

**United Nations Children's Fund**  
Executive Board  
**First regular session 2005**  
17-20 and 24 January 2005  
Item 7 of the provisional agenda\*

**Global Immunization Vision and Strategy: oral report**  
**Background note**

**I. Background and vision**

1. In response to existing, new and anticipated challenges to immunization, UNICEF and the World Health Organization (WHO) have embarked jointly on the development of a Global Immunization Vision and Strategy (GIVS) for the period 2006-2015, with early and ongoing consultation with other interested parties. The proposed GIVS will invite Member States, international organizations, non-governmental organizations (NGOs), the private sector, interest groups and others to commit to unprecedented attention to immunization globally, nationally and locally.

2. Immunization and other related interventions will be an important contribution to the sustainable achievement of the Millennium Development Goals by 2015, and thus benefit even greater numbers of children and mothers.

3. The GIVS builds on a number of previous initiatives: the expanded programme on immunization and universal child immunization, which were spearheaded by Governments, UNICEF, WHO and other partners; accelerated disease control initiatives (polio eradication, maternal and neonatal tetanus elimination) and the Africa Measles Partnership; and the achievements of the Global Alliance of Vaccines and Immunization.

4. The proposed GIVS will also foster the sustainability of immunization and related interventions in diverse country situations with changing demographics and economies, and evolving disease patterns. It will foster greater solidarity across the global community to guarantee equitable access by all to needed vaccines.

**II. Guiding principles, goals and proposed structure**

5. The GIVS is being developed on the basis of the following guiding principles: (a) equity and gender equality; (b) ownership, partnership and responsibility; (c) accountability; (d) quality products and services; (e) strong, district-based immunization systems; (f) sustainability through technical and financial capacity-building; and (g) policies and strategies based on evidence and best practices.

---

\* E/ICEF/2005/1.

6. Measurable goals to be set for the GIVS will be expressed in terms of coverage, mortality and disease reduction, sustainability and strengthening of systems.

7. The proposed GIVS will consist of the following five strategic areas.

**A. Protecting more people in a changing world**

8. Insufficient and inadequately planned and managed financial and human resources result in immunization coverage falling short of coverage targets, outreach services being cancelled, and available data not being used appropriately to guide strategies and activities or measure impact.

9. This area will address ways of increasing access to immunization for underserved populations, offering a minimum of four immunization contacts with all infants and extending services to school-age children, adolescent and adults as appropriate. It will aim to achieve this through a district-based approach including fixed sites, outreach, mobile teams, pulse delivery and the involvement of the private sector, with a strong focus on underserved populations.

10. The GIVS will aim to strengthen data-driven planning, budgeting, implementation, performance monitoring, epidemiological surveillance and outbreak response and operational research.

**B. Introducing new vaccines and technologies**

11. The setting of research priorities and financial investments will take into account the needs of both developed and developing countries and, within these countries, of populations that are the most vulnerable to ill health, disability and premature death. Concurrently, various new immunization-linked methods, devices and other products are being developed to enhance the ease, safety and efficacy of immunization delivery. Once tested, these new methods and devices will be brought to the market at affordable cost and introduced widely and systematically.

12. The GIVS will seek to influence vaccine research and development on the basis of disease burden, in order to ensure that future vaccines of public health importance become available to the neediest. The GIVS will also aim to empower countries to decide on the introduction of new vaccines and technologies, and to translate commitments into policies, programmes and actions in a sustainable manner.

**C. Linking immunization to other interventions**

13. Immunization contacts create opportunities to deliver additional, high-impact public health interventions such as the provision of vitamin A or insecticide-treated bednets through routine and supplementary immunization activities. The routine delivery of other micronutrients, anti-helminthics, malaria prophylaxis and other health interventions at regular immunization contacts will also be addressed.

14. There is, however, a general lack of clear policies, tested strategies, and proven logistics for including these interventions with immunization contacts. In response to these challenges, the proposed GIVS will seek to build evidence on how different interventions can be combined efficiently and cost-effectively to the benefit of target populations without adversely hampering the impact of each individual service, with a particular focus on reducing child morbidity and mortality.

#### **D. Immunization and health systems synergy**

15. Immunization services are affected by such system-wide barriers as inadequate numbers of motivated, trained and supervised health providers, the existence of weak linkages between immunization and sector-wide financing mechanisms, and the lack of analysis and use of surveillance and management information and data. In complex emergencies, Governments are faced with multi-faceted problems that require urgent and skillfully designed system-wide responses in order to restore immunization services.

16. The GIVS will contribute to the alleviation of sector-wide barriers by strengthening linkages to health sector reform efforts, particularly in such domains as human resources, communication, financing, supply management and health management information systems, including disease surveillance. In so doing, it will maximize the synergy between immunization, other health services and other sectors, such as education and communication for social change, both in situations of peace and conflict.

#### **E. Global interdependence**

17. Immunization as a global public good depends on domestic policy action as well as concerted international action to: (a) sustain a reliable global supply of high-quality vaccines; (b) develop adequate and sustainable financing of national immunization systems; (c) define and recognize the roles, responsibilities and accountabilities of partners; and (d) improve communication and enhance dissemination of information.

18. The GIVS will aim to raise public awareness of and address the consequences of global interdependence on these issues. It will strengthen partnerships at global, national and local levels to allow immunization programmes to perform at a peak level in a well informed, participatory and supportive environment inspired by transparency and accountability.

### **III. Developmental process and schedule**

19. The formulation of the GIVS is spearheaded by WHO and UNICEF, working in close collaboration with key immunization partners. A preliminary draft was reviewed technically by the WHO Strategic Advisory Group of Experts on Immunization and Vaccines in October 2004. The document was also presented for information to the GAVI Board at its December 2004 meeting, and its comments were used to further strengthen the working draft.

20. After review by the Executive Boards of UNICEF and WHO, the development process will build on the outcome of specific sessions during regional and inter-country meetings sponsored by UNICEF or WHO that are already planned as regularly scheduled events. A final

proposal will be submitted to the Fifty-seventh World Health Assembly in May 2005 for its review and endorsement.

21. Once endorsed by the governing bodies of UNICEF and WHO, the GIVS will serve as a framework for all partners to orient or re-orient their contribution to global immunization. It will lend itself to the production of companion documents providing focused guidance on such issues as financing, human resources, information-sharing or monitoring and evaluation.

---