

Immunization Agenda 2030

Report by the Director-General

1. In August 2020, the Seventy-third World Health Assembly, through the written silence procedure, adopted decision WHA73(9), in which it endorsed the new global vision and overarching strategy for vaccines and immunization: Immunization Agenda 2030 (IA2030). The Immunization Agenda 2030 provides the strategic framework to tackle key issues related to immunization within primary health care and universal health coverage during 2021–2030.

2. The Health Assembly requested the Director-General, *inter alia*, to finalize the operational elements outlined in the Immunization Agenda 2030, in consultation with Member States and other relevant stakeholders, for consideration by the Seventy-fourth World Health Assembly, through the Executive Board at its 148th session, in 2021. The present report summarizes the progress made on the operational elements, namely: defining an ownership and accountability mechanism; finalizing a monitoring and evaluation framework; and preparing for the implementation of the Immunization Agenda 2030 through Member States, development partners and civil society organizations.

PROGRESS MADE IN OPERATIONALIZING THE IMMUNIZATION AGENDA 2030

3. The Immunization Agenda 2030 states that it “will become operational through regional and national strategies, a mechanism to ensure ownership and accountability and a monitoring and evaluation framework to guide country implementation”¹ (outlined in Annex 1).

4. Member State input has guided the operationalization of the Immunization Agenda 2030, including through facilitated virtual consultations during the challenging period of the coronavirus disease (COVID-19) pandemic. The proposed ownership and accountability and the monitoring and evaluation frameworks build on guidance provided to the Secretariat, including from each WHO region and over 25 low-, middle- and high-income Member States, 12 development partners and 13 civil society organizations in diverse Member States. The Strategic Advisory Group of Experts on immunization has guided the finalization of the Immunization Agenda 2030 monitoring and evaluation framework.² Further guidance was sought through an intersessional briefing of Member States on 2 December 2020. Member States noted that their successful operationalization of the Immunization Agenda 2030 would benefit from more systematic use of existing structures (such as WHO regional committees and regional technical advisory groups) and coordination among them. Shared contributions of development partners (including the private sector) and civil society organizations need to be tailored to country and regional

¹ Immunization Agenda 2030. A global strategy to leave no one behind. Geneva: World Health Organization; 2020 (see <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>, accessed 2 December 2020).

² Meeting of the Strategic Advisory Group of Experts on immunization – conclusions and recommendations, October 2020. *Wkly Epidemiol Rec.* 2020 Nov 27;48(95):585-607 (<https://apps.who.int/iris/bitstream/handle/10665/337100/WER9548-eng-fre.pdf>, accessed 23 22 December November 2020)

contexts, with increased visibility of those contributions and consolidation of vaccine-preventable disease-specific initiatives.

5. The Secretariat has strengthened technical guidance underpinning operationalization of the Immunization Agenda 2030. It has issued eight technical annexes, developed with partners and regional input, to support planning for implementation. These technical annexes are inclusive in scope and of relevance across all Member State economic levels and regional blocks. They focus on immunization as a central function of wider primary health care and universal health coverage, and encompass how the Immunization Agenda 2030 can be adapted in the context of the COVID-19 pandemic. Under the Immunization Agenda 2030 umbrella, additional technical strategies and documents – including the Measles and Rubella Strategic Framework 2021–2030 and the global strategy on comprehensive vaccine-preventable disease surveillance – have been developed through an extensive consultative process with multiple stakeholders, including Member States, and are fully aligned with the strategic direction and core principles of Immunization Agenda 2030.

6. The Immunization Agenda 2030 framework is adaptable and flexible. Goals and objectives will be further refined during the finalization of the monitoring and evaluation framework. The Secretariat has refined the wording of objectives under strategic priorities 2 and 7 and added a new objective, 4.3 (Annex 2).

Defining an ownership and accountability mechanism

7. The proposed ownership and accountability framework is aimed at strengthening the role of existing structures to monitor and act on progress made in implementing the Immunization Agenda 2030, including oversight mechanisms within Member States, regional technical advisory groups and WHO regional committees. It would further strengthen these mechanisms through greater visibility of contributions of development partners and civil society organizations, and regionally tailored advocacy on immunization. Key elements of the proposed ownership and accountability framework¹ include the following:

- (a) **data for action**, using the proposed monitoring and evaluation framework, which places greater emphasis on identifying root causes of not achieving targets and accelerating course correction by Member States and development partners;
- (b) **pledged commitments** (for example, technical roles) by development partners and civil society organizations would indicate contributions that are aligned to the strategic priorities of the Immunization Agenda 2030, helping to make accountability and contributions transparent and monitorable;
- (c) **tailored scorecards**, to track progress as reported against the monitoring and evaluation framework and pledged commitments and to support a differentiated approach to accountability of Member States, development partners and civil society organizations;

¹ Emerging input from Member States, development partners and civil society organizations will be reflected at <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>, (accessed 23 December 2020).

(d) **links to non-immunization sectors and actors** will be achieved through defined ties to the emerging fora related to primary health care and universal health coverage (such as the Partnership for Maternal, Newborn and Child Health);

(e) **integration**, through which disease-specific initiatives can be progressively consolidated through the mechanisms of the Immunization Agenda 2030.

Finalizing a framework for monitoring and evaluation

8. Through decision WHA73(9), the Health Assembly requested the Director-General 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 in 2022. The proposed monitoring and evaluation framework¹ would provide performance and actionable data needed for reporting and improvement from the local to the global level. The proposed indicators are listed below.

(a) **Indicators for the impact goals** are designed to show the progress made in achieving impact and invite broad ownership of the Immunization Agenda 2030 by stakeholders in immunization and the wider health sector (Table). The indicators are outcome and impact measures and are common across the global, regional and country levels. Progress made in achieving the impact goals will be evaluated against predetermined targets.

Table. Immunization Agenda 2030 impact goals and proposed indicators and targets

Impact goals	Proposed indicators	Proposed targets
1. Reduce mortality and morbidity from vaccine-preventable diseases for all across the life course	• Number of deaths from vaccine-preventable diseases averted	• To be determined (based on coverage targets and ongoing modelling)
	• Achievement of vaccine-preventable disease control, elimination and eradication targets that have been endorsed by a global or regional body of WHO Member States	• To be determined (based on updated regional and global commitments)
	• Number of large outbreaks of vaccine-preventable diseases	• Annual improvement
2. Leave no one behind by increasing equitable access and use of new and existing vaccines	• Number of zero dose children ^a	• Reduce by 50%
	• Coverage of vaccines included in national immunization schedules (DTP3, MCV2, HPVc, PCV3)	• Global target: 90% • Country target: limit dropout from DTP1 and other vaccines to less than 5%; introduce vaccines not included in the national schedule

¹ Emerging input from Member States, development Partners and civil society organizations will be reflected at <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>, (accessed 23 December 2020).

Impact goals	Proposed indicators	Proposed targets
3. Ensure good health and well-being for everyone by strengthening immunization within primary health care and contributing to universal health coverage and sustainable development	<ul style="list-style-type: none"> • Difference between DTP3 coverage and universal health coverage index of service coverage 	<ul style="list-style-type: none"> • To be determined (based on analysis of historical trends for the universal health coverage index of service coverage)

DTP: diphtheria, tetanus and pertussis; DTP1: diphtheria, tetanus and pertussis-containing vaccine, first dose; DTP3: diphtheria, tetanus and pertussis-containing vaccine, third dose; HPVc: human papillomavirus vaccine, complete series; MCV2: measles-containing vaccine, second dose; PCV3: pneumococcal conjugate vaccine, third dose.

^a Children who lack access to or are never reached by essential immunization services. They are operationally measured as those who lack a first dose of a DTP-containing vaccine.

(b) **Strategic priority objectives indicators** are designed to track performance and to help to identify potential root causes of success and failure so that actions for immunization programme improvement can be recommended and implemented. These indicators are input, process, output and outcome measures, constructed according to the specific needs for performance monitoring at the global, regional and country levels. No targets are provided for these indicators, due to wide country and regional variations. Regions and countries are encouraged to assess the baseline for each indicator and to consider setting targets for these indicators. Guidance for the selection of regional and country indicators is provided in the draft framework for action.¹

(i) **Global indicators** are intended for use by global bodies to assess progress, and to recommend actions for immunization performance improvement at the global level, and to help to highlight critical performance gaps that need to be tackled at the regional and country levels.

(ii) **Regional indicators** are intended for use by regional bodies to assess progress, recommend actions for immunization performance improvement and inform tailored technical support to countries. To supplement the global-level indicators, WHO and UNICEF regional offices are encouraged to select additional indicators that are tailored to the regional needs and context.

(iii) **Country indicators** are intended to be used by country bodies to assess progress, recommend actions for immunization performance improvement, and inform prioritization and allocation of resources and policy development at health facility, subnational and national levels. To supplement the global and regional indicators, WHO and UNICEF country offices are encouraged to provide support to Member States in selecting additional indicators for monitoring and evaluation that are tailored to the country's needs and context.

¹ Implementing the Immunization Agenda 2030: draft framework for action through coordinated planning, monitoring & evaluation, and ownership & accountability. Geneva: World Health Organization; 2020 (see <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>, accessed 2 December 2020).

Preparing for the implementation of the Immunization Agenda 2030 through Member States, development partners, and civil society organizations

9. WHO regional offices have begun and will continue to consult Member States to tailor priorities within the Immunization Agenda 2030 and define the means to accelerate implementation based on guidance from regional technical advisory groups. The Regional Committee for the Western Pacific at its seventy-first session in October 2020 endorsed the Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030).¹ Other regional strategies and plans for implementing the Immunization Agenda 2030 are anticipated to be submitted to the regional committees in 2021. Regional planning will support Member States as they update their national strategies and incorporate relevant priorities from the Immunization Agenda 2030. Member States, supported by development partners and civil society organizations, will also consider opportunities to expand commitments to the Immunization Agenda 2030 through regional economic and other partnership fora.

10. Advocacy and communication initiatives will create awareness, a sense of ownership and support for the Immunization Agenda 2030. Member States, development partners and civil society organizations are contributing to the development of options for the launch of the Immunization Agenda 2030 and the means to strengthen ownership and accountability over the life of the Immunization Agenda 2030.

11. The launch will signal to the global health and development community the beginning of this decade and will take into account the reduced opportunities for face-to-face interaction by relying on a variety of media platforms that allow technically sound advocacy and communication to be efficiently scaled up.

12. Key to successful implementation of the Immunization Agenda 2030 will be maintaining momentum beyond the launch. Flexible, adaptable initiatives will assist regions in integrating the Immunization Agenda 2030 into regional events and fora. The initiatives will help to contextualize data and evidence, and advance messages across a variety of platforms to maintain a regionally appropriate drum-beat of support for immunization. This will complement coordinated global and regional pushes for the launch of the Immunization Agenda 2030.

ACTION BY THE EXECUTIVE BOARD

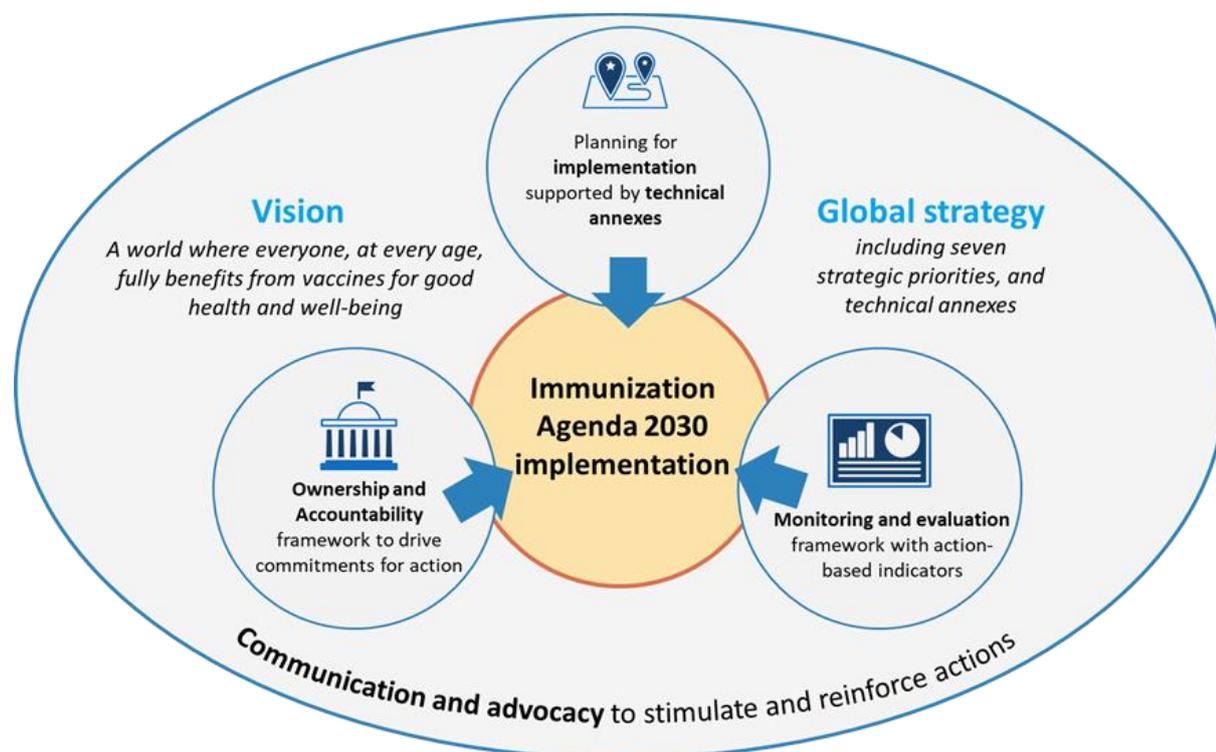
13. The Board is invited to note the report and take note of the progress made in advancing the implementation of the Immunization Agenda 2030 and provide guidance on the proposed frameworks for ownership and accountability and monitoring and evaluation.

¹ See resolution WPR/RC71.R1 (2020).

ANNEX 1

OVERVIEW OF THE STRUCTURE OF THE IMMUNIZATION AGENDA 2030

Member States, development partners and civil society organizations will contribute to operationalizing the Immunization Agenda 2030. They will build on the ownership and accountability and monitoring and evaluation frameworks, and strengthened implementation planning and communications and advocacy.



ANNEX 2

**IMMUNIZATION AGENDA 2030 STRATEGIC PRIORITY OBJECTIVES AND
PROPOSED GLOBAL INDICATORS¹**

Strategic priorities	Strategic priority objectives	Proposed global strategic priority objective indicators
1. Immunization programmes for primary health care and universal health coverage	1.1 Reinforce and sustain strong leadership, management and coordination of immunization programmes at all levels	Number of countries with a mechanism for monitoring, evaluation and action at national and subnational levels
	1.2 Ensure the availability of an adequate, effective, sustainable health workforce	Number of nursing and midwifery personnel per 10 000 population (by country)
	1.3 Build and strengthen comprehensive vaccine-preventable disease surveillance as a component of the national public health surveillance system, supported by strong, reliable laboratory networks	Proportion of countries with on-time reporting from districts with suspected cases of all priority vaccine-preventable diseases included in nationwide surveillance (including reporting of zero cases) ^a
	1.4 Secure high-quality supply chains for vaccines and related commodities and effective vaccine management, within the primary health care supply system	Percentage of health facilities that have full availability of DTP-containing vaccines (for example, pentavalent vaccines) (by country) ^a
	1.5 Strengthen immunization information within a robust health information system, and promote use of high-quality, “fit-for-purpose” data for action at all levels	None
	1.6 Establish and maintain a well-functioning vaccine safety system involving all stakeholders	Proportion of countries with at least one documented (with reporting form and/or line-listed) individual serious adverse events following immunization case safety reports per million population
2. Commitment and demand	2.1 Build and sustain strong political commitment for immunization at all levels	Percentage of countries with legislation in place that is supportive of immunization, and that commits the government to finance immunization programme functions at all levels
	2.2 Ensure that all people and communities value, actively support and seek out immunization services	Percentage of countries that have implemented behavioural or social strategies (that is, demand-generation strategies) to tackle under-vaccination

¹ Emerging input from Member States, development partners and civil society organizations will be reflected at <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>, (accessed 23 December 2020).

Strategic priorities	Strategic priority objectives	Proposed global strategic priority objective indicators
3. Coverage and equity	3.1 Extend immunization services to regularly reach “zero dose” and under-immunized children and communities	None
	3.2 Advance and sustain high and equitable immunization coverage nationally and in all districts	DTP3, MCV1 and MCV2 coverage in the 20% of districts with the lowest coverage (by country)
4. Life course and integration	4.1 Strengthen immunization policies and service delivery throughout the life course, including for appropriate catch-up vaccinations and booster doses	Breadth of protection: mean coverage for all vaccine antigens recommended by WHO (by country)
	4.2 Establish integrated delivery points of contact between immunization and other public health interventions for different target age groups	None
	4.3 Accelerate the introduction of new vaccines to protect more people from more diseases in all countries	None
5. Outbreaks and emergencies	5.1 Ensure preparation for, detection of and rapid, high-quality response to vaccine-preventable disease outbreaks	Percentage of polio, measles, meningococcal disease, yellow fever, cholera and Ebola virus disease outbreaks with timely detection and response (includes outbreaks with an outbreak response vaccination campaign)
	5.2 Establish timely and appropriate immunization services during emergencies, and in communities affected by conflict, disaster and humanitarian crisis	None
6. Supply and sustainability	6.1 Build and maintain healthy global markets across all vaccine antigens	Level of health of the vaccine market, disaggregated by vaccine antigen and country typology
	6.2 Ensure sufficient financial resources for immunization programmes in all countries	Domestic government’s and donors’ expenditure on primary health care per capita (by country)
	6.3 Increase immunization expenditure from domestic resources in aid-dependent countries, and when transitioning away from aid, secure government funding to achieve and sustain high coverage for all vaccines	Percentage of total expenditure on vaccines in the national immunization schedule financed with domestic government funds (by country)

Strategic priorities	Strategic priority objectives	Proposed global strategic priority objective indicators
7. Research and innovation	7.1 Establish and strengthen capacity at all levels to identify priorities for innovation, and to create, nurture and manage innovation	Number of countries with an immunization research agenda
	7.2 Develop new vaccines and associated technologies, and improve existing products and services for immunization programmes	Progress towards global research and development targets (based on a “shortlist” developed by the Product Development for Vaccines Advisory Committee)
	7.3 Evaluate promising innovations and scale up innovations, as appropriate, at the national level based on the best available evidence	None

DTP: diphtheria, tetanus and pertussis; DTP3: diphtheria, tetanus and pertussis-containing vaccine, third dose; MCV: measles-containing vaccine; MCV1: measles-containing vaccine, first dose; MCV2: measles-containing vaccine, second dose; PCV: pneumococcal conjugate vaccine.

^a The selection of the appropriate global indicator is under discussion.

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