



**SUSTAINING AND ADVANCING THE IMMUNIZATION
AGENDA 2030 DURING THE COVID-19 PANDEMIC:
IA2030 GLOBAL REPORT 2021**

Working draft for WHO Executive Board Review 26 January 2022

Table of Contents

Foreword.....	2
1. Executive summary.....	3
2. Introduction.....	6
3. Immunization in 2020	9
4. Extending the vaccine portfolio	13
5. IA2030 implementation and planning	15
6. Moving forward.....	20
7. Conclusions.....	22

SUSTAINING AND ADVANCING THE IMMUNIZATION AGENDA 2030 DURING THE COVID-19 PANDEMIC: IA2030 GLOBAL REPORT 2021

Foreword

[Section to be developed with input from the Immunization Agenda 2030 Partnership Council IAPC]

“An urgent priority and focus this year will be on the COVID vaccines roll-out. And we’d be remiss not to place this critical and innovative work within the broader agenda of routine immunizations, effective health systems and platforms required to protect our populations from all vaccine-preventable diseases.

There’s a valuable opportunity here to put the ambitious IA2030 vision and strategy to work around the globe. We count on our member states to first and foremost deliver equal access to COVID vaccines. We count on our member states to provide the right information, messages needed to improve immunization coverage – beyond our focus on COVID. We count on our member states to strengthen the health systems, improve the platforms and continue to empower communities and their health workers to improve the reach and efficacy of their services.

And we need to do this together – through our partnerships across national, regional and global levels – ensuring that we pool our collective resources, our human and financial commitments, to achieve “A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being”.

Dr Tedros Adhanom Ghebreyesus

Director-General, WHO, presentation to the World Health Assembly 2021

1. Executive summary

The **Immunization Agenda 2030 (IA2030)** is the global immunization strategy for the decade 2021–2030. It has a clear vision – a world where everyone, everywhere, at every age fully benefits from vaccines for good health and wellbeing.

In this new decade for immunization, IA2030 provides a strategic framework to accelerate the drive towards universal immunization, catalysing action at national, regional and global levels. **It has a strong focus on equity** and the **urgent need to reach “zero-dose” children** – those not receiving any life-saving vaccines.

However, implementation of IA2030 has been seriously affected by the COVID-19 pandemic, which has had a major impact on immunization activities. At the country level, immunization staff and resources have been redeployed to COVID-19 responses, and COVID-19 control measures have disrupted supplies and service delivery, and reduced people’s ability to access services. At the same time, the global community’s focus has been firmly on COVID-19.

Immunization data for 2020 paint a sobering picture of the impact that COVID-19 has had. Consequences have included:

- **A drop in global vaccine coverage rates, backsliding that has not been seen for more than a decade and which will leave millions more children at risk of infectious diseases such as measles – 22.3 million children received no measles vaccine in 2020.**

Key indicators at a glance		Baseline	2020
Zero-dose children:	3.5 M increase	13.6 M	17.1 M
DTP3 coverage:	3% drop	86%	83%
Measles vaccine coverage:	3% drop	72%	69%
Vaccine introductions:	60% reduction	54	22

Baseline year: 2019

- **Coverage of the key global indicator of infant immunization, DTP3, fell from 86% in 2019 to 83% in 2020.** The numbers of children not receiving any doses of DTP – so-called “zero-dose” children – rose from 13.6 million to 17.1 million.
- **Global human papillomavirus (HPV) vaccine coverage fell for the first time in 2020,** despite new vaccine introductions, leaving an estimated additional 1.5 million girls unprotected against cervical cancer.
- **The number of new vaccine introductions in low- and middle-income countries was half that seen in 2019.** Only 22 vaccines were added to the national immunization schedules of such countries in 2020 (although several such countries began to introduce COVID-19 vaccines).

Launching IA2030, a global strategy to leave no one behind

The IA2030 Framework for Action, providing key guidance on implementation, was endorsed by the 2021 World Health Assembly, marking a new era in the global campaign to provide everyone with protection against vaccine-preventable diseases across the entire life-course.

IA2030 positions **immunization at the heart of primary healthcare and as a cornerstone of universal health coverage**. There can be no universal health coverage without universal immunization coverage. Furthermore, the extensive reach of immunization in comparison to other health services provides a foundation on which to build primary healthcare systems that deliver services to all.

[IAPC quote]

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[IAPC quote]

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During 2020 and 2021, global, regional and national implementation of IA2030 began in earnest. Global governance and accountability structures have been put in place, alongside a comprehensive global monitoring and evaluation framework, uniting a broad expanding partnership aligned on common impact goals. Regions have developed regional IA2030-aligned strategies and implementation plans. Countries have begun to develop national immunization strategies aligned with the IA2030 strategic framework. More than a dozen Working Groups have begun to engage with countries and regions to identify key challenges and potential solutions.

These activities during 2020 and 2021 are laying the foundation for a concerted drive towards universal vaccination coverage in the years up to 2030, based on coordinated efforts to strengthen national immunization programmes integrated within comprehensive and equitable primary healthcare systems.

Immunization in 2022 – Tackling twin challenges

COVID-19 remains a global public health emergency, and immunization remains a critical means through which it will be brought under control, alongside other public health and social measures. However, no one is safe from COVID-19 until all are protected, wherever they live. We must all work harder to ensure that all populations have access to safe and effective COVID-19 vaccines, while recognizing that vaccines alone will not end the acute phase of the pandemic.

However, we cannot afford a COVID-19 response that undermines existing immunization programmes. A resurgence of childhood disease is too big a price to pay for controlling COVID-19. Indeed, **COVID-19 responses should be seen as an opportunity to build stronger and more comprehensive immunization systems**, helping to create integrated immunization platforms across the life course that strengthen primary healthcare systems.

The development and deployment of COVID-19 vaccines has shown what can be achieved when global, regional and country partners work together to address a common challenge. The approval of the first malaria vaccine and introduction of a novel oral poliovirus vaccine (nOPV) are further evidence of the power of immunization to tackle global public health priorities. **Now, there is an urgent need to take advantage of the world’s focus on infectious disease to close glaring inequities in access to these life-saving interventions.**

[IAPC quote]

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Priority actions

As members of the IA2030 Partnership Council and Coordination Group, we therefore call on governments and other stakeholders to take urgent action to:

1. **Embrace primary healthcare systems strengthening as the pathway to COVID-19 vaccine roll-out, simultaneously reinforcing and extending existing immunization services**
2. **Leverage world attention on vaccines to address long-standing inequities in access, and in particular to reduce the number of zero-dose children by 50% by 2030**
3. **Expand commitments to accelerate vaccine development and enhance vaccine deliverability to allow people of all ages to live longer, healthier and more productive lives.**

These are enlarged upon in [Section 6 Moving Forward](#).

Member state endorsement

An extract from the cross-regional statement submitted to the 2021 World Health Assembly:

“We as Member States, representing six regions of WHO, reaffirm our commitment to the IA2030 and the Framework for Action, and we call on all other Member States to do the same.

Moving forward we encourage all stakeholders to make IA2030 operational, including through regional and national strategies.

Expanding the benefits of routine immunization to all ages will require new delivery methods and investments in scalable and resilient vaccine logistics, infrastructure, manufacturing, and supply chains. **We must recommit to fully immunizing every child on earth, and rapidly make up the ground we have lost to COVID-19.”**

*The statement was delivered by Canada on behalf of the USA and the following Member State co-sponsors: Albania, Andorra, Australia, Brazil, Colombia, Dominican Republic, Ecuador, European Union, Ethiopia, Guatemala, Indonesia, Islamic Republic of Afghanistan, Jamaica, Japan, Qatar, Moldova, Monaco, Montenegro, Norway, Sweden, Switzerland, Ukraine and the UK.
<https://geneva.usmission.gov/2021/05/28/us-canada-joint-statement-on-immunization-agenda-2030/>*

2. Introduction

Immunization – lives saved, illness prevented, costs avoided

Immunization is one of the most impactful, life-saving and cost-saving health interventions ever developed. The development of COVID-19 vaccines at record speed has vividly illustrated the power of immunization to save lives, prevent disease and avoid the disruption to society that an uncontrolled infectious disease can cause.

COVID-19 can now be added to the ever-growing list of diseases preventable by immunization.

Vaccines were integral to the eradication of smallpox and have driven polio to the point of extinction. The continent of Africa was declared free of wild poliovirus in 2020, and the virus continues to circulate in just two countries in Asia. Vaccines are now available to control outbreaks of Ebola, cholera and typhoid fever – and others are in the pipeline.

A recent analysis, focusing on 14 vaccine-preventable diseases, estimates that 4.4 million future deaths were averted by immunization in 2021, a figure that could rise to 5.8 million by 2030 if immunization targets are met¹. In total, at least 50 million lives could be saved by immunization between 2021 and 2030. And these figures do not even cover the full range of vaccine-preventable diseases, which will be included in future analyses, or the prevention of illness that enables people to live healthy and fulfilling lives, and contribute fully to societies, and reduces the need for care.

The Global Vaccine Action Plan: Ten years of progress

Through 2011–2020, the Global Vaccine Action Plan (GVAP) provided a framework for global, regional and national immunization activities. Ambitious targets were set and, although many of these targets were ultimately not met, much important progress was made.

IA2030 is building on GVAP's successes and addressing the key factors constraining progress that were identified by an evaluation of GVAP. Key issues identified included:

- **Global targets** that applied to all countries regardless of their capacity to achieve such targets did little to motivate countries with underdeveloped immunization infrastructure.
- Despite **extensive monitoring activities**, there was minimal linkage to ensure that global data analyses were used to improve national practice.
- The absence of **effective mechanisms of accountability**, and lack of clearly defined roles and responsibilities, meant that there were limited mechanisms to drive forward change.

¹ Carter A, Msemburi W, Sim SY, Gaythorpe KAM, Lindstrand A, Hutubessy RCW. Modeling the Impact of Vaccination for the Immunization Agenda 2030: Deaths Averted Due to Vaccination Against 14 Pathogens in 194 Countries from 2021-2030 (April 20, 2021). Available at: <http://dx.doi.org/10.2139/ssrn.3830781>

IA2030: More and stronger partnerships

The **Immunization Agenda 2030 (IA2030)** has been co-created to serve as an overarching global strategy for all aspects of vaccination and all vaccines. Co-developed through consultation and dialogue involving hundreds of people at all levels and across all regions and countries, **IA2030 has a simple vision – of a world where everyone, everywhere, at every age fully benefits from vaccines for good health and wellbeing.**

The benefits of immunization remain unequally shared globally. Multiple countries have yet to introduce vaccines that have the proven ability to prevent death and serious illness. Within countries, coverage rates remain inadequate for many disadvantaged populations, including remote rural, poor urban, and mobile and migrating populations, the socioculturally marginalized, and those displaced by conflict and natural disasters or living in fragile settings.

In many countries, national immunization programmes are under-resourced and overly reliant on donor funding. Many staff are ill-prepared and ill-equipped to manage and deliver people-centred services to all communities. Doubts about immunization persist in communities in many countries, with anti-vaccination campaigners a small but potentially influential presence in many settings.

To address these challenges, IA2030 provides a comprehensive conceptual framework, with **seven strategic priorities** covering the full breadth of immunization issues and 47 more detailed key areas of focus. It has established **seven impact goal indicators** and 15 indicators for tracking progress towards strategic priority objectives.

These indicators form part of a comprehensive **monitoring and evaluation framework** which, supported by interactive dashboards, will enable countries, regions and global stakeholders to assess progress and develop plans to achieve IA2030 targets.

Partner statement

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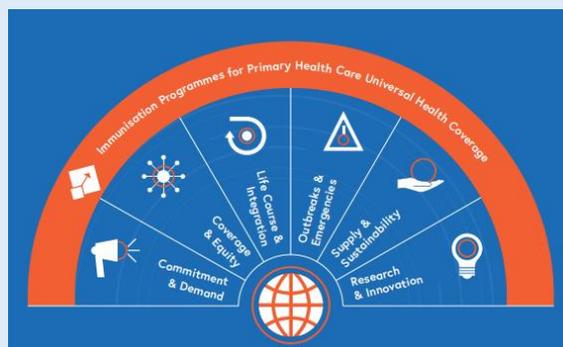
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IA2030: Core principles



IA2030 strategic priorities.

IA2030 has a strong **country-level focus**, recognizing that global progress will be the sum of progress in individual countries, each of which has its own unique mix of challenges to address and opportunities to exploit. Alongside high-level global impact goals, countries are being encouraged to establish national targets that map out a trajectory towards the global ambition of universal immunization coverage enshrined in the IA2030 vision.

At the heart of IA2030 is the desire to establish **monitoring, evaluation and action cycles**, in which monitoring of key indicators, at all levels, generates the data that informs future planning and actions. **Innovations** in technology, processes and community engagement will be essential if national immunization programmes are to maintain these cycles of enhanced performance.

An additional core principle is that of **partnerships**, with countries, national and regional partners working to collaborate and align activities to accelerate progress towards national targets.

Immunization is ultimately about **people**, and IA2030 stresses the importance of seeing communities as partners and not passive recipients. Building trust and offering people-centred services are as important as the logistics of vaccine distribution – people must actively want and seek out services.

Supporters' endorsement

An extract from a letter of support signed by more than 50 organizations:

“Immunization services are a backbone to health systems, central to pandemic preparedness and response, and key to preventing the burden of “double epidemics” as societies reopen. **As such, IA2030 has a crucial role to play in putting the world back on a pathway towards Universal Health Coverage and achievement of the SDGs.** It will help strengthen primary health care as a cornerstone for achieving global health security, support innovation, and improve access and equity of vaccines and immunization programs.

Fully implemented, **IA2030 will help avert an estimated 50 million deaths**, help maintain hard-won gains in immunization, and recover from disruptions caused by COVID-19. It will help increase equitable access to vaccines for everyone, and strengthen the reach of immunization to ensure that zero-dose children – those who have never received any routine vaccine – and children who are under-immunized benefit from the full course of vaccines, regardless of location, socioeconomic status, or gender-related barriers.”

<https://www.immunizationagenda2030.org/pledge-support>

3. Immunization in 2020

In 2020, COVID-19 profoundly impacted on immunization services and activities. On the one hand, a focus on COVID-19 control, redeployment of staff, and healthcare worker illness or absence through isolation disrupted the supply of vaccines, disease surveillance and delivery of immunization services. On the other hand, movement restrictions, health facility closures and concerns about the risk of COVID-19 infection led to reduced visits to health facilities for immunization.

This had major consequences for immunization, including:

- A rise in the number of zero-dose children (not receiving any DTP doses) by 3.5 million, from 13.6 million in 2019 to 17.1 million in 2020, the first increase in a decade.
- A drop in vaccination coverage for most vaccines, with global coverage of DTP3 (three doses of diphtheria, tetanus and pertussis-containing vaccine) falling from 86% in 2019 to 83% in 2020.
- Declining measles vaccination coverage, from 72% to 69%.
- Just 22 new vaccine introductions in low- and middle-income countries in 2020, less than half the number seen in 2019.

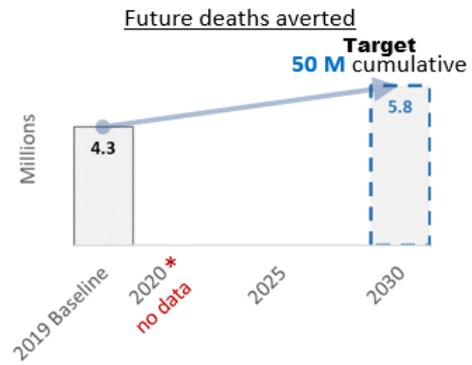
Impact goals

Monitoring of IA2030 progress is based on **seven impact goal indicators**. In most cases, global targets have been set for 2030 and 2019 data are being used as a baseline (Annex to come).

Impact Goal 1.1: Number of future deaths averted through immunization

Modelling has been used to estimate the number of deaths likely to be averted by vaccination, if coverage targets are met. The model is based on 14 vaccine antigens, which will be expanded during the decade to include additional antigens that are already part of national immunization programmes.

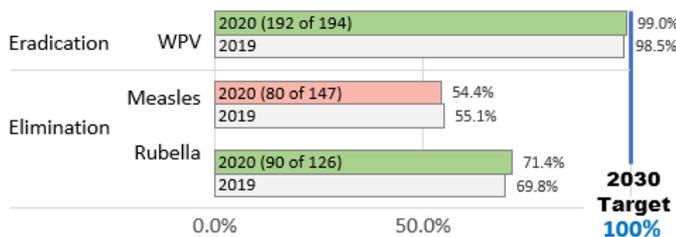
- Across multiple antigens, declines in coverage are increasing the numbers of under-immunized children and the potential for additional avoidable deaths in the future.
- The drops in immunization coverage seen in 2020 raise serious questions about the feasibility of achieving this impact goal without renewed and substantial global commitment to immunization.



Impact Goal 1.2: Number and % of countries achieving endorsed regional or global VPD control, elimination and eradication targets

- In 2020, the Region of Africa was certified free of wild poliovirus. Wild poliovirus remains endemic in just two countries, Pakistan and Afghanistan. However, inadequate population immunity has led to multiple outbreaks of circulating vaccine-derived poliovirus (cVDPV).

Percentage of countries achieving disease control target in 2020*

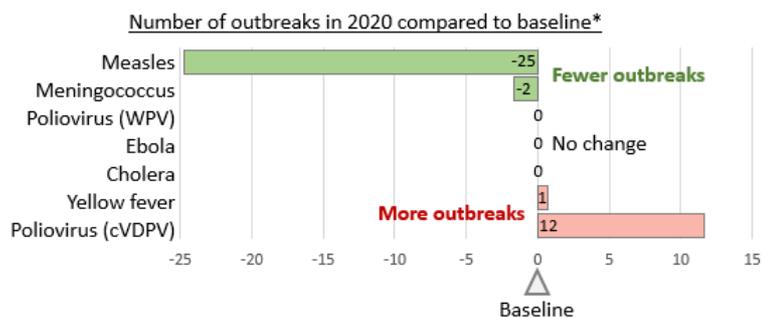


* Pending for MNT, Hepatitis B, and JE

- In the five regions that have measles elimination targets, 80 countries had achieved measles elimination by the end of 2020, a drop of one from 2019.
- Measles vaccine coverage is a key tracer of the strength of immunization systems. In 2020, an additional 3 million children did not receive measles vaccine compared to 2019, leaving 22.3 million children unprotected against measles.
- In the four regions that have rubella elimination targets, 90 countries had achieved rubella elimination by the end of 2020, an increase of two.

Impact Goal 1.3: Number of large or disruptive vaccine-preventable disease outbreaks

- Outbreak numbers have been particularly high in 2018–2020 due to cVDPV and measles.
- Fewer large and disruptive measles outbreaks were reported in 2020 compared to baseline, possibly because of lower detection due to fewer people seeking care or disrupted surveillance, reduced transmission due to



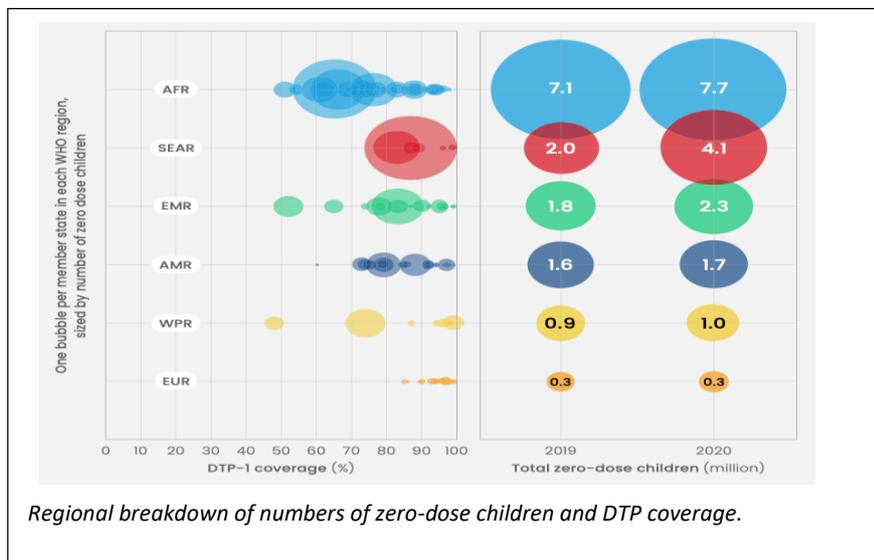
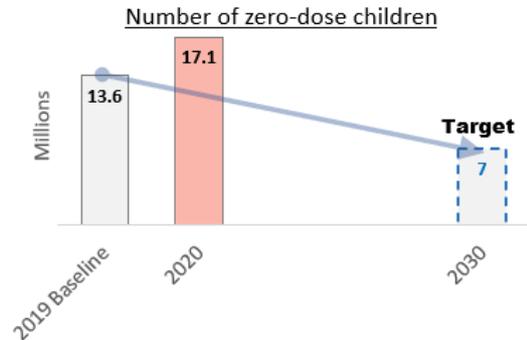
* Baseline = average number of outbreaks across 2018-2020; 2030 target = declining trend in the annual number of outbreaks

COVID-19 control measures, or increased population immunity following large outbreaks in 2018–2019.

- Stagnant or falling immunization coverage is creating an increased risk of outbreaks.

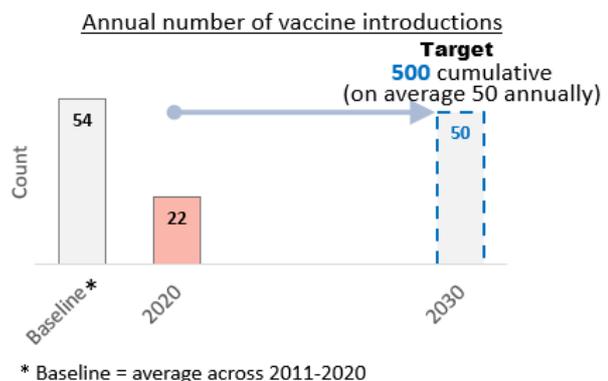
Impact Goal 2.1: Number of zero-dose children

- The number of zero-dose children (receiving no DTP doses) increased by 3.5 million, from 13.6 million in 2019 to 17.1 million in 2020 – the first increase seen for at least a decade.



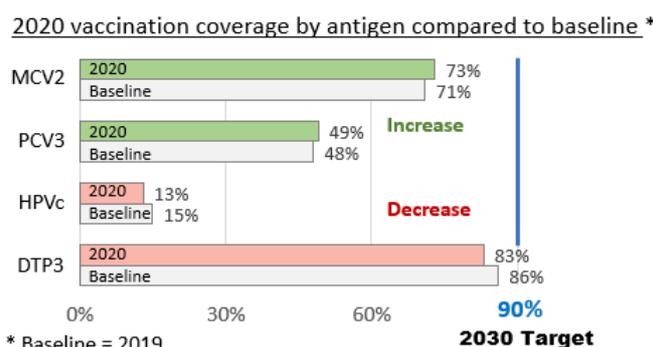
Impact Goal 2.2: Introduction of new or under-utilized vaccines in low- and middle-income countries

- Only 22 vaccines were added to the national immunization schedules of low- and middle-income countries in 2020 – half the number added in 2019. In addition to these introductions, a few low- and middle-income countries began to use COVID-19 vaccines in late 2020.
- Low- and middle-income countries have yet to introduce multiple WHO-recommended new or under-utilized vaccines – 481 in total as at the end of 2020.



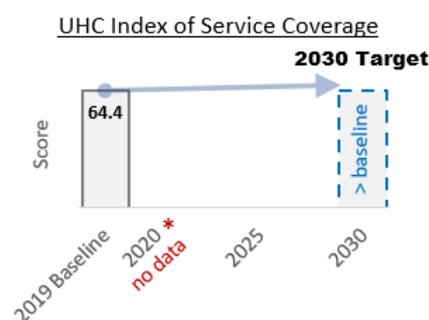
Impact Goal 3.1: Immunization coverage across the life course

- Global coverage for four tracer indicators given at different ages – DTP3, second dose of measles vaccine (MCV2), third dose of pneumococcal conjugate vaccines (PCV3) and final dose of HPV vaccine (HPVc) – showed little improvement or fell in 2020.
- For some vaccines, new introductions will have added to global coverage, offsetting drops in coverage seen in other countries.
- Despite new introductions in 2020, global HPV vaccine coverage fell for the first time in 2020, leaving an estimated additional 1.5 million girls unprotected against cervical cancer.



Impact Goal 3.2: UHC Service Coverage Index

- This indicator measures coverage of essential health services using an index based on a range of interventions targeted at the general and most disadvantaged populations. Data are available only up to 2019. The index increased by 2.3% per year on average between 2000 and 2017.
- The 2020 Goalkeepers Report², which tracked an alternative set of interventions, suggests a substantial decline in the coverage of essential health services in 2020 due to COVID-19.



Strategic priority indicators

A further set of 15 indicators has been established to monitor global progress towards IA2030 strategic priorities. Data for 2020 are available for six of these indicators³. Global targets have not been set, due to wide country and regional variation; countries and regions will tailor targets according to their local contexts.

Although limited data are available for 2020, some key trends can be discerned:

- Breadth of coverage:** In 2020, the average coverage for vaccines targeting 11 diseases across multiple age ranges⁴ stood at 69%, compared with 70% in 2019.
- Equity:** Coverage in the 20% of worst-performing districts fell more than global coverage overall, suggesting that poor performing districts fell further behind in 2020, increasing inequities in immunization coverage.

² <https://www.gatesfoundation.org/goalkeepers/report/2020-report/#GlobalPerspective>

³ SAGE report

⁴ Polio, measles, rubella, diphtheria, tetanus, pertussis (DTP), hepatitis B (HepB), *Haemophilus influenzae* type b (Hib), pneumococcal vaccine, rotavirus, inactivated polio vaccine and human papillomavirus vaccine (HPV).

- **Market health:** Supply and demand were deemed to be balanced for six out of 12 antigens but concerning for five antigens. Reporting on COVID-19 vaccines is likely to start in 2022.

4. Extending the vaccine portfolio

Despite the challenges of COVID-19, efforts to increase the numbers of vaccines available to national immunization programmes continued in 2020 and 2021. The number of diseases that can be considered vaccine-preventable continues to rise. Highlights include:

Malaria: Following pilot implementation evaluations in Ghana, Kenya and Malawi, in 2021 WHO recommended the broad use of the RTS,S/AS01 malaria vaccine – the first such vaccine to gain a WHO seal of approval. In combination with other control measures, the vaccine has been shown to cut cases of severe malaria by almost a third.

Ebola: Two Ebola vaccines have been approved and others are in development. A global emergency stockpile of Ebola vaccine, funded by Gavi, has been created and will make 500,000 doses available for outbreak responses.

Typhoid fever: A typhoid conjugate vaccine has been recommended by the WHO Strategic Advisory Group of Experts in Immunization (SAGE) and is WHO-prequalified. It has been introduced by three countries and introduction is planned in a further three.

Polio: A novel oral poliovirus vaccine (nOPV2) is now being used in the battle to eradicate polio. While still as immunogenic as conventional OPV2, nOPV2 is more genetically stable and therefore less likely to lead to outbreaks of cVDPV2. It was the first ever vaccine to receive WHO emergency use listing, to accelerate its introduction to control cVDPV2 outbreaks.

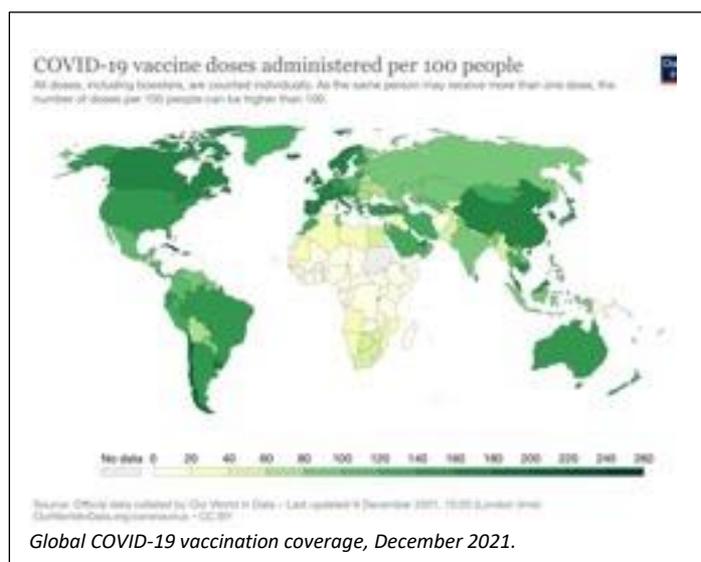
COVID-19: Safe and effective COVID-19 vaccines were developed at unprecedented speed. By late 2021, nine had been authorized by the WHO and a further four were under review. Almost all countries have now introduced COVID-19 vaccination.

In addition, the **COVAX**, the vaccine arm of the Access to COVID Tools Accelerator (ACT-A), a partnership between the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, UNICEF and WHO, has been established to accelerate COVID-19 vaccine development and production, and to further equitable access to vaccines. By the end of 2021, nearly a billion vaccine doses had been distributed through COVAX.

Even so, **huge inequities still exist in global access to COVID-19 vaccines.** An estimated 11 billion doses were produced by the end of 2021 but 9.9 billion of these have been promised to high-income countries. While some countries have achieved near-universal coverage, in some low-income countries less than 1% of the population has been vaccinated.

Looking forward, COVAX will continue be the central global mechanism for widening access to COVID-19 vaccines. Over the longer term, it will also be important to identify how COVAX infrastructure and resources can contribute to IA2030 immunization goals. The goal of new vaccine development is not simply to gain approval for new vaccines, but to ensure that they reach all those that need them – shifting the emphasis from vaccine development to vaccination delivery.

COVAX must become an integral part of an end-to-end approach that facilitates and expedites all stages of the new vaccine development, including ensuring adequate production capacity, equitable allocation and access, support for implementation, evidence generation to inform global and national policymaking.



COVAX statement

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New vaccine development

Structures put in place after the 2014–2016 West African Ebola outbreak, such as the R&D Blueprint and CEPI, are bearing fruit. Multiple vaccines against global priority pathogens are in development, including those responsible for Lassa fever, Middle East respiratory syndrome (MERS) and Rift Valley fever. Furthermore, technological advances, particularly vaccine platform technologies, offer the prospect of radically accelerated vaccine development.

It is essential that lessons are learned from the COVID-19 pandemic to ensure that responses to future infectious disease threats are even more rapid. CEPI’s “100-day challenge” aims to ensure that vaccines are available within 100 days of the detection of a new infectious disease threat. Equally, lessons must be learned to ensure that global equity in access is considered more fully in new vaccine development.

CEPI statement

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5. IA2030 implementation and planning

In May 2021, the World Health Assembly expressed its support for implementation of IA2030 through the IA2030 Framework for Action⁵, which provides more detail on specific areas of implementation – coordinated planning, monitoring and evaluation (M&E), ownership and accountability, and communications and advocacy. It emphasizes the particular role of regions and countries.

Regional and national immunization strategies and plans

Regions have developed **regional strategies** aligned with IA2030 (Annex to come). The strategies have been submitted to Regional Committees, following consultations with Regional Immunization Technical Advisory Groups (RITAGs). Regions are also developing **implementation plans**, generally up to 2025, spelling out how they will work with countries to achieve immunization targets. Regions are continuing the IA2030 approach through co-creation of strategies and plans with countries and partners.

Regional implementation plans are typically focusing initially on the twin aims of COVID-19 vaccine introduction as well as recovery and scale up of immunization programme activities to recover the ground lost during the COVID-19 pandemic and to “build back better”.

Reflecting on lessons learned from the Global Vaccine Action Plan (GVAP), regions are revising their approach to monitoring and evaluation (M&E) while remaining consistent with the global M&E framework. As well as disease-specific elimination and eradication targets, regional M&E frameworks incorporate indicators of integration within primary health care, management improvements, and sustainability.

A key aim is to ensure that monitoring activities at subnational, national and regional levels are tied to planning cycles to ensure rigorous use of data to drive action.

Region statement

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⁵Implementing the Immunization Agenda 2030: A Framework for Action through Coordinated Planning, Monitoring & Evaluation, Ownership & Accountability and Communications & Advocacy <http://www.immunizationagenda2030.org/framework-for-action>

To support countries in strategy development and alignment with IA2030, WHO and partners have developed a new strategic framework for country use within the **National Immunization Strategy (NIS)** initiative⁶. NIS guidance calls for greater integration of immunization within national health strategies and plans, an increased focus on long-term goals with intermediary objectives, dialogue with ministries of health and finance to ensure adequate financing and with other government departments to promote coordination and mobilize support, and tailored approaches that take account of local and national context.

National Immunization Strategies are designed to supersede comprehensive multiyear plans (cMYPs), detailing the specific interventions required to achieve agreed objectives within a 5-year timeframe. Numerous countries have started developing their National Immunization Strategies based on this guidance.

Technical support and guidance

Thirteen technical **Working Groups** have been established focusing on the seven IA2030 strategic priorities and other key cross-cutting areas, such as disease-specific initiatives. Other Working Groups are addressing areas such as M&E, data use, and communications and advocacy (Annex to come). Working Groups comprise representatives from multiple organizations within the IA2030 partnership, across a range of institutions and sectors. Further groups may be created in the future if additional needs are identified.

A key role of Working Groups is to undertake “consultative engagement” with regionally based partners and country implementers, to identify and discuss challenges and innovative new practices. They will act as strategic priority “champions”, providing an annual commentary on data relating to their areas of expertise and making recommendations to countries, partners, the WHO Strategic Advisory Group of Experts in Immunization (SAGE) and other stakeholders.

Working Groups have identified a set of short- and long-term priorities, deliverables and milestones. The outputs of Working Groups will be a critical technical resource for regions and countries to draw upon as they develop immunization strategies and plans, and for partners to use to prioritize their support activities. Working Groups will therefore provide much of the “fuel” to help drive change at the country level.

Disease-specific initiatives

IA2030 provides an overarching framework for immunization that incorporates the activities of disease-specific initiatives. **There are major opportunities for reciprocal benefits** – stronger national

Country statement

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Working Group statement

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Working Group 1

⁶ <https://www.who.int/teams/immunization-vaccines-and-biologicals/vaccine-access/planning-and-financing/nis>

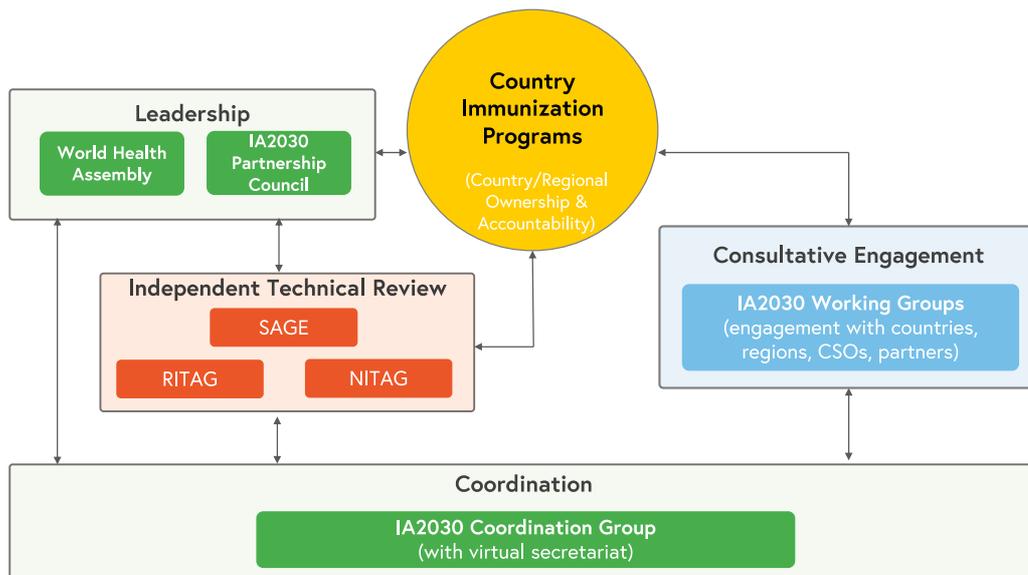
immunization systems will provide a firm foundation for target disease-control activities, which in turn provide opportunities to strengthen national immunization and primary healthcare capacity.

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In 2021, the Measles and Rubella Initiative launched a new Measles and Rubella Strategic Framework 2021–2030⁷ fully aligned with the IA2030 framework, reflecting the key role of measles as a tracer of immunization performance within IA2030. The Global Polio Eradication Initiative’s Polio Eradication Strategy 2022–2026 is also explicitly aligned with IA2030⁸.

Global ownership and accountability structures

The **IA2030 Partnership Council**, which provides the strategic leadership for IA2030, convened for an inaugural session on 22 September 2021. As well as its ongoing interactions, it meets formally twice



⁷ <https://www.who.int/publications/i/item/measles-and-rubella-strategic-framework-2021-2030>

⁸ Global Polio Eradication Initiative. Delivering on a Promise: Polio Eradication Strategy 2022–2026. 2021. Geneva: WHO. Available at <https://polioeradication.org/wp-content/uploads/2021/06/polio-eradication-strategy-2022-2026-pre-publication-version-20210609.pdf>

a year and will report directly to the World Health Assembly biannually, starting in 2022. It includes senior leaders representing a mix of partners, regions and civil society.

Day-to-day management of IA2030 is the responsibility of the **IA2030 Coordination Group**, which has been meeting monthly since May 2021, supported by a small IA2030 secretariat. The IA2030 Coordination Group has nine Director-level members and is co-chaired by WHO and UNICEF. The IA2030 global-level partnership model is described more fully in Annex 2 to the Framework for Action⁹.

Civil society

Reflecting its importance within IA2030, civil society is represented on both the IA2030 Partnership Council and the IA2030 Coordination Group. Communities – especially those left behind – lie at the heart of IA2030, and achieving IA2030 targets will only be achieved with the active support and empowerment of communities and their representatives, helping to build and sustain a groundswell of support for immunization worldwide.

Civil society organizations have key roles to play, for example in representing the interests of those left behind, in mobilizing community action, in advocating for investment in immunization, and in holding all stakeholders accountable for their commitments. Civil society representatives are therefore key partners across both global and national levels.

Communications and advocacy

IA2030 was formally launched during World Immunization Week 2021. Launch activities engaged many partners and leveraged multiple platforms, communicating IA2030's vision and objectives to global audiences.

The 2021 World Health Assembly presented an opportunity for governments to publicly commit to IA2030, galvanizing other countries to follow suit. A historic cross-regional statement was made on behalf of the six WHO regions and 50 countries, re-iterating IA2030 targets and key messages and calling on world leaders to make explicit and sustainable commitments to IA2030.

A special event was organized at the 76th UN General Assembly in 2021, emphasizing the importance of integration between COVID-19 responses and existing immunization programmes. Further communications and advocacy activities are planned to sustain the momentum generated by launch events.

Monitoring and evaluation

An **IA2030 M&E Working Group** will provide guidance on the implementation of monitoring, evaluation and action cycles, and on the implementation of regional and country M&E frameworks if

CSO statement

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⁹ <http://www.immunizationagenda2030.org/framework-for-action>

requested. It will also track key learnings during the first years of the decade so that adjustments can be made based on early implementation.

The M&E Working Group will advise Working Groups reporting on progress across the full range of IA2030 indicators, provide guidance on the interpretation of data, and highlight areas that require corrective actions or further in-depth evaluation. The M&E Working Group will also provide advice on revisions to the global IA2030 M&E Framework.

Immunization data for 2020 were presented to SAGE in October 2021. In future years, SAGE will review analyses from Working Groups and regions, and highlight priority areas for in-depth investigation. Via SAGE, Working Group recommendations will inform IAPC submissions to the World Health Assembly and future IA2030 Global Reports.

Progress towards IA2030 impact goals and strategic priorities will be reported through **interactive dashboards**, which will provide dynamic visualization of immunization data with colourful and informative infographics. They are designed to provide **tools for advocacy** and to **reinforce accountability** across global partners, regional bodies, country health ministries and civil society organizations, and to enable connections to be made with wider health sector reviews.

The bigger picture

Implementation of IA2030 has begun at national, regional and global levels, with **the mechanisms being put in place that will drive forward progress towards universal immunization and stronger primary healthcare systems for universal health coverage**.

6. Moving forward

With the IA2030 framework in place, we now need to accelerate efforts to implement IA2030 at national, regional and global levels:

Embrace primary healthcare systems strengthening as the pathway to COVID-19 vaccine roll-out, simultaneously reinforcing and extending existing immunization services

- Ensure political commitments to COVID-19 vaccination lead to sustained investment in immunization and primary healthcare services that reach every person in every community.
- Leverage domestic funding, increase multi-year flexible funding from donors and capitalize on COVID-19 financing (e.g. World Bank loans, Gavi funding) to strengthen health systems, including immunization services.
- Fully finance the vaccine workforce, data systems and healthcare product supply chains, which will pay dividends by strengthening health systems, creating economic value and providing resilience to future shocks.
- Prioritize the use of new digital technologies to enhance immunization programme management and primary healthcare delivery, and commit to full transparency in data reporting and full and timely data sharing.
- Develop and implement national immunization strategies that fund prioritized actions to reach every child, adolescent, woman and adult with essential vaccines, and track and report results, including financing.

Leverage world attention on vaccines to address long-standing inequities in access, and in particular to reduce the number of zero-dose children by 50% by 2030

- Ensure political will and commitment to vaccine equity for COVID-19 vaccines is expanded to all vaccines, with a more inclusive goal of ensuring that nobody dies, or becomes disabled, because of vaccine-preventable diseases; ensure that a future pandemic treaty foregrounds equity in access, capacity to deliver care and quality of care delivered.
- Strengthen and diversify global and regional vaccine manufacturing capacity, and strengthen global access mechanisms such as COVAX and vaccine stockpiles, to ensure reliable, sustainable and affordable access to all vaccines according to country needs.
- Prioritize highly differentiated and targeted sub-national strategies, based on local situational and root cause analyses, to identify and reach zero-dose children and missed communities, taking into account barriers related to gender, age, poverty, education, conflict, and socioeconomic and cultural factors.
- Prioritize strengthening of birth registration, health information and disease surveillance systems to map populations, identify and reach zero-dose children and missed communities, and strengthen outbreak response measures at national and sub-national levels; use outbreaks as an entry point to identify missed communities and to strengthen systems.
- Implement innovative, evidence-based and community-oriented strategies to build trust, counter misinformation and increase vaccine uptake, through proactive human-centred communication, developing partnerships with trusted community-based actors in underserved populations, listening to public concerns and co-creating solutions, and local behavioural data gathering and analysis; leverage these stronger relationships to nurture community-led promotion of vaccination.

Expand commitments to accelerate vaccine development and enhance vaccine deliverability to allow people of all ages to live longer, healthier and more productive lives.

- Enhance sustainable programmes of support for fundamental, translational, preclinical and clinical research on novel vaccines and technology platforms, to create an expanded portfolio of safe, effective and available vaccines.
- Support research and technical improvements to enhance deliverability of vaccines so as to facilitate widespread, equitable access.
- Embed an end-to-end view of vaccine R&D that extends beyond regulatory approval, and also encompasses and facilitates equitable global access, support for implementation, and evidence generation to inform global and national policymaking.

Reaching zero-dose children in the context of COVID-19 vaccine rollout

[Text to come on the SAGE theme: 'Reaching zero-dose children by safeguarding and strengthening national immunization programmes and primary healthcare in the context of COVID-19 vaccine rollout'.]

The bigger picture

Populations must be protected against all vaccine-preventable diseases, not just COVID-19. **Achieving universal immunization coverage is an urgent and realistic goal** – and a key stepping-stone towards the broader objective of stronger primary healthcare for universal health coverage.

7. Conclusions

The COVID-19 pandemic has been the greatest global infectious disease challenge of the century. It has illustrated the vital importance of comprehensive primary healthcare infrastructure and immunization, and their contribution to ensuring global health security, as well as the critical need for partnerships and solidarity in global responses to the pandemic. **As the response to COVID-19 moves from an emergency pandemic phase to long-term mechanisms for sustainable control, it is essential that COVID-19 responses integrated within strategies for managing all vaccine-preventable infectious diseases.**

The development of a public health approach to COVID-19 – encompassing surveillance, general public interventions, treatment and immunization – must therefore be carried forward hand in hand with strengthening of wider immunization programmes, and within a robust, sustainable and equitable primary healthcare infrastructure able to deliver all essential services.

IA2030 has set itself an ambitious challenge. Just as it was getting into gear, the COVID-19 pandemic erupted and threatened to undermine much of the past decade's progress. As is so often the case, disadvantaged populations have been most affected by COVID-19, and it is the same populations that are least likely to enjoy the benefits of immunization and other essential healthcare services.

It has been encouraging to note that a number of countries have recognized the risks posed by drops in vaccination coverage and have swiftly organized catch-up campaigns. When available, 2021 data will reveal whether this has been sufficient to recapture lost ground, and whether COVID-19 vaccine rollout has undermined or helped to strengthen national immunization programmes. It is likely that well-embedded, well-resourced and well-led programmes will have been more resilient to COVID-19-related shocks and more able to rapidly bounce back.

Sadly, at the end of 2021, around 7000 people are dying every day from COVID-19. At the same time, more than 12,000 lives are saved each day by immunization – a figure that does not even include the lives already being saved by COVID-19 immunization. The key challenge for countries and the global community is to increase the numbers of lives saved, by accelerating universal immunization coverage and building stronger primary healthcare systems that deliver universal health coverage.