"Immunization Agenda 2030"
A Global Strategy To Leave No One Behind

Copenhagen, Vaccine Industry Consultation - September 2019
With GVAP coming to an end in 2020

**New vision and strategy** for vaccines and immunisation is needed

**Set a new direction** for the next decade that engages and aligns stakeholders – immunisation and beyond – at all levels

**Address emerging issues**, and harness **new solutions** for impact

Re-iterate the importance of vaccinations in contributing to the broader health & development agendas

---

Based on >2000 comments received on Draft 0 and ~2000 on Draft 1

Comments from stakeholders were included in Draft Two, circulated back on Aug 20th 2019
Draft submitted to SAGE on Sep 16th
"IA 2030" will be responsive to changes in global context

Delivering vaccines along the life-course

Including gender-specific interventions to vaccination services

Addressing wide subnational variation in coverage

Responding to changing demographics

Implementing services during and following fragility & emergencies

Responding to outbreaks and antimicrobial resistance

Ensuring access to vaccines, and optimal use of vaccines

Harnessing innovations to improve programme function and coverage

Responding to the decreasing awareness of the value of immunization

Addressing vaccine hesitancy and anti-vaccination activism

Ensuring global vaccine supplies meet national needs

Uncertain programmatic and financial self-sustainability

Source: Gavi (health systems photo)
New vision and strategy will build on/ live within ecosystem of recent strategies, responding to changing context.
Immunization linked to ...  

14 of 17 SDGs 

... broad set of compelling arguments for value of vaccines 

2021-2030 

Innovation

Immunization = EMPOWERED WOMEN & GIRLS

Better health = INCREASED EQUALITY

Healthy vaccine market = INNOVATION

Efficient supply chain equipment = CLEANER ENVIRONMENT

Efficient supply chain equipment = CLEANER ENVIRONMENT

Vaccines support cognitive development through better health = IMPROVED LEARNING

Innovation = HEALTHY LIVES & WELL-BEING

Immunization + nutrition = HEALTHIER FAMILIES

Immunization = EMPOWERED WOMEN & GIRLS

Healthy children & families = INCREASED PROSPERITY

Clean water, sanitation & hygiene (WASH) + vaccines = LESS DISEASE

Protected urban public health = HEALTHIER CITIES

Vaccines = MITIGATION OF CLIMATE CHANGE IMPACT

Strong health systems = LONG-TERM STABILITY

Innovative partnership = UNPRECEDENTED PROGRESS

Source: UN; Gavi analysis
IA2030 brings broad representation of organizations & geographies

50+ organizations

30+ countries across all regions

Survey of participants to Forum sent on Thursday 3/14/2019; n= 66 respondents as of Sunday 3/17/2019
Participants created ideas and provided direction for all key components of "IA2030"
Global Engagement

Strong endorsement at the onset & engagement so far

The Western Pacific Region free from mortality, morbidity and disability due to vaccine preventable diseases

Survey Monkey Pulse Check on Draft Zero N=145

| Core principles proposed are relevant | 9 | 36 | 70 | 22 | 73% |
| Key focus areas under each strategic priority are the right ones | 9 | 33 | 73 | 24 | 77% |
| Focuses on the right strategic priorities | 10 | 18 | 62 | 50 | 67% |
| Provides a new vision and strategic framework for immunization | 5 | 25 | 71 | 34 | 63% |

Overall Stats on Draft Zero & Draft One

- Direct submissions: 345+ as individual contributions or representing an institution
- Specific comments: 4,500+ with each one logged and archived

Overall Engagement on Draft One

- About 65% of people that commented on Draft One also commented on Draft Zero
- Majority of the comments are from global level from Europe and North America
- Significant set of comments from Ministries of Health from developed nations including: Australia, Austria, Belgium, Canada, Germany, Ireland, Spain, Sweden, Switzerland, USA
- About 20% of comments were highly comprehensive and extremely detailed/thoughtful
Headline Feedback from Global Consultation

Most repeated comment made was for a stronger emphasis on vaccine hesitancy

Overall
• Majority of comments on Draft One were very supportive and positive
• Few comments received were new (i.e. not having been made in earlier versions or during the RACE)
• No comments were made that significantly threw things off-course

General comments made
• Too many redundancies, overlaps, and repeated notions in the text – especially on the strategic priorities and for the suggested indicators
• The illustrative purpose of many figures was often missed (some raise more questions than intended) and others would not pass the test of time (would be obsolete too quickly)
• Document still feels biased towards the poorest countries – little being called out that is specific to MIC and HICs
• Less would be more and size of document could be shortened

Technical comments that are noteworthy
• Call for a stronger focus on demand, vaccine hesitancy and addressing the anti-vax movement
• Call for a stronger focus on elderly vaccinations and contribution to the Decade of Health Ageing (2020-2030)
• Call for a greater emphasis on the role of the private sector – both as providers of vaccination services and the need for PPPs to achieve immunization goals
• Continued confusion on the gender focus and its relevance
• More emphasis on alternative pathways to vaccine development (ex: MenAfriVac) and emphasizing the need to continue optimizing immunization schedules
• Some discomfort in going too far with indicators and targets – setting broader goals seems to be the right level to aim for
• Necessity to clarify in the document sources of funding, resources and commitments to implement the IA2030
• Need to unpack the Advocacy and Communication strategy under the operationalization section
• Need to ensure IA2030 has an accountability framework, clarifying roles & responsibilities / mapping of stakeholders
# Regional and Country Engagement (RACE)

## Calendar of Consultation Organized

<table>
<thead>
<tr>
<th>Dates</th>
<th>Region</th>
<th>Location</th>
<th>Event</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-14 June</td>
<td>AFRO</td>
<td>Kenya (Nairobi)</td>
<td>RWG East &amp; Southern Africa</td>
<td>30+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kenya, Mozambique, S. Sudan, Uganda, Zimbabwe</td>
<td></td>
</tr>
<tr>
<td>13-15 June</td>
<td>EMRO</td>
<td>Jordan (Amman)</td>
<td>Meeting of Country NITAGs</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Afghanistan, Iraq, Jordan, Libya, Morocco, Oman, Saudi Arabia, Tunisia</td>
<td></td>
</tr>
<tr>
<td>17-21 June</td>
<td>AFRO</td>
<td>Senegal (Dakar)</td>
<td>RWG West &amp; Central Africa</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chad</td>
<td></td>
</tr>
<tr>
<td>17-21 June</td>
<td>WPRO</td>
<td>Philippines (Manila)</td>
<td>WPRO Immunization TAG</td>
<td>90+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Brunei Darussalam, Cambodia, China, Japan, Korea Rep, Lao PDR, Malaysia, Mongolia, New Zealand, Philippines, Singapore, Vietnam</td>
<td></td>
</tr>
<tr>
<td>7-9 July</td>
<td>EMRO</td>
<td>Jordan (Amman)</td>
<td>RWG for Eastern Mediterranean</td>
<td>60+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yemen</td>
<td></td>
</tr>
<tr>
<td>8-12 July</td>
<td>SEARO</td>
<td>India (Delhi)</td>
<td>SEARO Immunization TAG + Side Event</td>
<td>80+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bangladesh, Bhutan, India, Indonesia, DPR Korea, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste</td>
<td></td>
</tr>
<tr>
<td>9-12 July</td>
<td>PAHO</td>
<td>Colombia (Cartagena)</td>
<td>PAHO Immunization TAG + Side Event</td>
<td>125+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela</td>
<td></td>
</tr>
<tr>
<td>16-17 July</td>
<td>AFRO</td>
<td>Congo Rep. (Brazzaville)</td>
<td>AFRO Consultation on the Immunization Agenda 2030</td>
<td>145+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Angola, Cape Verde, Chad, Congo Rep, DR Congo, Equatorial Guinea, Ethiopia, Guinea, Guinea-Bissau, Liberia, Madagascar, Mauritius, Namibia, Nigeria, Sierra Leone, Tanzania, Uganda</td>
<td></td>
</tr>
</tbody>
</table>

### RACE on Draft Zero
- 4 Regional Consultations organized in **June**
- **26** Countries represented from AFR, EMR and WPR
- **185** regional and country stakeholders represented – *mainly immunization specific*

### RACE on Draft One
- 4 Regional Consultations organized in **July**
- **52** Countries represented from AFR, AMR and SEAR
- **410** regional and country stakeholders represented – *including CSOs, Parliamentarians, African Union, Senior MoH Officials, beyond immunization…*

### Total
- 8 Regional consultation organized
- 24 countries and **595** people consulted
RACE in Photos from Africa

Participants = approx. 145+
Headline Feedback from RACE

Take home was that four strategic priorities need more work to address overlaps and scope

SP 1 – PHC/UHC
- Important overlaps in scope and redundancies between SP1 and SP5

SP2 – Equity & Access
- Important overlaps in scope and redundancies between SP2 and SP5

SP3 – Ownership & Accountability
- A clear preference to have SP3 focus on commitments (instead of ownership), on demand creation and community engagement (instead of accountability) and more on leadership, management and coordination (LMC)

SP 4 – Outbreak & Emergencies
- SP generally good. Include the need for outbreak contingency funds and mechanisms to access cheaper vaccines during outbreaks and emergencies

SP 5 – Lifecourse & Integration
- Important overlaps in scope and redundancies between SP5 and SP1

SP 6 – Research & Innovations
- SP generally good. Emphasize more that the R&D pipeline and innovations will driven by country needs to ensure these will be adopted

SP 7 – Availability & Sustainability
- SP generally good. Stronger emphasis on global supply security including local/regional production capabilities. Clear preference to make sustainability focus on immunization financing and financial sustainability.
"Immunisation Agenda 2030" will include two components

**Immunisation Agenda 2030 Vision & Strategic framework**

*Vision (5-10 page document, for everybody)*
- Vision 2030 and beyond – to inspire and rally
- Values & high-level strategic priorities
- The case for immunisation

*Strategic framework (10-15 page document, for immunisation community & wider stakeholders)*
- Strategic priorities & goals, core principles, ways and means to guide development of global, regional, national strategies and plans

**Documents to be endorsed at WHA 2020**

- Technical guidance documents "living" throughout 2021-2030
- Existing or new global, regional, country plans & goals (e.g., regional strategies)
- Existing or new disease- and topic-specific technical guidance and best-practice documents (e.g., Measles strategy)
IA2030 vision and impact goals

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 immunization within primary health care and contributing to universal health coverage and sustainable development
Strategic framework around 7 strategic priorities
Adaptive Ways & Means to guide implementation

**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 maximize 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.
SP6: Supply & Sustainability

- 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
Four core principles will guide the implementation of SP6

**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.
The ultimate aim is for the new vision and strategy 2030 to be endorsed at the World Health Assembly.
Industry Consultation in Copenhagen

- The documents commits to having stronger collaboration with the private sector, what does that look like in practice?

- IA2030 asks for strong focus on self-sustainability and going further with existing resources through integration, what are the implications for industry?

- There is a the strong focus on “innovation”, “tailored implementation” – how can industry contribute?
Thank you!
## Strategic priority goals

<table>
<thead>
<tr>
<th>Strategic priorities</th>
<th>Strategic priority goals</th>
</tr>
</thead>
</table>
| **Immunisation Programmes for primary health care / universal health coverage** | • 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 immunization data for evidence-based decision-making  
• Ensure functional vaccine safety systems in close collaboration with national regulatory agencies |
| **Commitment & Demand** | • Build and sustain strong social, financial and political 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 |
| **Coverage & Equity** | • 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) |
| **Life course & Integration** | • 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 |
| **Outbreaks & Emergencies** | • Decrease the number and magnitude of outbreaks of epidemic-prone vaccine-preventable diseases  
• Ensure timely, well-organized responses to outbreaks of epidemic-prone vaccine-preventable diseases  
• Establish timely and appropriate vaccination services in acute emergencies and humanitarian crises |
| **Supply & Sustainability** | • Build and sustain healthy markets across all antigens at the global level  
• Safeguard access quality assured vaccines in a timely fashion in all countries  
• Ensure sufficient financial support for immunisation programmes across all countries to achieve universal 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 |
| **Research & Innovation** | • 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 |
[SP6] Supply & Sustainability structured in 8 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.
Draft One Comment Types & Focus*

Most comments centered on “Framework for Action” and “Goals & Targets” sections

- Framework for Action: 44%
- Goals & Targets: 20%
- Shaping a Strategy for the Future: 11%
- Introduction: 9%
- Case for Immunization: 8%
- Core Principles: 6%
- Operation alization: 2%

* N= 1919 comments on Draft One from 92 people that sent feedback to the ia2030 email by August 15th

Global Engagement

Most comments centered on “Framework for Action” and “Goals & Targets” sections