigorously collected and shared to promote evidence-based research, development, implementation and scale-up.

Realising the IA2030 vision will involve achieving the following “impact goals”:



In addition, each strategic priority will have specific strategic priority goals, as the basis for evaluation of progress. These goals will complement the existing disease-specific goals, and the broader health and SDGs. The strategic priority goals mirror the ambition of these existing commitments and aim to galvanise efforts to achieve important gains in immunisation over the coming decade.

As an adaptive and flexible strategy, the IA2030 framework allows for the revision of goals 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 could mean setting country-specific targets and milestones for the decade toward those goals. For regions, this could mean contextualising global goals and setting specific targets and milestones in Regional Vaccination Action Plans. For partner organisations, this could mean aligning organisational strategies and indicators to support the attainment of IA2030 goals.

Goal and target setting at the global, regional and country level should be<sup>15</sup>:

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

<sup>15</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; a target is a specific (and sometimes time-bound) outcome of an indicator to identify a goal's achievement.

Strategic priorities	Strategic priority goals
<b>Immunisation Programmes for primary health care / universal health coverage</b>	<ul style="list-style-type: none"> <li>• Ensure adequate health workforce availability</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 establish synergies with other primary health care supply chains where possible</li> <li>• Generate fit-for-purpose immunisation data for evidence-based decision-making</li> <li>• Ensure functional vaccine safety systems in close collaboration with national regulatory agencies</li> </ul>
<b>Commitment &amp; Demand</b>	<ul style="list-style-type: none"> <li>• Build and sustain strong social, financial and political commitment for immunisation</li> <li>• Strengthen leadership, management and coordination for immunisation at all levels</li> <li>• Ensure people and communities value, actively support and seek out immunisation services</li> </ul>
<b>Coverage &amp; Equity</b>	<ul style="list-style-type: none"> <li>• Reach high equitable immunisation coverage at national level and in all districts</li> <li>• Increase coverage of vaccines among the most disadvantaged populations</li> <li>• Reduce the number of children not reached through the immunisation programme (“zero-dose” children)</li> </ul>
<b>Life course &amp; Integration</b>	<ul style="list-style-type: none"> <li>• Strengthen policies and service delivery to provide new and underused vaccines and appropriate catch-up vaccination across the life-course</li> <li>• Establish integrated delivery touchpoints for immunisation and other public health interventions across the life course</li> </ul>
<b>Outbreaks &amp; Emergencies</b>	<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-organized responses to outbreaks of epidemic-prone vaccine-preventable diseases</li> <li>• Establish timely and appropriate vaccination services in acute emergencies and humanitarian crises</li> </ul>
<b>Supply &amp; Sustainability</b>	<ul style="list-style-type: none"> <li>• Build and sustain healthy markets across all antigens at the global level</li> <li>• Safeguard access quality assured vaccines in a timely fashion in all countries</li> <li>• Ensure sufficient financial support for immunisation programmes across all countries to achieve universal 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 of all vaccines after transition</li> </ul>
<b>Research &amp; Innovation</b>	<ul style="list-style-type: none"> <li>• Establish and strengthen country capacity to identify, create 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>

Table 2: Immunisation Agenda 2030 impact goals and strategic priority goals

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

This document does not exist in isolation. It is backed up by technical documentation, and complements the strategies of stakeholder organizations, disease-specific initiatives and other global health and development programmes to guide the development of national strategies and plans for immunisation.

Furthermore, creating IA2030 is planned as a **multi-step process**, with agreement of 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 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 prioritize their efforts towards the focus areas of each IA2030 strategic priority, depending on local context. It 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 be operationalised at national, regional and global levels, shaped by IA2030's seven strategic priorities and four core principles.

At the **national level**, countries can incorporate the IA2030 vision and strategies into their National Vaccination Action Plans, as a part of their national health planning process. According to their individual contexts, countries will define their own targets and timelines to achieve IA2030 goals. Where support is needed, it will be tailored to country context and integrated, as much as possible, into processes to strengthen primary health care and achieve universal health care and the SDGs.

At the **regional level**, 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 leverage synergies and promote integration.

At the **global level**, the operationalisation of IA2030 vision and strategy will focus on strategic priorities with a strong global element, regional and country support best coordinated at a global level, and alignment among global stakeholders. This will include communications and advocacy to maintain momentum, mobilize global support for IA2030 and immunisation more generally, and to promote buy in to IA2030's principles and 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 upon the lessons learned from the Global Vaccine Action Plan, a robust monitoring and evaluation framework will be developed to measure progress towards the vision and goals. It will closely align with operational plans to promote greater transparency and accountability.

The approach to achieving the IA2030 vision will be dynamic and responsive. While this document serves as a constant throughout the decade, operational plans at the national, regional and country level 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, constantly evolving according to changing needs.