

Immunization Agenda 2030

Report by the Director-General

1. The Seventy-third World Health Assembly, having adopted the written silence procedure through decision WHA73(7) (2020), decided *inter alia*:¹ (1) to endorse the new global vision and overarching strategy for vaccines and immunization: Immunization Agenda 2030; (2) to request the Director-General to continue to monitor progress and to report biennially as a substantive agenda item to the Health Assembly, through the Executive Board, on the achievements made in advancing towards the global goals of the Immunization Agenda 2030, starting with the Seventy-fifth World Health Assembly.

2. The draft global report on the Immunization Agenda 2030 for 2021, summarized here, compiles the baseline data that will be used to track progress in immunization up to 2030, reports progress towards the Immunization Agenda 2030 goals set in 2020, and details the implementation status of the Immunization Agenda 2030 at country, regional and global levels.

PROGRESS TOWARDS THE IMMUNIZATION AGENDA 2030 GOALS

3. The Immunization Agenda 2030 includes seven indicators that track progress towards its three impact goals:

- (a) reduce mortality and morbidity from vaccine-preventable diseases for everyone throughout the life course;
- (b) leave no one behind, by increasing equitable access and use of new and existing vaccines; and
- (c) ensure good health and well-being for everyone by strengthening immunization within primary health care and contributing to universal health coverage and sustainable development.

4. In 2020, compared to the 2019 baseline data, disruption caused by the coronavirus disease (COVID-19) pandemic led to regression in many immunization indicators (Annex 1). COVID-19 caused significant supply-side disruption, including staff shortages due to ill-health or redeployment, interruption of service delivery and disruption of supply chains, and had demand-side consequences, with reduced take-up of health services.

5. Key consequences included a decline in vaccination coverage for most vaccines, with global coverage of DTP3 (diphtheria, tetanus and pertussis-containing vaccine, third dose) falling from 86% in

¹ Decision WHA73(9) (2020).

2019 to 83% in 2020. The number of zero-dose children (not receiving any DTP doses) rose by 3.5 million, from 13.6 million in 2019 to 17.1 million in 2020, the first increase in a decade.

6. **Impact goal 1.1: Future deaths averted.** Modelling indicates that an estimated 51 million future deaths in total will be averted by vaccination between 2021 and 2030, if coverage targets are met. The decline in vaccination coverage seen in 2020 raises serious questions about the achievability of this target, unless major catch-up vaccination efforts are put in place.

7. **Impact goal 1.2: Number of countries achieving regional or global control, elimination and eradication targets:**

(a) In 2020, Nigeria was certified polio-free after three years without detection of wild poliovirus, leading to certification of the entire African continent by the Africa Regional Certification Commission for Polio Eradication. This was a major achievement in the fight for a world free of polio. However, wild poliovirus remains endemic in Afghanistan and Pakistan;

(b) The number of countries having achieved measles elimination reached 81 in 2019 (full data for 2020 are not yet available). However, during 2016–2020, transmission was re-established in 10 countries that had previously achieved elimination. Furthermore, compared to 2019, an additional three million children did not receive any measles-containing vaccine (MCV), leaving 22.3 million children unprotected. A further 18.2 million children received only one dose of MCV and remain at risk of measles;

(c) Two additional countries achieved elimination of rubella in 2020. All countries achieving rubella elimination have sustained it.

8. **Impact goal 1.3: Number of large or disruptive vaccine-preventable disease outbreaks.** The number of circulating vaccine-derived poliovirus (cVDPV) outbreaks increased from 22 in 2019 to 33 in 2020. Measles outbreaks fell substantially, from 76 in 2019 to 26 in 2020. This could reflect several factors, including COVID-19 public health and social measures, disrupted surveillance, and protection of children affected by measles outbreaks in preceding years. The numbers of outbreaks of other vaccine-preventable diseases remained mostly stable.

9. **Impact goal 2.1: Numbers of zero-dose children.** The numbers of zero-dose children increased from 13.6 million in 2019 to 17.1 million in 2020. Such a large backwards step has not been seen for more than a decade.

10. **Impact goal 2.2: Introduction of new or under-utilized vaccines in low- and middle-income countries.** Only 22 vaccine introductions into the national immunization schedules of low- and middle-income countries were reported in 2020, the lowest number of annual introductions in the past decade. This decrease probably reflects pandemic pressures on health systems, limited capacity to mobilize funding, and de-prioritization of expansion of services.

11. **Impact goal 3.1: Vaccination coverage across the life course.** Coverage for three of the four indicators used to assess vaccination coverage at different life stages¹ declined globally between 2019 and 2020: DTP3 from 86% to 83%, MCV2 from 71% to 70%, and HPV from 15% to 13%. PCV3 coverage increased marginally from 48% to 49%. New PCV3, MCV2 and HPV introductions added to

¹ DTP3 (year 1), MCV2 (year 2), third dose of pneumococcal conjugate vaccine (PCV3, childhood), and the complete course of human papillomavirus vaccine (HPVc, adolescence).

global coverage, offsetting drops in coverage in other countries. Despite new introductions in 2020, global HPV vaccine coverage decreased for the first time in 2020, leaving an estimated additional 1.5 million girls unprotected against cervical cancer.

12. **Impact goal 3.2: Universal health coverage service coverage index.** This indicator tracks immunization's contribution to enhancing primary health care and universal health coverage. Data are not yet available for 2020. However, the 2020 Goalkeepers Report assessed global progress using an alternative index of tracer interventions and found substantial regression in the coverage of essential health services in 2020 due to COVID-19.

13. **Strategic priority indicators:** The 15 global strategic priority objectives indicators track performance at country, regional and global levels, to identify potential root causes of success and failure and possible actions for improvement. No global targets have been set, due to wide country and regional variations.

14. As many indicators are new, some 2020 data are not available. Annex 2 shows baseline and 2020 data where they are available.

15. Data on vaccination coverage in 2020 across the life course showed limited or no improvement. Average coverage for vaccines targeting 11 diseases across multiple age ranges stood at 69%, compared with 70% in 2019.

16. At subnational levels, coverage in the 20% of worst-performing districts fell for DTP3 (74% to 71%), MCV1 (72% to 69%) and MCV2 (65% to 60%). These falls were greater than those seen for global coverage, suggesting that poor-performing districts fell further behind in 2020, increasing inequities in vaccination coverage.

17. Overall, immunization took a step backwards in 2020. Despite the tireless efforts of countless immunization programme staff working to ensure the availability of vaccination services, vaccination coverage globally fell for the first time in a decade. Catch-up of lost ground and regenerating the momentum towards universal vaccination coverage are therefore critical priorities for the years ahead.

IMPLEMENTATION OF THE IMMUNIZATION AGENDA 2030

18. At the Seventy-fourth World Health Assembly in May 2021, Member States expressed overwhelming support for the implementation of the Immunization Agenda 2030 through the Framework for Action.^{1,2} The Framework for Action detailed how coordinated operational planning, monitoring and evaluation, ownership and accountability, and communications and advocacy are key drivers for implementation and impact on the ground. It emphasizes the particular role of regions and countries.

19. Regions have finalized, or are developing, **regional strategies** aligned with the Immunization Agenda 2030. Following consultations with regional immunization technical advisory groups, either regional Immunization Agenda 2030 strategies or frameworks to develop regional strategies for Africa,

¹ See the summary records of the Seventy-fourth World Health Assembly, Committee A, seventh meeting, (section 2) and ninth meeting.

² 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>).

the Americas, Europe, South-East Asia and the Western Pacific regions have been approved by WHO regional committees.

20. Regions are also developing **implementation plans**, generally up to 2025. Regions are continuing the Immunization Agenda 2030's collaborative approach through co-creation with countries and partners. For example, the African, South-East Asia, European and Western Pacific regions conducted regional surveys and/or convened discussions with countries to establish priorities.

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

22. To support countries in strategy development and ensure alignment with the Immunization Agenda 2030, WHO and partners have developed a new strategic framework within the **national immunization strategy** initiative. Four countries piloted national immunization strategy development using the new guidelines in 2020–2021.

23. Thirteen **working groups** are taking forward technical work across the seven Immunization Agenda 2030 strategic priorities. Others are focusing on areas such as monitoring and evaluation, and communications and advocacy (Annex 3).

24. Working groups will undertake “consultative engagement” with regional partners and country implementers, to explore local challenges and innovative new practices. They will provide an annual commentary on data relating to their specialist areas and make recommendations to countries, partners and others.

25. The outputs of working groups will be a critical technical resource for regions, countries and partners. They will provide much of the “fuel” to help drive change at the country level.

26. The **Immunization Agenda 2030 Partnership Council** convened for an inaugural session on 22 September 2021. It will meet twice a year and sign off on the Immunization Agenda 2030 reporting to the World Health Assembly biannually, starting in 2022. It is composed of 10 to 12 senior leaders, including representatives of countries, regions and civil society.

27. The day-to-day management of the Immunization Agenda 2030 is the responsibility of the **Immunization Agenda 2030 Coordination Group**, which has met monthly since May 2021, supported by a small virtual Immunization Agenda 2030 secretariat. The coordination group has nine director-level members from partner organizations and is co-chaired by WHO and UNICEF.

28. Annex 4 provides an overview of key implementing bodies involved in Immunization Agenda 2030. The Agenda's global-level partnership is described in detail in Annex 2 to the Framework for Action.

29. The Immunization Agenda 2030 was formally launched during World Immunization Week 2021. Launch activities engaged many partners and leveraged multiple platforms, communicating the Agenda's vision and objectives to global audiences.

30. The Seventy-fourth World Health Assembly in May 2021 presented an opportunity for governments to publicly commit to the Immunization Agenda 2030, galvanizing other countries to follow suit. A historic cross-regional statement was made on behalf of the six WHO regions and

50 countries, reiterating the Agenda's targets and key messages and calling on world leaders to make explicit and sustainable commitments to the Agenda.

31. A virtual Immunization Agenda 2030 United Nations General Assembly event was organized in September 2021 and further communications and advocacy activities are planned to sustain this momentum.

32. As the Immunization Agenda 2030 structures are still being put in place, 2021 is a transitional year for reporting of immunization data. Future Immunization Agenda 2030 reporting will be novel in several ways.

(a) Regions and countries will tailor their monitoring and evaluation frameworks to their specific needs, and only a minimum of impact and strategic priority indicators will be followed at global level.

(b) Indicator reporting at the global level will be led by the Immunization Agenda 2030 working groups and will include comprehensive data analysis and recommendations for action.

(c) Monitoring, evaluation and action cycles will be defined to link reporting to ownership and accountability, and to communications and advocacy, to drive actions by all stakeholders.

(d) Feedback loops will be established to monitor follow-up of recommendations made by groups such as the Strategic Advisory Group of Experts on Immunization (SAGE) and regional immunization technical advisory groups.

33. SAGE will be provided with an annual Immunization Agenda 2030 technical progress report and updates from WHO regional offices. It will provide feedback to the working groups, regions and countries, the Immunization Agenda 2030 Coordination Group, and the Immunization Agenda 2030 Partnership Council.

CONCLUSIONS AND NEXT STEPS

34. Following a decade of only limited progress, the COVID-19 pandemic has had a highly damaging impact on immunization. Millions more young children are now at risk of life-threatening infectious diseases.

35. With the world in emergency mode, immunization staff working at all levels nationally, regionally and globally have been diverted to COVID-19 responses. It is time to establish more sustainable COVID-19 responses while restoring financial and human resources to essential immunization services, including surveillance at every level.

36. To achieve the Immunization Agenda 2030 vision and goals, the global community needs to act urgently to enable countries to halt and reverse the declines in coverage seen in 2020 and to re-energize progress towards Immunization Agenda 2030 targets.

37. Partners working at country, regional and global levels need to work collaboratively to enable countries to:

- (a) perform country-by-country analyses of current strengths and weaknesses and the areas most affected by COVID-19-related disruption. Such analyses will indicate gaps and needs in each country and priority areas for action;
- (b) plan tailored actions at country, regional and global levels to respond to the underlying reasons for underperformance in each country. These should include targeted campaigns to reduce the immediate risk of outbreaks; and
- (c) use the momentum generated by political and societal interest in COVID-19 vaccines to build public and political support for the strengthening of immunization programmes. This will require strong advocacy at global, regional and country levels to prioritize immunization services across all relevant organizations.

38. The near term will inevitably be dominated by a continuing focus on COVID-19 vaccine roll-outs. Nevertheless, it is vital that these activities are also used to increase capacity, strengthen vaccine delivery infrastructure, improve data systems and enhance disease surveillance. This will help revitalize the fight against all vaccine-preventable diseases and lay the foundation for further progress over the next decade.

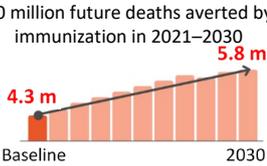
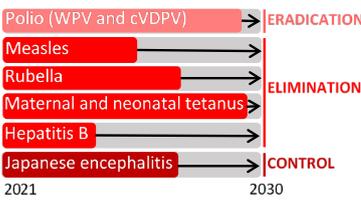
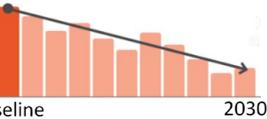
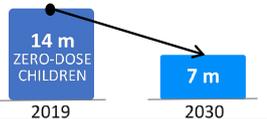
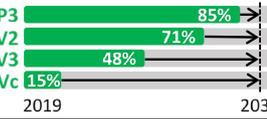
ACTION BY THE EXECUTIVE BOARD

39. The Board is invited to note the report; in its discussions it is further invited to provide guidance on:

- accelerating development and implementation by Member States of national immunization strategies; and
- strengthening collaboration between Member States and partners to implement global, regional and national strategies in order to mitigate lost momentum in immunization due to the COVID-19 pandemic and renew progress towards the impact goals of the Immunization Agenda 2030;

ANNEX 1:

IMMUNIZATION AGENDA 2030 IMPACT GOAL INDICATORS AND TARGET, BASELINE AND 2020 DATA*

		Baseline (year)	2020
1.1 Number of future deaths averted by immunization	50 million future deaths averted by immunization in 2021–2030  <p style="text-align: center;">Baseline 4.3 m 2030 5.8 m</p>	4.3 million (2019)	N/A Midpoint review expected in 2025
1.2 Number and % of countries achieving endorsed regional or global vaccine-preventable disease control, elimination and eradication targets	All countries achieve endorsed targets  <p style="text-align: center;">2021 2030</p>	Baseline data for 2021 will be reported in 2022 Provisional 2019 data for a subset of vaccine-preventable diseases:	Provisional 2020 data for a subset of vaccine-preventable diseases:
		WPV 191 (98.5%) cVDPV pending Measles 81 (55.1%) Rubella 88 (69.8%) MNT pending Hepatitis B pending JE pending	WPV 192 (99.0%) cVDPV pending Measles 80 (54.4%) Rubella 90 (71.4%) MNT pending Hepatitis B pending JE pending
1.3 Number of large or disruptive vaccine-preventable disease outbreaks	Declining trend in the annual number of large or disruptive vaccine-preventable disease outbreaks  <p style="text-align: center;">Baseline 2030</p>	Cholera 1 Ebola virus 1 Measles 51 Meningococcus 2 cVDPV 21 WPV 2 Yellow fever 4 (average annual number of outbreaks over 2018–2020)	Cholera 1 Ebola virus 1 Measles 26 Meningococcus 0 cVDPV 33 WPV 2 Yellow fever 5
2.1 Number of zero-dose children	50% reduction in number of zero-dose children  <p style="text-align: center;">2019 14 m ZERO-DOSE CHILDREN 2030 7 m</p>	13.6 million (2019)	17.1 million
2.2 Introductions of new or under-utilized vaccines in low- and middle-income countries	500 vaccine introductions by end of 2030  <p style="text-align: center;">2021 2030</p>	A baseline is not applicable for this indicator, which will count the cumulative number of vaccine introductions between 2021 and 2030 (An average of 54 annual introductions were reported during 2011–2020)	22 introductions**
3.1 Vaccination coverage across the life course	90% coverage of full course for selected vaccines  <p style="text-align: center;">2019 2030</p>	DTP3 86% MCV2 71% PCV3 48% HPVc 15% (2019)	DTP3 83% MCV2 70% PCV3 49% HPVc 13%
3.2 Universal health coverage service coverage index	Universal health coverage increase in all countries, regions, and globally 	Global 64.0 Africa 47.0 Americas 73.0 Eastern Med 61.6 Europe 75.5 South-East Asia 60.2 Western Pacific 65.4 (2017, pending 2019 data)	N/A

*Full details of each indicator can be found in Annex 1 of the Immunization Agenda 2030 Framework for Action.

**In addition, seven low- and middle-income countries began to use COVID-19 vaccines in 2020.

Key: WPV: wild poliovirus; cVDPV: circulating vaccine-derived poliovirus; MNT: maternal and neonatal tetanus; JE: Japanese encephalitis; DTP3: diphtheria, tetanus and pertussis-containing vaccine, third dose; MCV2: measles containing vaccine, second dose; PCV: pneumococcal conjugate vaccine; HPVc: human papillomavirus vaccine, complete series

ANNEX 2

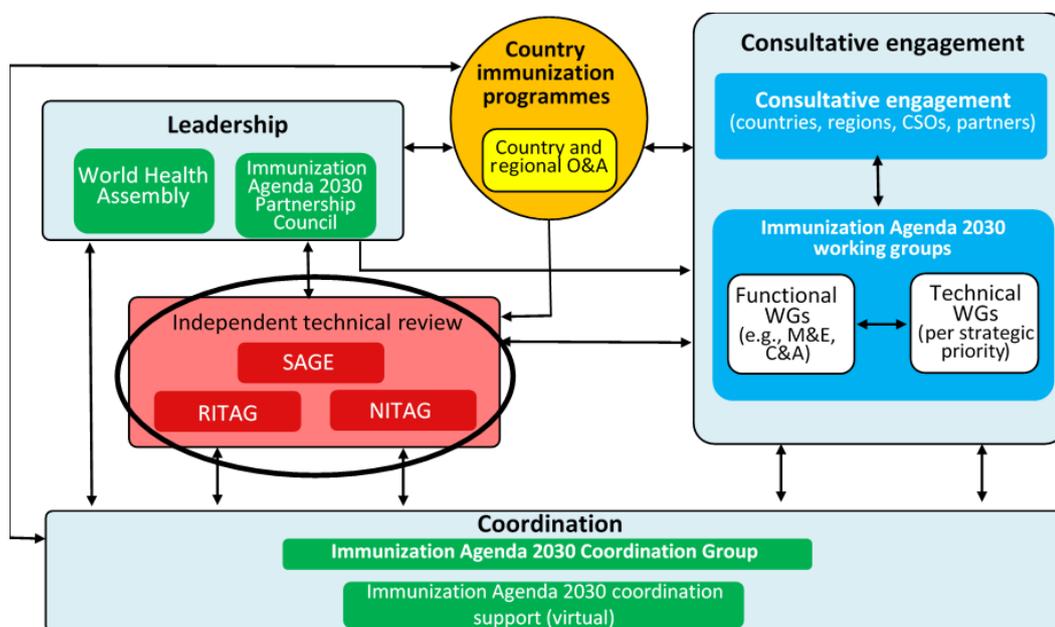
**IMMUNIZATION AGENDA 2030 STRATEGIC PRIORITY (SP)
INDICATORS – BASELINE AND 2020 DATA**

Indicator (data source)	Baseline (year)	2020
SP 1.1: Proportion of countries with evidence of adopted mechanism for monitoring, evaluation and action at national and subnational levels (WHO/UNICEF electronic Joint Reporting Form (eJRF) – pilot testing of questions in 2021)	Data expected to be available in June 2022 (2021)	Next reporting year is 2022
SP 1.2: Density of physicians, nurses and midwives per 10,000 population (WHO National Health Workforce Accounts)	Physicians: 17.4 Nurses and midwives: 39 (2019)	2020 data expected to be available in December 2021
SP 1.3: Proportion of countries with on-time reporting from 90% of districts for suspected cases of all priority vaccine-preventable diseases included in nationwide surveillance (eJRF – pilot testing of questions in 2021)	Data expected to be available in June 2022 (2021)	Next reporting year is 2022
SP 1.4: Proportion of time with full availability of DTP-containing vaccine (DTPcv) and MCV at service delivery level (eJRF – pilot testing of questions in 2021)	Data expected to be available in June 2022 (2021)	Next reporting year is 2022
SP 1.6: Proportion of countries with at least one documented (with reporting form and/or line-listed) individual serious adverse event following immunization; case safety report per million total population (WHO global database VigiBase)	54 of 194 countries (2019)	52 of 194 countries
SP 2.1: Proportion of countries with legislation in place that is supportive of immunization as a public good (eJRF – pilot testing of questions in 2021)	Data expected to be available in June 2022 (2021)	Next reporting year is 2022
SP 2.2: Proportion of countries that have implemented behavioural or social strategies (in other words, demand generation strategies) to address under-vaccination (eJRF – pilot testing of questions in 2021)	Data expected to be available in June 2022 (2021)	Next reporting year is 2022
SP 3.2: DTP3, MCV1, and MCV2 coverage in the 20% of districts with lowest coverage (mean across countries) (eJRF)	DTP3: 74% MCV1: 72% MCV2: 65% (2019)	DTP3: 71% MCV1: 69% MCV2: 60% (2020)
SP 4.1: Breadth of protection (mean coverage for all WHO-recommended vaccine antigens) (eJRF; WHO and UNICEF Estimates of National Immunization Coverage (WUENIC))	70% (2019)	69%
SP 5.1: Proportion of polio, measles, meningococcus, yellow fever, cholera and Ebola virus outbreaks with timely detection and response (International Coordinating Group (ICG); Measles and Rubella Initiative; Global Polio Eradication Initiative (GPEI); WHO, national immunization and disease surveillance programmes)	Data expected to be available in June 2022 (2021)	Next reporting year is 2022
SP 6.1 Health of vaccine markets, disaggregated by vaccine antigens and country typology (UNICEF/WHO via the Marketing Information for Access to Vaccines (MI4A) initiative; Gavi, the Vaccine Alliance secretariat, Bill & Melinda Gates Foundation)	Healthy: 3 Unhealthy: 3 (2019)	Unhealthy: 3 Concerning: 6 Healthy: 3
SP 6.2: Proportion of countries where domestic government and donor expenditure on primary health care increased or remained stable (WHO Global Health Expenditure Database (GHED))	Data expected to be available in December 2021 (2019)	Data not yet available
SP 6.3: Proportion of countries where the share of national immunization schedule vaccine expenditure funded by domestic government resources increased or remained stable (eJRF)	19 out of 36 low and low-middle income countries* (2019)	24 out of 36 countries
SP 7.1: Proportion of countries with an immunization research agenda (eJRF – pilot testing of questions in 2021)	Data expected to be available in June 2022 (2021)	Next reporting year is 2022
SP 7.2: Progress towards global research and development targets (literature review)	Data expected to be available October 2022 (2021–2022)	

*Only 36 low- and lower-middle-income countries reported data during 2018–2020.

ANNEX 3

RELATIONSHIPS BETWEEN KEY IMMUNIZATION AGENDA 2030 STAKEHOLDERS



Key. SAGE: Strategic Advisory Group of Experts on Immunization; RITAG: Regional immunization technical advisory group; NITAG: national immunization technical advisory group; WGs: working groups; O&A: ownership and accountability; M&E: monitoring and evaluation; C&A: communications and advocacy; CSOs: civil society organizations

ANNEX 4

STATUS OF OPEN AUDIT RECOMMENDATIONS AS AT 19 JANUARY 2021

Focus area	Lead partner	Key deliverables planned 2021–2022
SP1: Primary health care/universal health coverage	United States Agency for International Development (USAID)	<ul style="list-style-type: none"> • Contribute to WHO Toolkit of three integrated primary health care resources • Develop resource on strengthening immunization programmes and primary health care during COVID-19 vaccine roll-out and organize learning webinar • Convene consultation on integrating immunization into primary health care/universal health coverage • Jointly develop a conceptual framework for integrating primary health care and connecting across the Immunization Agenda 2030 strategic priorities and with broader universal health care/primary health care
SP2: Commitment and demand	WHO/Jon Snow Inc.	<ul style="list-style-type: none"> • Publish action-oriented policy brief to support country-level and multistakeholder efforts to mobilize domestic and other funding sources • Facilitate webinars to: (1) promote best practices; and (2) identify mechanisms at all levels through which to build shared accountability toward renewed commitment for immunization • Establish high-level plan and monitoring framework to track dimensions of commitment and facilitate continued learning • Carry out a rapid gap mapping to assess current activities and guidance available on demand and to identify any unmet needs or areas of activity • Establish a joint plan with the Vaccination Demand Hub for a desk review and annual documentation of learning, successes and best practices • Launch crowd-sourced initiative to generate “bottom-up” inputs and facilitate a workshop on accountability mechanisms to identify examples of implementation and explore potential opportunities for testing in the area of demand
SP3: Coverage and equity	WHO/UNICEF	<ul style="list-style-type: none"> • Prepare briefing package • Organize webinar series/consultations • Develop coverage and equity analysis tool • Develop immunization programme resources database
SP4: Life course and integration	Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> • Contribute to regional guidance and recommendations on the life course and integration approach and support regions ready to develop action plans • Increase awareness of key focus areas, particularly around missed opportunities for vaccination, delivery approaches and policy needs • Conduct seminars and participate in existing workshops to disseminate SP4 objectives. • Contribute to generating evidence on barriers and facilitators of the life course and integration strategy, particularly using COVID-19 vaccine roll-out as an opportunity to further this agenda • Generate research agenda for reaching life course and integration objectives, map the evidence gaps and support existing research efforts

Focus area	Lead partner	Key deliverables planned 2021–2022
SP5a: Emergencies	International Federation of Red Cross and Red Crescent Societies (IFRC)	<ul style="list-style-type: none"> • Support rapid and equitable COVID-19 vaccine roll-out and scale-up in humanitarian settings (including the COVAX Facility Humanitarian Buffer, working with the Global Health Cluster) • Produce theory of change on reducing the numbers of zero-dose children in fragile and conflict settings • Support mapping of zero-dose communities in priority countries and identify drivers to guide investments at subnational levels • Facilitate sharing and peer-to-peer learning across the COVID-19 vaccine implementation plans of all regions through workshops on lessons learned in fragile, conflict and vulnerable settings
SP5b: Outbreaks	WHO	Working group being formed
SP6a: Supply security	UNICEF	<ul style="list-style-type: none"> • Track supply of essential vaccines, given potential COVID-19 disruptions • Vaccine forecasting, procurement and supply: Improve global supply, work across partners on national-level forecasting • Ensure that the supply of, and access to, new vaccines meet country needs and that vaccines are introduced in a timely manner – particularly in light of COVID-19 impact • Middle-income countries (MICS): COVAX Facility experience with MICS is providing opportunities to improve options
SP6b: Financial sustainability	World Bank	<ul style="list-style-type: none"> • Share information on ongoing work related to sustainable financing; identify and prioritize gaps; stimulate work to address gaps; identify 1–2 priority reports or guidance that working groups could collectively produce • Work to improve data quality and comprehensiveness in monitoring and evaluation indicators • Through consultative engagements, bring in views of countries, regions, civil society organizations, the private sector and donors to inform policy recommendations and advise global partners
SP7: Research and innovation	PATH (PATH Health Tech Program)	<ul style="list-style-type: none"> • Accelerate and expand the COVAX Facility research and development agenda for variant targeting and programmatically optimized vaccines • Support low- and middle-income countries in expanding, strengthening and/or establishing local and regional capacities for immunization research and innovation • Develop mechanism to align country-, regional- and global-level stakeholders on priority diseases for which new vaccines are needed • Establish 2025 and 2030 Immunization Agenda 2030 SP7 working group objectives to sustain progress, based on country-led research and development priorities
Middle-income countries	WHO	<ul style="list-style-type: none"> • Update middle-income countries' partner landscape • Identify opportunities to input into normative guidance • Identify and initiate priority interventions based on existing analysis • Engage regional middle-income countries' initiatives
Data strengthening and use	WHO	<ul style="list-style-type: none"> • Provide guidance to WHO/UNICEF on upcoming Gavi, the Vaccine Alliance funding request • Organize "year 0" initial priority-setting meeting • Begin implementation of initial three-year priority investments and alignment with funding • Organize quarterly progress check and alignment meetings
Measles and rubella	Measles and Rubella Initiative	Working group being formed
Disease-specific initiatives	UNICEF	Working group being formed

Focus area	Lead partner	Key deliverables planned 2021–2022
Monitoring and evaluation	CDC	<ul style="list-style-type: none"> • Develop process for technical progress reporting by indicator owners/champions • Support development of annual Immunization Agenda 2030 technical report, including regional and country engagement • If requested, support regions in the development of regional monitoring and evaluation frameworks • Provide guidance and support to the Immunization Agenda 2030 Coordination Group and Immunization Agenda 2030 Partnership Council to further improve and make periodic revisions to the Immunization Agenda 2030 monitoring and evaluation framework.
Communications and advocacy	WHO/UNICEF/ United Nations Foundation	<ul style="list-style-type: none"> • Mobilize Immunization Agenda 2030 partners for action around annual data release • Engage religious leaders on Immunization Agenda 2030 • Engage parliamentarians on Immunization Agenda 2030, targeting annual Inter-Parliamentary Union conference • Plan communications around September “champions” event • Begin regional outreach and content development
Resource mobilization	TBD	TBD

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