

IMMUNIZATION AGENDA 2030 GLOBAL REPORT 2021

Advancing the Immunization Agenda 2030
during the COVID-19 pandemic



TABLE OF CONTENTS

Foreword	3
1. Executive summary	6
2. Introduction	11
3. The status of immunization in 2020 and 2021	16
4. Extending the vaccine portfolio	29
5. IA2030 implementation and planning	34
6. Moving the agenda forward	43
7. Conclusions	47

FOREWORD

Vaccines and immunizations save over 4 million lives, every single year. Achieving much more with these life saving tools is the shared ambition of countries and partners the world over. This is the first Global Report for the Immunization Agenda 2030 (IA2030), the global immunization strategy for 2021–2030. It provides insight into the current status of immunization programmes across the world and progress being made to implement the IA2030 strategy, designed to achieve impactful, resilient, accessible and responsive programmes.

Progress towards IA2030 progress goals and strategic objectives is being tracked over the decade by monitoring a range of indicators, which will provide a picture of the global status of immunization and help to identify priorities for action. This document sets out:

- Baseline data for IA2030 indicators, mainly from 2019, prior to the COVID-19 pandemic.
- Immunization data for 2020, the latest year for which comprehensive validated data are available, reflecting the first year of the COVID-19 pandemic.
- Preliminary data for 2021 and early 2022, to provide a view of likely trends in immunization in 2021, as the pandemic continued into its second year.

Annual immunization coverage data go through an extensive validation process. While this provides more reliable information, it means that data are released approximately six months after the end of a reporting year. This Global Report therefore includes other sources of data that provide a more up-to-date picture of immunization, although these preliminary findings should be interpreted with caution. A challenge for the future is to ensure that timely and “fit for purpose” data are available at all levels of the immunization system, including the global level, to guide decision-making and action.

The IA2030 strategy was developed in a pre-COVID-19 world. The COVID-19 pandemic has set back efforts to protect the world's population against vaccine-preventable disease, and there are signs that the rollout of COVID-19 vaccination has, in some countries, also disrupted the provision of existing immunization services. This will undoubtedly make it harder to achieve the goals set out in the IA2030 strategy.

A vivid illustration of this disruption is the increase in the number of “zero-dose” children – those not receiving any vaccination – by 3.5 million in 2020. More children and communities have missed out on vaccination, widening existing inequities and making the urgency for action through IA2030 even stronger.

But the COVID-19 pandemic also offers an opportunity. It has highlighted the importance of vaccination to health and survival and illustrated the devastating impact that uncontrolled epidemics can have. It has also demonstrated the need for strong and equitable primary healthcare and immunization systems as foundations of epidemic preparedness.

Strengthening systems to control COVID-19 can help us combat other vaccine-preventable diseases, strengthen primary healthcare systems and advance the cause of universal health coverage. In addition, the lessons learned from COVID-19 vaccine development can be leveraged to accelerate the development and deployment of other new vaccines.

Now is the moment for renewed impetus to deploy vaccines to protect the world's population against life-threatening infections – wherever they live and whatever their circumstances.

Although several indicators show stalled or stuttering progress, over the past two years, many thousands of immunization and other primary healthcare workers have achieved remarkable feats in maintaining and even expanding services under extremely challenging circumstances. Many countries have sustained excellent coverage, demonstrating that the ambitious IA2030 targets can be achieved, if we all make and act on the same levels of commitment and push together in the same direction.

As members of the IA2030 Partnership Council, we are committed to ensuring that our organizations are fully behind IA2030 and are working with other stakeholders to achieve the IA2030 objectives. We seek to create a movement for immunization that people at all levels – household, community, national, regional and global – and across all constituencies – public, practitioner and policymaker – can contribute to and rally behind. We owe it to the world's people, especially its children, to make the vision of IA2030 a reality. *A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being.*

“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 community, 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

Members of the IA2030 Partnership Council

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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 well-being.

In this new decade for immunization, IA2030 provides a strategic framework to accelerate the drive towards universal immunization, catalysing action at community, 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, the latest year for which full data are available, 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 leaves millions more children at risk of preventable, life-threatening diseases such as measles – 22.3 million children received no measles vaccine in 2020.
- **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 lower than that seen in 2019.** Only 25 vaccine introductions were made into the national immunization schedules of such countries in 2020, well below the average number of introductions seen in the last decade.

Preliminary data for 2021 suggest that the continuing COVID-19 pandemic, plus the introduction of COVID-19 vaccination worldwide, has led to at best marginal recovery.

- Administrative data on **vaccine doses administered** in countries showed a major drop during the early stages of the pandemic in 2020, followed by a recovery later in the year. However, vaccine doses administered remained lower than in 2019 for much of 2021, suggesting that coverage in 2021 likely continued to plateau.
- **Vaccine introductions** in 2021 were again at historically low levels – with just 16 new introductions in low- and middle-income countries.
- More positively, by the end of 2021, nearly every country had introduced **COVID-19 vaccination** – a remarkable achievement, despite the remaining inequities in coverage. By May 2022 over 11 billion COVID-19 doses had been administered, nearly 1.5 billion of which had been delivered through COVAX.
- The number of measles outbreaks remained low in 2021, compared with the alarmingly high number of large outbreaks seen in 2018–2020. However, numbers are likely under-reported, having been affected by the impact of COVID-19 control measures and disruptions to surveillance. There are concerning signs of an uptick in cases in early 2022, with measles vaccine coverage significantly below the levels required to achieve herd immunity in many settings.

- Widespread outbreaks of **circulating vaccine-derived poliovirus (cVDPV)** and cases of yellow fever in 2021 also point to challenges with timely outbreak response and inadequate coverage resulting in substantial numbers of zero-dose children in multiple countries. The detection of a wild poliovirus case in Malawi in February 2022, a strain last seen in Pakistan two years ago, and two cases in Pakistan in April 2022 highlight the continuing need for high poliovirus vaccine coverage to achieve and sustain eradication.

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.

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.

“We want access to immunization services for the poorest and most remote female-headed households to be the same as for rich, urban male-headed households.”

Dr Orin Levine

Director, Global Delivery Programs, Bill and Melinda Gates Foundation

“National governments and their coordination platforms need to be in the driving seat. Government leadership could help drive strategies to reaching zero-dose children and under-served communities.”

Ms Marie-Pierre Poirier

UNICEF Regional Director, West and Central Africa

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. The COVID-19 pandemic has exacerbated inequities both between and within countries. While recognizing that vaccines alone will not end the acute phase of the pandemic, we must all work harder to ensure that all populations – particularly those at high risk of severe disease – have access to safe and effective COVID-19 vaccines and are protected.

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.**

“How do we better bring southern hemisphere partners into shaping our ideas, as well as women, youth and community voices?”

Dr Sheetal Sharma
Gavi CSO Constituency

“Coordination and collaboration to avoid duplication is very important and we are strongly committed to that.”

Dr Isabel de la Mata
Principal Advisor for Health and Crisis Management, European Commission

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.

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/>

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.”**

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 for which safe and highly effective vaccines are available. Vaccines were integral to the eradication of smallpox and have driven polio to the point of extinction. Africa was declared wild poliovirus free in 2020, reducing the number of countries around the world where the virus continues to circulate to just two. Vaccines are now available to control outbreaks of Ebola, cholera and typhoid fever – and others are in the pipeline. In 2021, the first malaria vaccine was recommended for widespread use by WHO.

A recent modelling exercise, focusing on 14 vaccine-preventable diseases, estimates that immunization could avert 5.8 million deaths a year by 2030 if immunization targets of IA2030 are met.¹ In total, at least 50 million lives could be saved by immunization between 2021 and 2030. These figures do not even cover the full range of vaccine-preventable diseases, which will be included in future analyses, or capture the impact of the prevention of illness on healthcare expenditure and people's ability to live healthy, fulfilling lives and contribute fully to societies.

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. Among the key issues identified were:

- **Global targets** that applied to all countries regardless of their capacity to achieve such targets did little to motivate countries with underdeveloped immunization infrastructure.

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>

- Despite **extensive monitoring activities**, there was minimal linkage to ensure that global data analyses catalysed action at global, regional and national levels.
- 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.

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 well-being.**

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.

Gavi, the Vaccine Alliance

“The stakes have never been higher for childhood immunization. After the first year of the pandemic, the number of zero-dose children, who have not received even a single vaccine shot, climbed to more than 17 million. Zero-dose children are markers of compounded vulnerabilities and severe inequities. They embody communities facing acute poverty, gender-related barriers, stigmatization, and low access to education, nutrition, water and sanitation. If we can reach them with immunization, we can also bring them other essential services through multi-agency and multi-sector coalitions. The cost of inaction is clear: communities with a large number of zero-dose children are more vulnerable to disease outbreaks, medical impoverishment and death.

As countries respond to the pandemic, we must maintain, restore and strengthen routine immunization, and support countries in prioritizing highly differentiated and targeted sub-national strategies to reach zero-dose children and missed communities with the full range of basic vaccines and essential health services. The Immunization Agenda 2030’s target of reducing the number of zero-dose children by 50% by 2030 is ambitious, and there is no time to waste – 17 million children are waiting for us to deliver on our promise, and they shouldn’t have to wait another day.”

Dr Anuradha Gupta

Deputy CEO, Gavi, the Vaccine Alliance

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.

The World Bank

“The World Bank strongly supports the vision and strategy of the IA2030 and the tremendous collaborative effort that underlies this inaugural Global Report.

Improving access to vaccines in developing countries is key to protecting people from the health, social and economic impacts of vaccine-preventable diseases. The economic impact of the COVID-19 pandemic means that many countries face challenges in ensuring adequate, predictable resources to sustain primary health care services. Looking ahead, sustainably financed

primary health care will be pivotal, and governments and partners ought to prioritize financing for health, including primary health care and immunization. It is also vital in this context to strengthen efforts to use resources efficiently.

The World Bank stands ready to support countries in their health system strengthening efforts.”

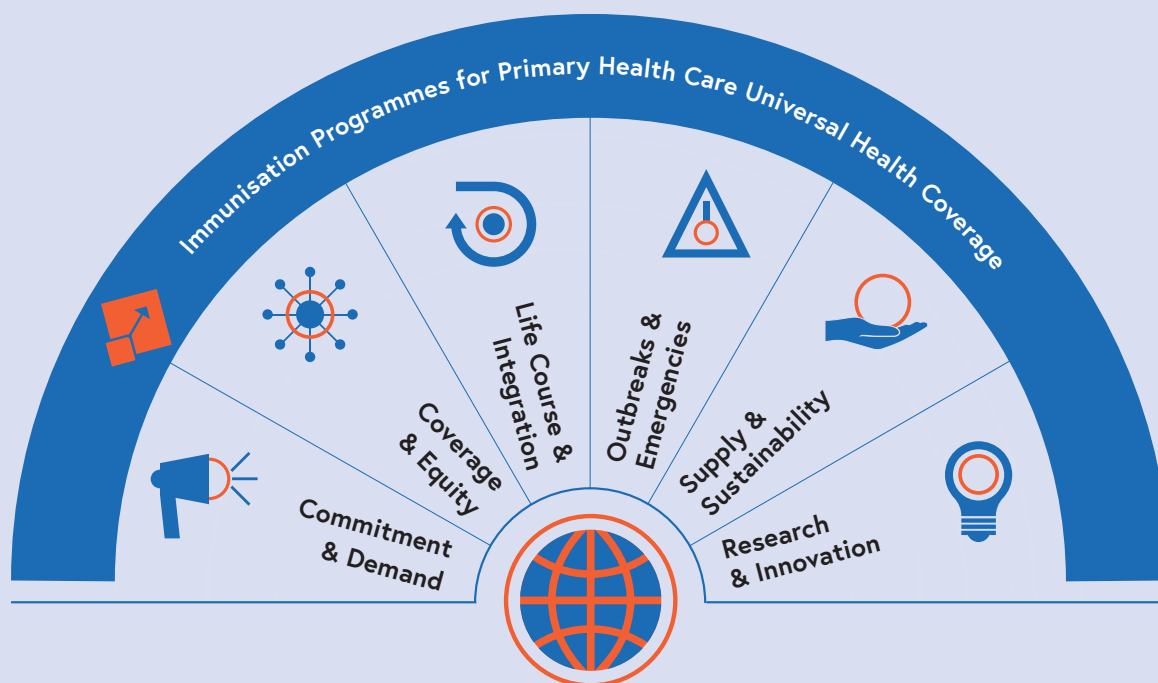
Dr Juan Pablo Uribe

Global Director for Health, Nutrition and Population, World Bank and Director, Global Financing Facility for Women, Children and Adolescents



Photo: Shot@Life

IA2030: Strategic priorities and 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. THE STATUS OF IMMUNIZATION IN 2020 AND 2021

In 2020, COVID-19 profoundly impacted on immunization services and activities. 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. In addition, 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 in 2020**, the latest year for which comprehensive and validated data are available, 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.
- Stagnant **measles vaccination coverage**, with first-dose coverage falling from 86% in 2019 to 84% in 2020 and second-dose coverage showing no increase (71% in 2019, 70% in 2020).
- Just **25 new vaccine introductions** in low- and middle-income countries in 2020, an annual rate well below the average number of introductions seen in the last decade.

Although less severe, this disruption continued into 2021. Furthermore, enormous efforts were made to introduce COVID-19 vaccination worldwide, a crucial intervention needed to help end the acute phase of the pandemic. Although COVID-19 vaccine supplies were highly constrained initially and for much of 2021 for many countries, all but two countries introduced COVID-19 vaccination by the end of the year, with an initial focus on immunizing the most vulnerable and at-risk populations.

Preliminary data for 2021 indicate that immunization coverage and vaccine introductions into immunization programmes have not rebounded significantly, largely because the disruption resulting from the pandemic, on education, healthcare and employment, along with the worldwide prioritization of COVID-19 vaccine deployment, has drawn human and other resources from existing immunization activities.

- **Country data on vaccine administration** show a fall in 2020 that was not significantly reversed in 2021. This suggests that validated coverage data for 2021 are unlikely to show a major rebound globally. Vaccine administration data also show major differences between regions, with the number of doses particularly markedly affected in the South-East Asia Region in both 2020 and 2021 compared to 2019, and across countries.
- **New vaccine introductions** remained limited in 2021, with just 16 new or under-utilized vaccines being added to immunization programmes in low- and middle-income countries. However, there was also near-universal introduction of COVID-19 vaccination.
- **Outbreaks of vaccine-preventable diseases** show a mixed picture. Measles outbreaks remain at relatively low levels, compared with the very high levels seen in 2018–2020, but multiple cVDPV outbreaks were seen in 2021, reflecting inadequate immunity to polio. COVID-19 control measures probably helped suppress measles, but disrupted surveillance has likely led to under-reporting, and there are signs of case numbers increasing again. There is a large and growing measles immunity gap which, if not addressed, will raise the risk of major outbreaks.
- The numbers of **zero-dose children** in 2021 cannot be predicted with any degree of certainty until the release of validated coverage data in July 2022. However, vaccine usage data make it unlikely that their numbers will be significantly lower than in 2020.



Photo: Shot@Life

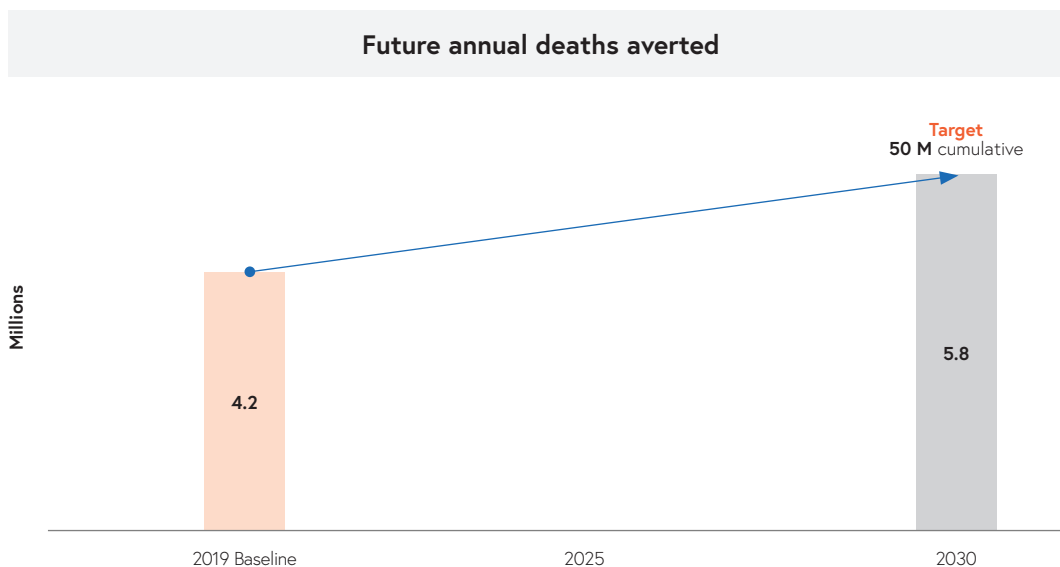
Impact goals

Monitoring of IA2030 progress is based on **seven impact goal indicators**. In most cases, global targets have been set for 2030 with 2019 data being used as a baseline.

Impact Goal 1.1: Number of future deaths averted through immunization

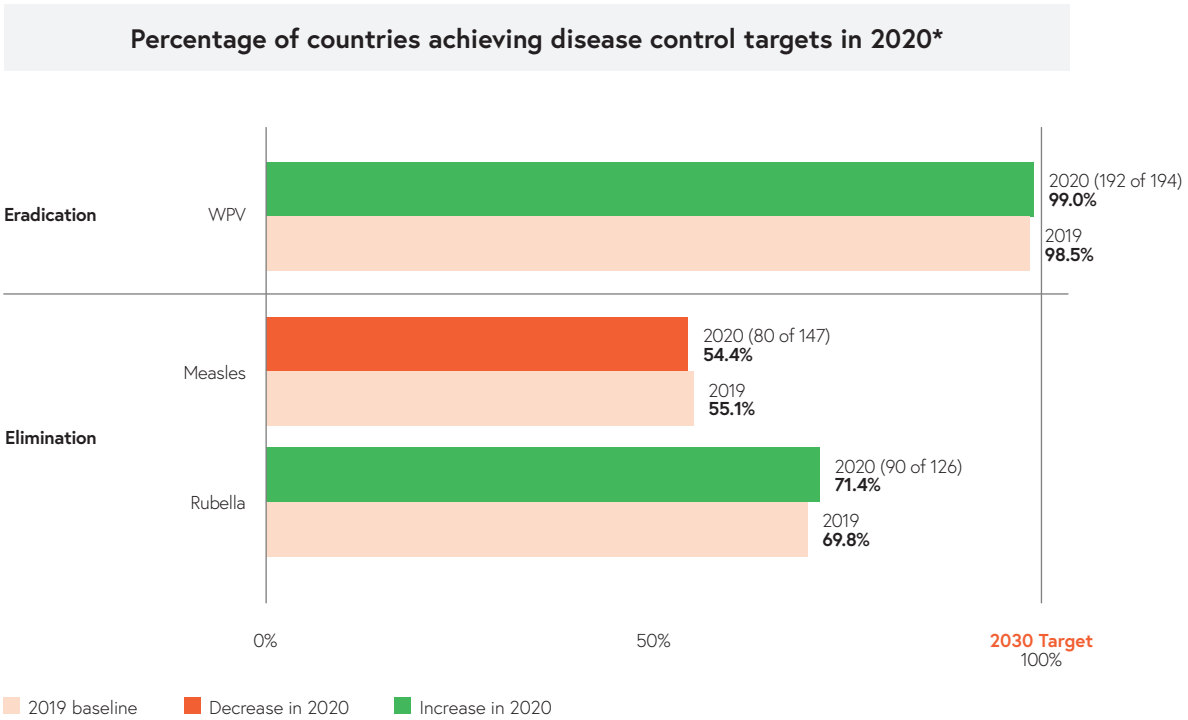
Modelling has been used to estimate the number of deaths likely to be averted by vaccination, if coverage targets are met. The model is based on 14 vaccine antigens, which will be expanded during the decade to include additional antigens that are already part of national immunization programmes.

- Across multiple antigens, plateauing or declining coverage rates are increasing the numbers of under-immunized children and the potential for additional avoidable deaths in the future.
- The stagnant immunization coverage seen in 2020, plus limited new vaccine introductions in 2020 and 2021, 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 WHO Region of Africa was certified free of wild poliovirus. Wild poliovirus remains endemic in just two countries, Pakistan and Afghanistan.
- In February 2022, wild poliovirus was detected in Malawi; sequence analysis suggested that it represented an import from Pakistan, so the certification status of Africa will be unaffected provided that the outbreak is brought quickly under control. In addition, two cases of wild poliovirus were identified in Pakistan in April 2022, 15 months after the last case was detected.
- In the five regions that have measles elimination targets, 80 out of 147 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 out of 126 countries had achieved rubella elimination by the end of 2020, an increase of two.



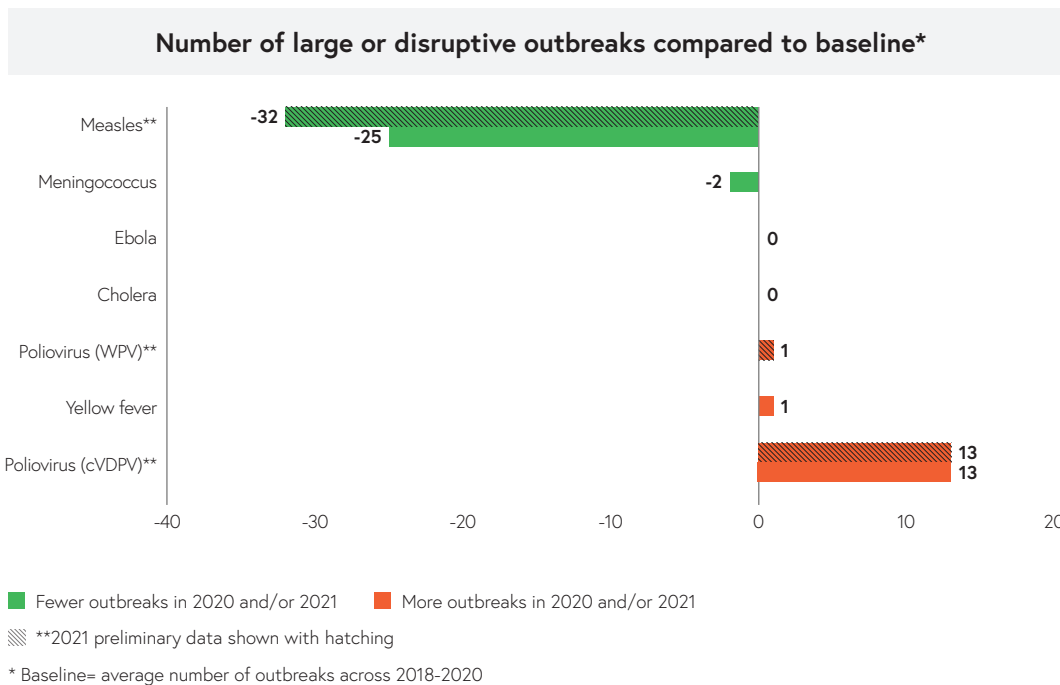
* Pending for maternal and neonatal tetanus, hepatitis B, and Japanese encephalitis

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

Outbreak numbers were particularly high in 2018–2020 due to multiple cVDPV and measles outbreaks (an average of 51 measles and 21 cVDPV outbreaks each year). Measures to respond to the COVID-19 pandemic may have reduced measles transmission in 2020 and 2021 but also led to under-reporting.

Preliminary data for 2021 and 2022 show concerning signs of a rebound in measles cases, as well as continuing high numbers of cVDPV outbreaks. Low levels of population immunity are increasing the risk of measles, cVDPV and other outbreaks. In addition, use of vaccines to control outbreaks such as cholera and Ebola is increasing.

- A total of 26 large and disruptive **measles** outbreaks were reported in 2020. This is fewer than the baseline average, likely because of lower detection (due to fewer people seeking care or disrupted surveillance), reduced transmission (owing to COVID-19 control measures), or increased population immunity following large outbreaks in 2018–2019.

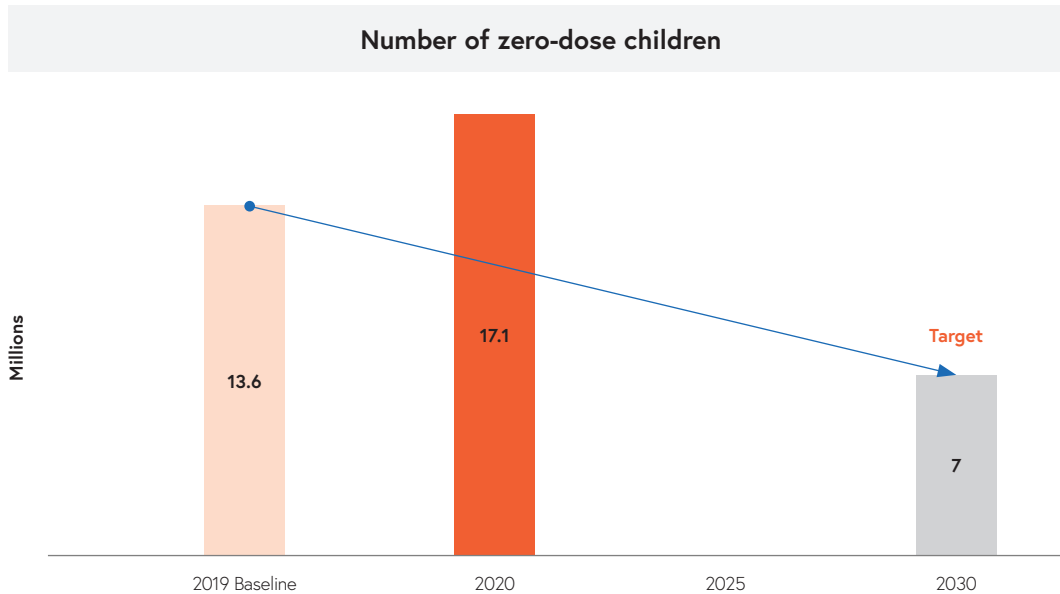


- Preliminary measles data for 2021, based on surveillance reports from countries, show a similar trend to 2020. Reported measles cases fell to 59,157 in 2021 from 93,789 in 2020, but the vast majority of cases in 2020 were reported before April 2020, when COVID-19 control measures began to be widely implemented. Of concern, 17,348 cases were reported in the first two months of 2022, a significant increase over the same period in 2021, when 9,665 cases were reported. All these numbers significantly underestimate the true numbers of measles cases globally.

- Preliminary data from 2021 show continuing high levels of large or disruptive **cVDPV outbreaks** – 34, the same number as in 2020. The cVDPV outbreaks are widely distributed across four of the six WHO regions. This trend points to inadequate polio vaccine coverage and, alongside the detection of the wild poliovirus case in Malawi, underscores the importance of achieving and maintaining high polio population immunity worldwide.
- Validated outbreak data for 2021 are not yet available for meningococcus, Ebola and cholera. Multiple countries reported **cholera** outbreaks in 2021, including more than 100,000 suspected cases in Nigeria. The European Centre for Disease Prevention and Control (ECDC) has noted cholera outbreaks in 16 countries worldwide in the early months of 2022. **Ebola** outbreaks were detected in the Democratic Republic of the Congo (DRC) in 2021 and April 2022, triggering outbreak responses including vaccination, and Ebola cases were also detected in 2021 in Guinea and Côte d'Ivoire.
- Data from the International Coordinating Group (ICG) on Vaccine Provision, which allocates vaccines from global stockpiles in response to country requests, provide some insights into global outbreak trends. For **meningococcus**, the number of doses shipped fell markedly in 2020 compared to 2019 (261,000 versus 978,000) before rising in 2021 to 642,000. Shipments for 2022 had already reached 207,000 by the beginning of February.
- Similarly, **cholera** vaccine shipments fell in 2020 compared to 2019 (4.7 million versus 8.4 million), before increasing significantly in 2021, to 15.2 million. Shipments have continued at a high level in 2022 (5.2 million by mid-April), highlighting the growing importance of vaccination to cholera control. For **Ebola**, 5800 doses were shipped in 2021 for use in the DRC (no data are available for previous years).
- In 2021, nine countries in the African Region reported laboratory cases of **yellow fever** and one cluster of cases met the formal criteria for an outbreak. These reports, across a wide area of West and Central Africa, signal a resurgence and intensified transmission of yellow fever virus, with vaccination coverage in affected areas insufficient to achieve herd immunity. The number of vaccine doses shipped for yellow fever outbreak control increased markedly in 2020 compared to 2019 (6.8 million versus 3.4 million) but declined in 2021 to 2.2 million. However, shipments for 2022 had already reached 2.2 million by the end of March 2022.
- The COVID-19 pandemic led to the postponement of **vaccine-preventable disease vaccine campaigns** in dozens of countries. During 2021, supplementary immunization activities resumed in many countries. By April 2022, 48 countries had reinstated 92 campaigns, with 15 countries conducting multi-antigen campaigns. However, the number of postponed campaigns still stood at 35 in 31 countries, affecting a target population of 133 million.

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. About 70% of this increase was the result of a drop in coverage in three countries with large populations.



■ Off track

- Preliminary monthly administrative data suggest that the number of vaccine doses administered globally was not markedly higher in 2021 compared to 2020. Similar numbers of zero-dose children are therefore likely to be seen in 2021. An estimate of the number of zero-dose children in 2021 will be generated when validated coverage data are released in July 2022.

Regional breakdown of numbers of zero-dose children and DTP coverage in 2019 and 2020

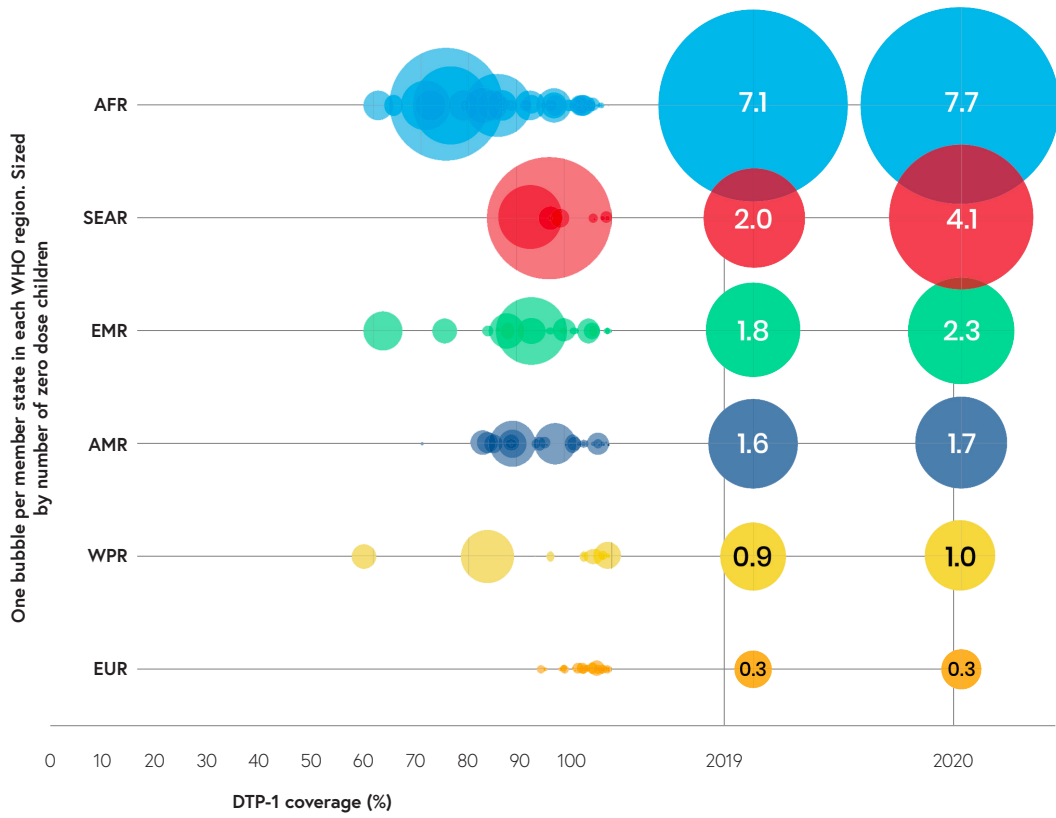
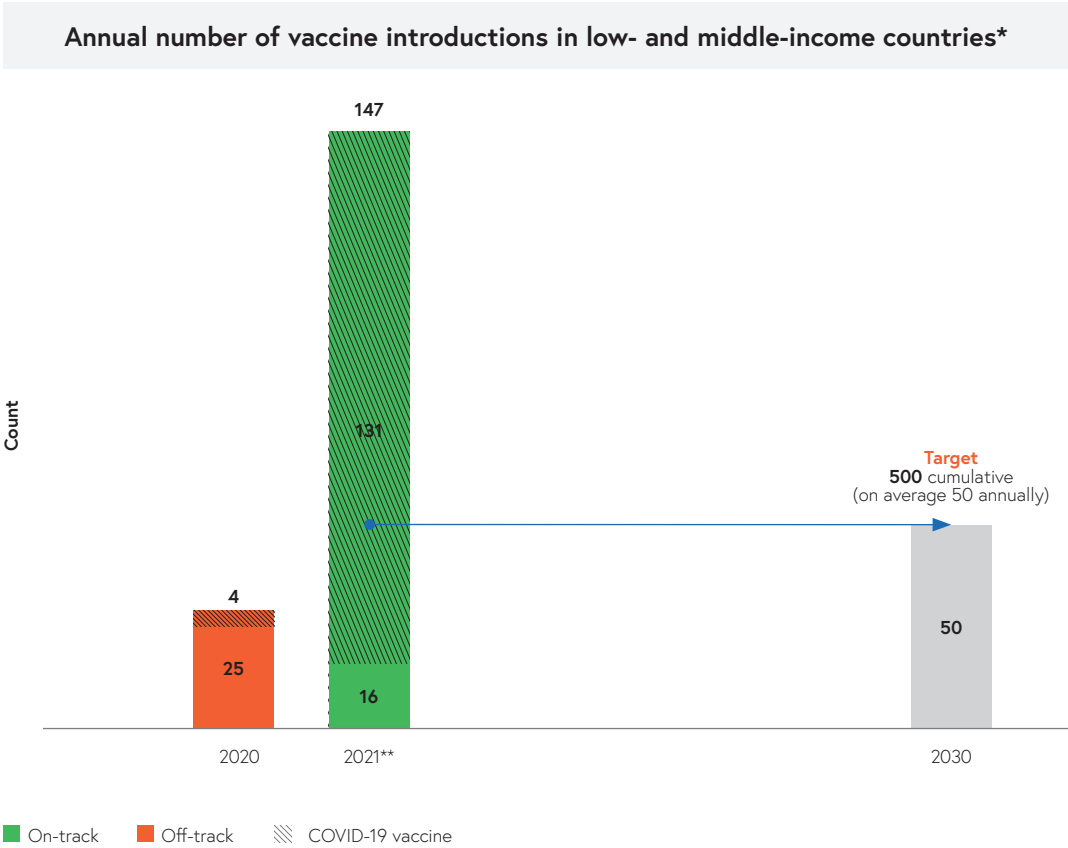


Photo: ©IStock/ronaldoalmeida10

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

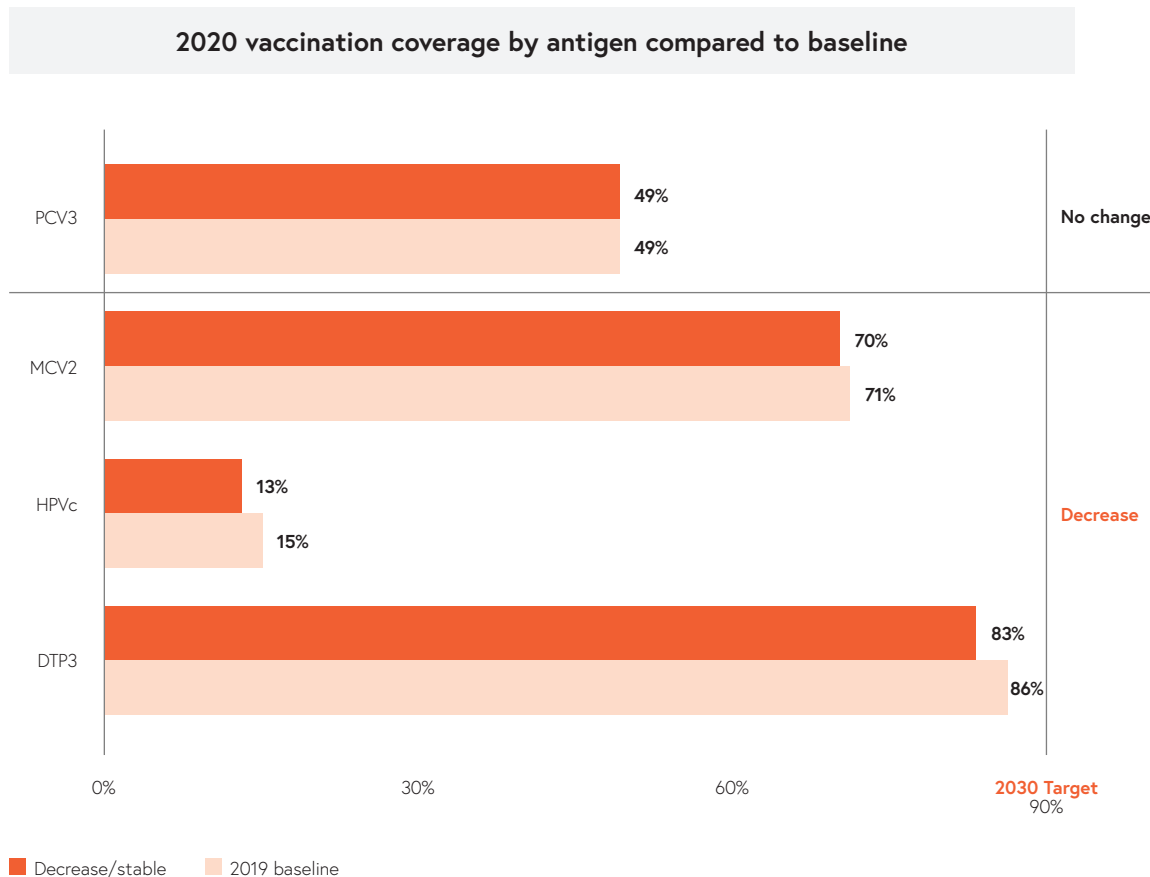
- Only 25 vaccines were added to the national immunization schedules of low and middle-income countries in 2020 – well below the average number of introductions seen in the last decade. Four low and middle-income countries also started using a COVID -19 vaccine in 2020.
- Preliminary data for 2021 suggest that this trend is continuing – 16 introductions were reported to WHO in 2021, including six HPV, one pneumococcal conjugate vaccine (PCV) and one measles vaccine second dose (MCV2) introductions. Low- and middle-income countries have yet to introduce multiple WHO-recommended new or under-utilized vaccines.
- These trends probably reflect national prioritization of COVID-19 vaccine introduction. By the end of 2021, all but two countries worldwide had introduced COVID-19 vaccines. With these introductions, the world is on track to achieve the 2030 target of 500 introductions in total.



* Based on the World Bank's economic classification including low- and middle-income, and non-classified countries
 ** Preliminary data

Impact Goal 3.1: Immunization coverage across the life course

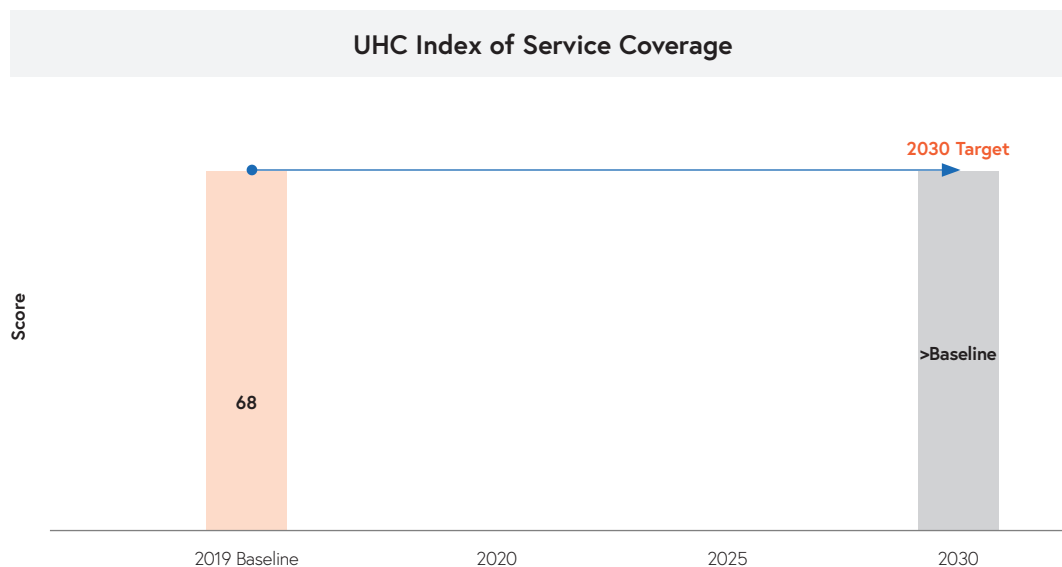
- Global coverage for four tracer indicators given at different ages – DTP3, MCV2, third dose of PCV (PCV3) and final dose of HPV vaccine (HPVc) – was static or fell in 2020.
- For some vaccines, new introductions will have added to the proportion of the global populations covered. These introductions therefore offset 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.
- Preliminary data on the number of vaccine doses administered in 2021 and limited additional introductions suggest that coverage is unlikely to have increased markedly in 2021 (validated coverage data for 2021 will be reported in July 2022).

Impact Goal 3.2: UHC Service Coverage Index

- This indicator measures coverage of essential health services using an index based on a range of maternal, neonatal and child health services. Data are available only up to 2019. Globally, the average UHC SCI among 183 reporting countries increased from 45 (out of 100) in 2000 to 68 (out of 100) in 2019 (an average increase of 2.2% per year).
- 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.
- UNICEF and WHO country surveys identified significant disruption to multiple healthcare services in 2020, including both facility-based and outreach immunization services; facility-based services were particularly badly affected. Although reported levels of disruption were lower in 2021, many countries that responded to surveys were still experiencing disruption (around half of those responding to the UNICEF survey in September 2021³). Similarly, the WHO survey for November–December 2021⁴ found that 53% of 95 countries responding to all three WHO surveys reported disruption to immunization services; a quarter of responding countries felt that services had not recovered since early 2021.



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

3. <https://data.unicef.org/resources/tracking-the-situation-of-children/>; <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>

4. https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1

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 indicators⁵. 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 ranges⁶ stood at 69%, compared with 70% in 2019.
- **Equity:** For DTP3, MCV1 and MCV2, the percentage drop in coverage in the 20% of worst-performing districts was greater than the overall decline in global coverage. This suggests that poor performing districts fell further behind in 2020, increasing inequities in immunization coverage.
- **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. Despite multiple COVID-19-related challenges to global distribution systems, supply of vaccines for essential immunization programmes was largely maintained, leading to few global supply disruptions in 2020 and 2021.

Financing realities

It is important to recognize the variety of economic challenges resulting from the COVID-19 pandemic and their impact on government resourcing. While economic growth in many countries is strongly rebounding, World Bank projections indicate that income per capita will not return to pre-pandemic levels in some 40 countries (29 of which are low- and middle-income) even by 2026.

Contracting overall government spending could have large repercussions on domestic government expenditure on health and the ability of governments to make progress on IA2030 goals. It will be vital for countries and partners to pull together to prioritize health in government budgets and, within health, on primary health care, including immunization. It will also be vital to strengthen efforts to use resources as efficiently as possible.

5. SAGE October 2021 Report: <https://www.who.int/publications/i/item/who-wer9650-613-632>

6. 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).

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. Following this decision, Gavi added RTS,S/AS01 to its portfolio, opening the door to its wider introduction in Gavi-eligible countries.

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. Vaccine doses from this stockpile have been used to control Ebola outbreaks in the DRC.

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 four countries and introduction is planned in a further two, with implementation beginning in Nepal in April 2022.

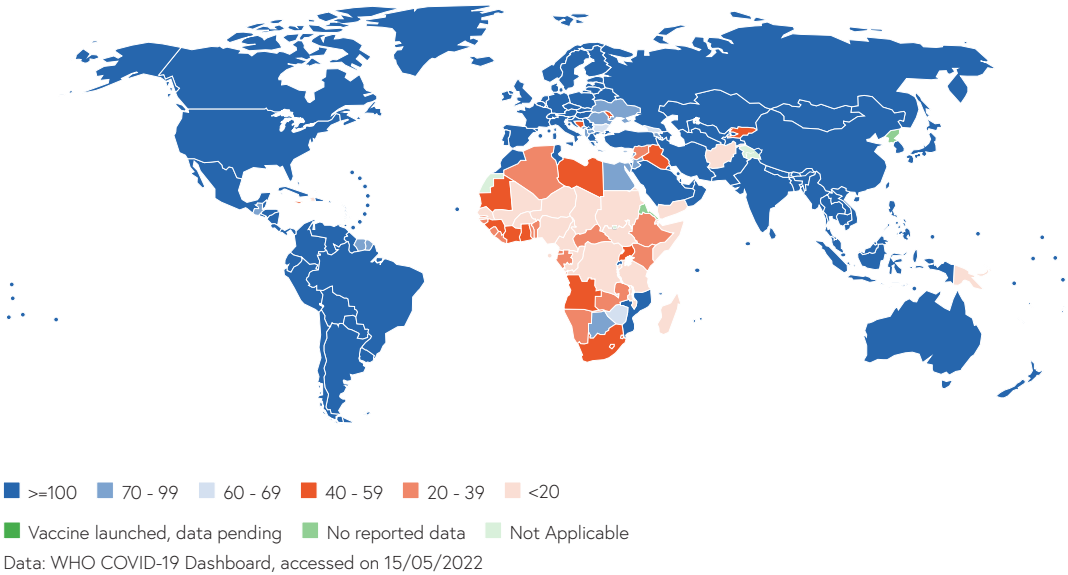
Polio: A novel oral poliovirus vaccine (nOPV2) is now being used in the battle to eradicate polio. While still as immunogenic as conventional OPV2, nOPV2 is more genetically stable and therefore less likely to lead to outbreaks of cVDPV2. It was the first ever vaccine to receive WHO emergency use listing, to accelerate its introduction to control cVDPV2 outbreaks. As of April 2022, 260 million doses of nOPV had been administered in 14 countries.

COVID-19: Safe and effective COVID-19 vaccines were developed at unprecedented speed. By April 2022, ten vaccines had received WHO emergency use authorization. Almost all countries have now introduced COVID-19 vaccination. As at the end of April 2022, 11.5 billion doses of COVID-19 vaccines had been administered worldwide and 59% of the world's population was fully vaccinated.

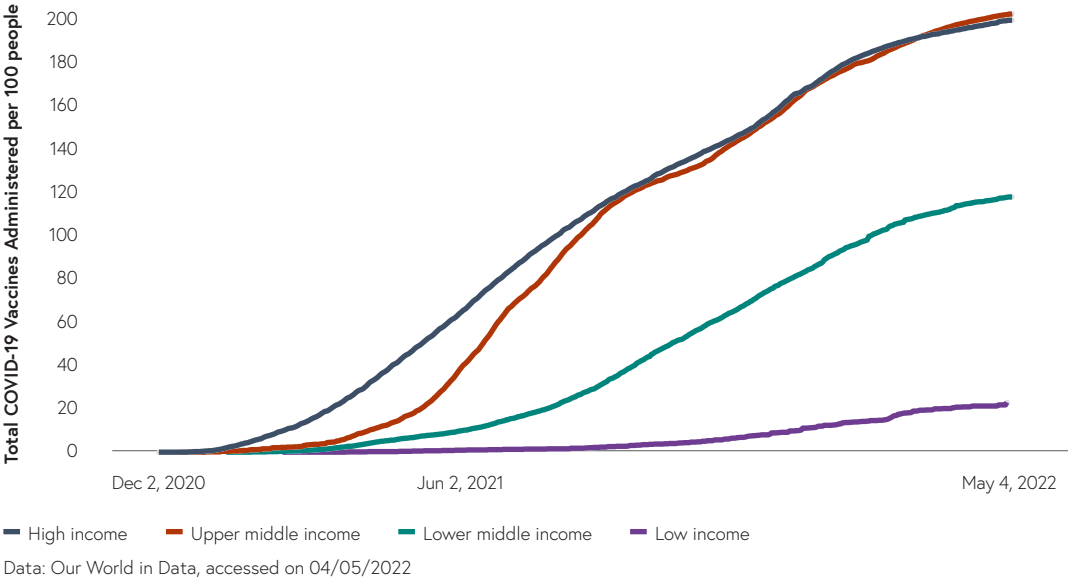
COVAX, the vaccine pillar of the Access to COVID Tools Accelerator (ACT-A), is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, and WHO, plus UNICEF as a key partner, and the Pan-American Health Organization (PAHO)/WHO acting as a procurement partner for COVAX in the Americas. It was established in 2020 to accelerate COVID-19 vaccine development and production, and to further fair and equitable access to vaccines in every country. By the end of April 2022, 1.43 billion vaccine doses had been distributed to 145 countries through COVAX.

Even so, **huge inequities still exist in global coverage of COVID-19 vaccines**, with many high-risk populations still unprotected. An estimated 11 billion doses were produced by the end of 2021 but 9.9 billion of these were promised to high-income countries. As at 17 April 2022, the number of doses administered per 100 population was 200 for high-income and upper middle-income countries, 116 in lower middle-income countries and just 22 in low-income countries. Although vaccine use in low-income countries is increasing, it remains far below the levels seen in high-income and upper middle-income countries.

Total COVID-19 vaccine doses administered per 100 population – May 2022



Trends in vaccine equity (vaccine doses per 100 population)



At the end of 2021, in light of introductions having been achieved and recent relief from the severe COVID-19 vaccine supply constraints of 2021, the need to shift country readiness and delivery support to a second phase was recognized. This phase, under the banner of the **COVID-19 Vaccine Delivery Partnership (CoVDP)**, with a Global Lead Coordinator, is focusing on intensified delivery support to 34 countries whose vaccine coverage was below 10% in January 2022. The joint intensified operational effort by UNICEF, WHO and Gavi and key partners such as the World Bank and Africa Centres for Disease Control and Prevention (Africa CDC), aims to provide coordinated support for countries to break bottlenecks and accelerate the pace of vaccination toward achieving country goals.

Looking forward, COVAX will continue to be the central global mechanism for widening access to COVID-19 vaccines, focusing on all steps in vaccine implementation, including through the COVID-19 Vaccine Delivery Partnership. There are also critical regional mechanisms for vaccine procurement that have been developed during the pandemic, including the African Union's African Vaccine Acquisition Trust (AVAT), which is playing an important role in the vaccine landscape.

Equally important will be global efforts to diversify COVID-19 manufacturing capacity, particularly the introduction of production facilities in the African region. Following the creation of the Partnership for African Vaccine Manufacturing coordinated by Africa CDC, launched in April 2021, WHO and partners established a technology transfer hub in South Africa to develop mRNA vaccines. Its first vaccine products are due to enter clinical trials in late 2022. As of May 2022, 15 countries around the world have been selected to receive mRNA vaccine manufacturing training and know-how through the hub.

Country statement

“Immunization is an essential and cost-effective measure for primary prevention of communicable diseases. We must maintain a continued focus on ensuring the highest possible immunization coverage in order to achieve universal health coverage, control epidemics and reduce mortality and morbidity from vaccine-preventable diseases.

The roll out of the COVID-19 vaccines has shown the importance of addressing inequalities in vaccine coverage. Delivering safe, effective and accessible vaccines while maintaining a high level of trust in science and health authorities are key factors in ensuring immunization.

Immunization programmes should be a high priority in the years ahead for the WHO and its Member States. We must use the current momentum and the lessons learned from the COVID-19 pandemic to enhance immunization programs through increasing accessibility, strengthening vaccine delivery infrastructures, and making evidence based information accessible to the public as a means to countering disinformation.”

Dr Søren Brostrøm

Danish member of the WHO Executive Board 2021-2024

Commercial vaccine developers have also announced plans to begin manufacturing mRNA vaccines in African countries. In addition, in 2021 the Region of the Americas announced plans to create two regional mRNA vaccine hubs, in Argentina and Brazil, through the Regional Platform to Advance the Manufacturing of COVID-19

Vaccines and other Health Technologies in the Americas. An important challenge will be to ensure that this diversification leads to a sustainable vaccine manufacturing infrastructure, for COVID-19 and other vaccines.

Over the longer term, it will be important to identify how the COVAX infrastructure, partnerships, resources and ways of working can contribute to wider IA2030 immunization goals. The objective 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 and equitable access.

COVAX has been an end-to-end approach that facilitates and expedites all stages of new vaccine development, including ensuring adequate production capacity, equitable allocation and access, support for implementation, and evidence generation to inform global and national policymaking. Ensuring that future vaccine development and immunization programme capacity building draw on the innovations and accelerations that occurred during the pandemic through COVAX and other initiatives will be crucial for harnessing this forward momentum.

CEPI and IA2030

“Reaching the IA2030 global immunization goals are of utmost importance. In accordance with the IA2030 strategy, CEPI’s mission is to accelerate the development of new or improved vaccines and advanced biologics against emerging infectious diseases with epidemic and pandemic potential and enable equitable access to them.

Delivering at scale and ensuring access are as important as the raw speed needed to develop new vaccines against epidemic threats: vaccinations, not vaccines, save lives. CEPI is fully committed to improve deliverability and enable equitable access through working with end-to-end partners in line with the IA2030 agenda.”

Dr Richard Hatchett

CEO, Coalition for Epidemic Preparedness Innovations (CEPI)

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.

5. IA2030 IMPLEMENTATION AND PLANNING

In May 2021, the World Health Assembly expressed its support for implementation of IA2030 through the IA2030 Framework for Action,⁷ 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.

Country statement

COVID-19 has highlighted the importance of sustained efforts to support equitable access to vaccines, including ensuring supply, supporting demand, and identifying and addressing health systems bottlenecks that impact scale-up and delivery.

While unprecedented global collaboration led to the development and accelerated delivery of safe and effective vaccines for COVID-19, Canada is deeply concerned about the capacity of national health systems to lead routine immunization campaigns, while responding to the pandemic and rolling out COVID-19 vaccines. We encourage Member States to integrate IA2030 recommendations into their own National Immunization Strategies.

We must leverage the opportunity presented by the COVID-19 vaccine roll-out to increase the integration of immunization

with other health promoting services, including nutrition and comprehensive sexuality education, in order to improve health outcomes for all.

To reach zero-dose and under-immunized populations, we must work together to identify and address barriers to accessing immunization, including those related to gender.

Building and sustaining community trust in vaccines is paramount. Guided by science, community engagement, research, and effective regulations, we must continue collaborating to improve vaccine confidence.

Canada
Delegate, Executive Board

Regional and national immunization strategies and plans

Regions have developed **regional strategies** aligned with IA2030. 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”.

7. Implementing 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>

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.

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) initiative.⁸ 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.

Regions and IA2030

“Regions are helping to translate the global IA2030 strategy into action on the ground. The South-East Asia Region (SEAR) has developed a Regional Immunization Strategy aligned with the global IA2030 strategy and an implementation plan up to 2025.

With regional partners and with the support of the SEAR Immunization Technical Advisory Group (ITAG), we are helping countries deal with the simultaneous challenges of COVID-19 vaccine rollout and strengthening of existing immunization programmes.

IA2030 provides a common framework around which we can coordinate our support with partners, track progress, and plan actions that will enable us to reach our regional goals.”

Dr Sunil Bahl

Regional Advisor, WHO, South-East Asia Regional Office

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

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. 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. Activities to date have included virtual consultations involving hundreds of immunization staff in low- and middle-income countries, organized in collaboration with the Geneva Learning Foundation's peer learning programme.

Working Groups 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.

Working Groups and IA2030

Working Groups have a critical role to play in achieving IA2030 targets. IA2030 has been conceived as a bottom-up strategy that places countries at its heart, so we need to understand what is happening on the ground and what the issues are that really affect how services are delivered, promote learning, local solutions and innovations.

We must also co-create approaches to ensure everyone has access to immunization and other primary healthcare services; and understand how communities are engaged, utilizing services and contributing – immunization services must be a partnership between people and programmes.

To do this, we need to listen to and dialogue with people on the frontline, to ensure their voices inform global discussions, their innovations take root, and their needs drive our global responses.

Dr Folake Olayinka

Immunization Team Leader, USAID and Chair of IA2030 Working Group on Strategic Priority 1: Immunization programmes for Primary Healthcare and Universal health Coverage

Immunization staff and IA2030

IA2030 Working Group 1 has been engaging with immunization professionals taking part in a peer-learning programme run by The Geneva Learning Foundation.

“It is a very impressive innovation to have Working Group 1 involved. By engaging in the peer learning programme’s events, they can get insights into what is happening at different levels and hear directly what the key challenges are in implementing interventions in priority areas.

I hope this kind of insight will be very useful to the Working Group on how to fashion policies, positions and advice to countries and partners. Planning is often top-down – experts meet, review the literature and provide solutions. But at the implementation level, there are often nuances, things that do not make it into the peer-reviewed literature, that can have a big impact on success.”

Dr Paul Hilarius Asiwome Kosi Abiwu

Deputy Director, Public Health, Northern Region, Ghana

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 immunization systems will provide a firm foundation for targeted disease-control activities, which in turn provide opportunities to strengthen national immunization and primary healthcare capacity. However, there must be a specific emphasis on leveraging and translating these opportunities into reality.

In 2021, the Measles and Rubella Initiative launched a new Measles and Rubella Strategic Framework 2021–2030⁹ 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 IA2030.¹⁰

Synergies with disease-specific initiatives

“The Immunization Agenda 2030 (IA2030) global strategy promises to maximize the lifesaving impact of vaccines over the next decade by increasing equitable access and use of new and existing vaccines. If fully implemented, IA2030 could avert over 50 million deaths over the next decade, a majority from measles and 75 percent in low- and lower-middle-income countries.

Advancing measles and rubella elimination targets will help drive progress toward IA2030 goals and objectives because measles is a leading cause of death and disease in children under 5, and rubella is the leading cause of vaccine-preventable birth defects. Measles

vaccination dominates global return on investment in immunization, especially when combined with rubella vaccine, and measles cases and outbreaks can be used as a tracer to highlight and address immunization system weaknesses and broader health inequities. The Measles & Rubella Strategic Framework 2021–2030 purposefully and closely aligns with IA2030, as achieving and sustaining regional measles and rubella goals will depend upon robust global progress across IA2030 strategic priorities.”

Ambassador John E Lange (Ret.)

Chair, Leadership Team, Measles and Rubella Initiative

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

10. 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>

IA2030 and polio

“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.

We stand with IA2030's focus on equity and in particular on the urgent imperative to protect 'zero dose children' through immunization. Eradication is the ultimate equity programme. We strive to vaccinate all children but particularly those who have

been inaccessible, persistently missed and/or marginalized. We are working together to leave no stone unturned in this effort – whether it is to use digital technology in creative ways, to engage more meaningfully with communities, to use the most effective combination of vaccines or to apply a gender lens to our operations. With each of these approaches, polio eradication furthers the immunization agenda.”

Mr Aidan O'Leary

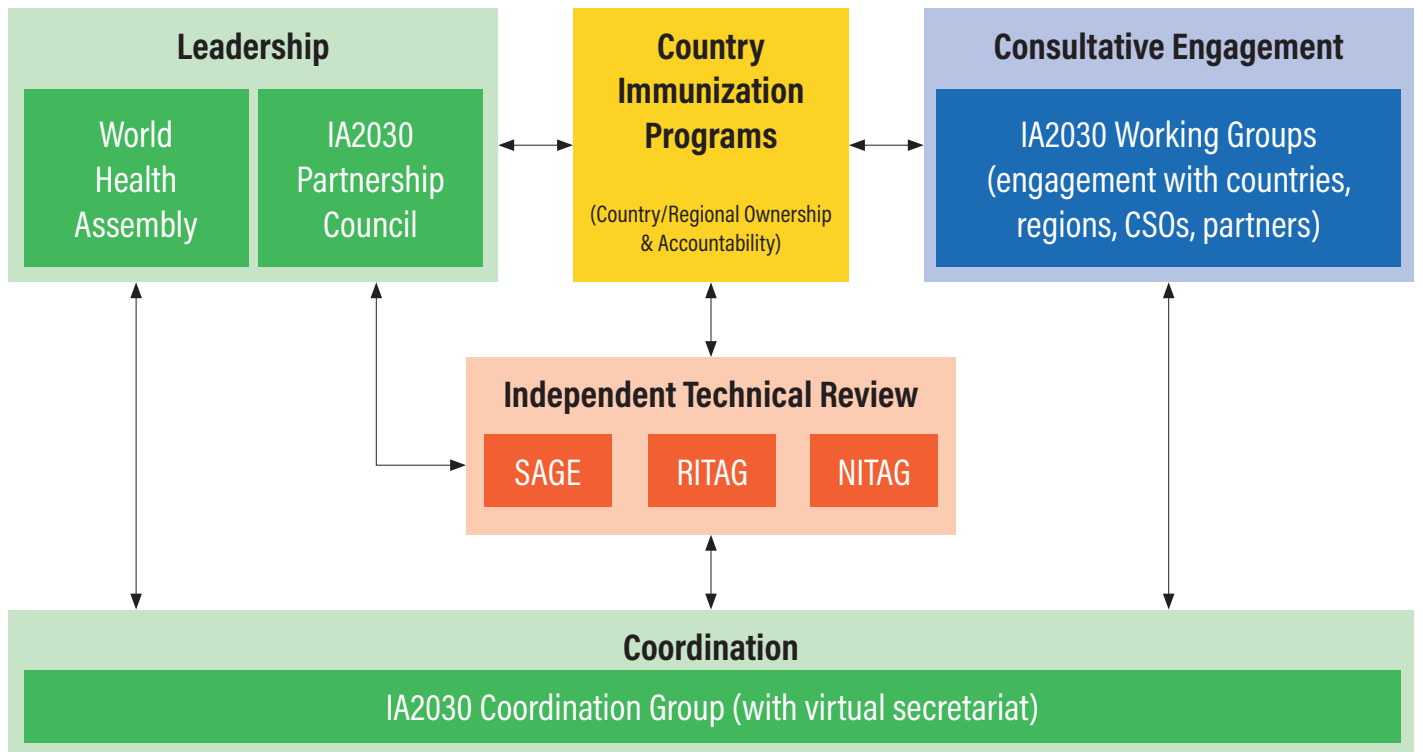
Director of Polio Eradication, WHO, and Chair of the Global Polio Eradication Initiative Strategy Committee.

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 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 Action¹¹.

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



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.

Civil society and IA2030

“Civil society, with enthusiasm, endorses the IA2030 Framework for Action as the vehicle to achieve the ambitious Immunization Agenda 2030 (IA2030) over the next decade. Civil society will continue to amplify community voices and work with all partners at global, regional, national and subnational levels to ensure immunization remains a core intervention to deliver existing global health goals.

IA2030 gives us a unique opportunity to emerge from the challenges of the pandemic to ensure that immunization, one of the world’s most effective public health interventions since the 18th century, reaches those most in need and leaves no one behind.

This equity in access can only be achieved through transformative gender approaches and full inclusion of last-mile and zero-dose communities. The dynamic development of new technologies has yielded advances in preventing outbreaks of diseases. Despite this advancement, trust in vaccines has been challenged. Civil society, as partners of IA2030, aims to foster improved investment and accountability to restore this trust, while advocating that vaccines are for the good health and wellbeing of all.”

Dr Sheetal Sharma

Chair, Gavi CSO Steering Committee

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 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.



Photo: Shot@Life

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6. MOVING THE AGENDA FORWARD

With the IA2030 framework in place, we now need to accelerate efforts to implement IA2030 at national, regional and global levels. This will require coordinated action across all stakeholders:

Countries:

- Introducing IA2030-based national immunization strategies.
- Implementing these strategies to extend and expand immunization coverage as part of integrated primary healthcare systems.
- Developing strong links with communities to create “partnerships for immunization”.

Regions:

- Supporting implementation of IA2030 at the country level.
- Developing IA2030 regional monitoring and evaluation frameworks.
- Coordinating partner support to countries.

Civil society:

- Joining the “movement for IA2030” and advocating for greater uptake of immunization services and more investment in immunization.
- Working in partnership with national immunization programmes to ensure complete community protection.
- Holding national stakeholders accountable for their commitment to immunization.

IA2030 Global-level partnership

Working Groups:

- Identifying how best to leverage global expertise to advance immunization at the national level within their specialist areas.
- Undertaking consultative engagement to ensure that Working Group activities reflect the practicalities of immunization service delivery in countries.

Monitoring and Evaluation:

- Developing the IA2030 dashboard and igniting its use at global, regional and national level for advocacy and to promote accountability.
- Supporting the development of regional and national M&E frameworks aligned with the global IA2030 framework.
- Helping to embed monitoring, evaluation and action cycles at all levels.

Communications and Advocacy:

- Coordinating activities to raise awareness of IA2030 and ensuring widespread support for and commitment to its objectives, at global, regional and national levels.
- Supporting efforts to promote immunization and communicate its benefits to public audiences.

Independent technical review by regional and national immunization technical advisory groups:

- Providing technical advice to countries, regionally and globally to optimize the use of vaccines to enhance public health.
- Monitoring national immunization programme performance and offering advice on programme development.
- Collaborating with technical Working Groups to identify priority issues and promising innovations.

IA2030 Coordination Group:

- Supporting the activities of the IA2030 Partnership Council and Working Groups.
- Promoting programmatic alignment, within institutions and across global initiatives.
- Embedding global reporting processes and creation of effective monitoring, evaluation and action cycles.
- Aligning on an IA2030 learning framework to update the IA2030 strategy and implementation as circumstances change and experience is gained.

IA2030 Partnership Council:

- Monitoring, reviewing and reporting progress against IA2030 targets and global partner support.
- Advocating, investing and aligning on identified key actions to enhance progress.
- Mobilizing political leadership and driving global, regional and country partner action.

Recovering, building resilience and strengthening of immunization in 2022 and beyond

In April 2022, SAGE held a “deep-dive” session on IA2030 on the topic of **Recovering, building resiliency, and strengthening of immunization in 2022 and beyond**. SAGE was presented with evidence of the impact of the COVID-19 pandemic on national immunization programmes, including service delivery and surveillance.

SAGE recognized the urgent need to close immunity gaps and mitigate the risk of vaccine-preventable disease outbreaks and the importance of supporting the recovery, resiliency and strengthening of immunization programmes.

SAGE recommended that countries use the COVID-19 pandemic and COVID-19 vaccination rollout as a transformative opportunity to establish resilient immunization programmes and strengthen primary health care. Among the specific areas identified were integration, human resources, reducing missed opportunities, logistics, health information systems and communications.

SAGE discussed and endorsed the document “**Guiding Principles for recovering, building resiliency, and strengthening of immunization in 2022 and beyond**”¹ The document has 25 different guiding principles and recommendations distributed within two main sections: (1) closing immunity gaps and recovering immunization programmes, and (2) strengthening routine immunization and building resiliency.

SAGE recommended the guiding principles document be disseminated to regional and national immunization technical advisory groups so that it can be adapted and used within their local contexts.

¹ https://www.who.int/news-room/events/detail/2022/04/04/default-calendar/sage_meeting_april_2022.



Photo: Shot@Life

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 and equitable primary healthcare infrastructure and immunization services, 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, including vaccination, are 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.

The COVID-19 pandemic has also illustrated the fundamental importance of immunization to **pandemic preparedness and responses**. Vaccine development is being accelerated for pathogens of known epidemic potential. New vaccine technology platforms offer the prospect of more rapid vaccine development for novel pathogens. For these advances to have true public health benefit, they must also be combined with the development of robust, resilient and equitable national systems for infectious disease surveillance and delivery of vaccines to all.

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. 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 were dying every day from COVID-19. At the same time, more than 12,000 lives are saved each day by existing immunization services – 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.**

