Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030
‘Leaving no one behind unprotected’

This is a draft Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030, which is being submitted to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia.
Executive summary

The Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 complements the global Immunization Agenda 2030 (IA2030), setting out the approach that will be taken to achieve the IA2030 vision – a region where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being. It outlines the three regional impact goals:

- Reducing overall mortality and morbidity from vaccine-preventable diseases for all across the life-course
- Pursuing regional vaccine-preventable disease elimination and control goals:
  - Achieving measles and rubella elimination
  - Sustaining polio-free status
  - Sustaining maternal and neonatal tetanus elimination status
  - Achieving hepatitis B control.
- Leaving no one behind by increasing equitable access and use of new and existing vaccines.

To achieve these goals, the Regional Strategic Framework outlines region-specific priority areas, and the principles and processes by which global and regional goals and objectives will be translated into action at the regional and country level. It provides an overarching framework to ensure the alignment and coordination of activities across Member States and regional immunization partners, to ensure the effective delivery of support tailored to country needs.

Conspicuous progress was made in the Region during the period of the Regional Vaccine Action Plan 2016–2020, which was extended to 2021. The Regional Strategic Framework 2022–2030 aims to maintain and build on this momentum to ensure that no one is left behind unprotected.

Like the Immunization Agenda 2030 (IA2030), the Regional Strategic Framework adopts a country-focused approach. It emphasizes the importance of continuous quality improvement cycles at all levels, with monitoring and evaluation embedded within annual planning and reporting processes to drive continuous progress towards national and regional goals and targets.

This Strategic Framework was presented to the Regional Immunization Technical Advisory Group (ITAG) meeting in July 2020. Taking note of the process being undertaken to develop the Strategic Framework for the South-East Asia RVAP 2022–2030, as well as its components, the ITAG endorsed the Strategic Framework.

The Regional Strategic Framework will be implemented in two phases through the associated Regional Vaccine Implementation Plans. The Regional Vaccine Implementation Plan 2022–2026 details ownership and accountability mechanisms, coordinated planning processes, and national and regional targets. It will have a strong initial focus on COVID-19 vaccination and on addressing the damage caused to immunization programmes during the pandemic. Following a mid-term review, a revised Regional Vaccine Implementation Plan will be developed for 2027–2030.
Section 1: Background
1.1 Current situation in immunization, vaccine-preventable disease surveillance and COVID-19 vaccine rollout

The South-East Asia Regional Vaccine Action Plan (RVAP) 2016–2020 has provided the strategic framework to guide actions towards regional immunization goals. Since 2010, major progress has been made towards RVAP immunization and vaccine-preventable disease control and elimination targets.

The region has maintained polio-free status since 2014, as annually verified by the Regional Certification Commission on Polio Eradication. The elimination of maternal and neonatal tetanus has been sustained in the region since 2016. Measles is eliminated and sustained in Bhutan, the Democratic People’s Republic of Korea and Timor-Leste, while measles and rubella elimination has been achieved in Maldives and Sri Lanka. Bangladesh, Bhutan, Nepal and Thailand have been verified as achieving hepatitis B control through immunization. All countries have introduced between three and five new or underutilized vaccines since 2010.

Immunization coverage with the third dose of diphtheria–tetanus–pertussis vaccine (DTP3) increased to 91% in 2019, compared to 83% in 2010. This is the highest-ever immunization coverage achieved in the region. Nine countries in the region achieved DTP3 coverage of 90% or higher in 2019: Bangladesh, Bhutan, the Democratic People’s Republic of Korea, India, Maldives, Myanmar, Nepal, Sri Lanka and Thailand. The total number of unvaccinated or partially vaccinated children fell to 3.3 million in 2019, compared to 8.2 million in 2009.

Several immunization challenges remain in the region. These include improving suboptimal immunization systems and coverage at the subnational level in many countries, to address inequities in access to vaccination, as well as improving surveillance for vaccine-preventable diseases and enhancing the integration of immunization and other primary healthcare services.

The COVID-19 pandemic has affected immunization services and vaccine-preventable disease surveillance in the Region. Monthly coverage of DTP3 and other antigens declined in March 2020, reaching a low point in April (relative differences of 59% in DTP3 compared with April 2019) before recovering in July 2020.

As of 4 August 2021, 10 countries in the Region have introduced COVID-19 vaccination and more than 613 million doses of vaccine have been administered. More than 468 million people (22.94 per 100 population) have received the first dose of the vaccine. Out of these, nearly 144 million (7.08 per 100 population) have also received the second dose. Despite these achievements, countries in the Region face the challenge of reaching all priority target populations with COVID-19 vaccines in 2021 and 2022, as well as repairing the damage to essential immunization services and vaccine-preventable disease surveillance caused by the COVID-19 pandemic.

1.2 Adopting Immunization Agenda 2030 in South-East Asia Region

The Immunization Agenda 2030 (IA2030) has been developed through extensive consultations at national, regional and global levels. It has been developed with a greater focus on country ownership, and nationally and regionally appropriate indicators and targets. Strengthening of national immunization programmes is seen as core to global progress. An IA2030 monitoring and evaluation framework has been developed, with a menu of potential indicators. Recognizing that
countries and regions have made varying progress, countries can select appropriate indicators and set challenging but achievable targets, as stepping stones towards global “gold standard” targets, including disease control, elimination and eradication goals.

IA2030 identifies seven strategic priorities and four cross-cutting “core principles” to guide how countries and immunization partners implement activities (Fig. 1).

**Fig. 1. Overview of IA2030 Strategic Priorities and Core Principles**

The Regional Office has worked with countries and immunization partners (UNICEF, Gavi and others) to review and prioritize IA2030’s strategic priorities in the South-East Asia Region, and to develop a Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030. To ensure a country-centric approach to regional strategy development, and to identify priority areas for immunization for countries in the Region, the following two activities have been undertaken:

- **A document analysis** of existing strategic plans, comprehensive multi-year plans (cMYPs) and reviews of immunization systems,
- **An online stakeholder survey** to identify priority areas in immunization.

Although both approaches have strengths and weaknesses, in combination the analyses provide insights into existing and anticipated national immunization priorities in the Region.

**Section 2: Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030: ‘Leaving no one behind unprotected’ – Key elements**

The following are the key elements of the Regional Strategic Framework:

**Vision:** A region where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being
**Mission:** To ensure and sustain the highest level of political and programmatic commitment, and community acceptability for immunization in the South-East Asia Region to enable countries achieve national and regional immunization goals and targets, with the highest quality technical assistance from regional and country implementing partners.

**Impact goals:**

- Reducing overall mortality and morbidity from vaccine-preventable diseases for all across the life-course;
- Pursuing vaccine-preventable disease elimination and control goals and regional priorities: achieving measles and rubella elimination, sustaining polio-free status, maintaining MNT elimination, achieving hepatitis B control;
- Leaving no one behind by increasing equitable access and use of new and existing vaccines.

**Strategic priorities (SPs):**

The Region will pursue the following seven strategic priorities:

**SP1. Immunization for PHC/UHC:** Effective, efficient and resilient immunization services are accessible to all people as an essential part of primary health care, and thereby contribute to universal health coverage

**SP2. Commitment & Demand:** Immunization is valued and actively sought by all people, and health authorities commit to ensure immunization is available as a key contributor to the enjoyment of the highest attainable standard of health as a fundamental right

**SP3. Coverage & Equity:** Full protection of immunization is realized by everyone regardless of location, age, sex, socioeconomic status, or gender-related barriers

**SP4. Life Course & Integration:** All people benefit from recommended immunizations throughout the life course, effectively integrated with other essential health services

**SP5. Outbreaks & Emergencies:** Immunization programmes can (1) anticipate, prepare for, detect, and rapidly respond to vaccine-preventable and emerging disease outbreaks, and (2) ensure immunization service delivery during acute emergencies and among communities affected by conflict, disaster and humanitarian crisis

**SP6. Supply & Sustainability:** All countries have a reliable supply of appropriate and affordable vaccines of assured quality, and sustainable financing for immunization programmes

**SP7. Research & Innovation:** Innovations to increase immunization programme reach and impact are rapidly made available to all countries and communities

**Core principles:** The following four core principles are intended to guide how the strategic priorities are implemented in the region:

- **People-centred:** The design, management and delivery of immunization services should be shaped by and responsive to the needs of individuals and communities, including addressing barriers to access to immunization services due to age, location, social and cultural norms, and gender-related factors.
• **Country-owned:** Countries should establish targets that represent the local context and should be held accountable for achieving them.

• **Partnership-based:** Immunization partners should align and coordinate their actions to increase efficiency, build on complementarity and involve sectors beyond immunization for mutual benefit.

• **Data-driven:** High-quality, “fit-for-purpose” data will be used to track progress, improve programme performance and form the basis of decision-making at all levels.

**Objectives and key areas of focus**

Each strategic priority includes several objectives and multiple key areas of focus. The following are the 21 objectives and 33 key areas of focus.

**SP1. Immunization for PHC/UHC**

**Objectives**

- Reinforce and sustain strong leadership, management and coordination of immunization programmes at all levels.
- Ensure the availability of an adequate, effective, sustainable health workforce.
- Build and strengthen comprehensive vaccine-preventable disease surveillance as a component of the national public health surveillance system, supported by strong, reliable laboratory networks.
- Secure high-quality supply chains for vaccines and related commodities and effective vaccine management, within the primary health care supply system.
- Strengthen immunization information within a robust health information system, and promote use of high-quality, “fit-for-purpose” data for action at all levels.
- Establish and maintain a well-functioning vaccine safety system involving all stakeholders.

**Key areas of focus**

- **Immunization in primary health care:** Ensure that sustainable immunization programmes are an integral part of the national primary health care strategies and operations, and of national strategies for universal health coverage.
- **Leadership, governance and management:** Create an environment for effective coordination, financial management and performance monitoring at every level of the immunization programme.
- **Health workforce:** Ensure the availability and appropriate distribution of health workers who are motivated, skilled, knowledgeable and appropriately resourced to plan, manage, implement and monitor the performance of immunization programmes at all levels and locations, as part of primary health care.
- **Supply chain and logistics:** Strengthen supply chains to ensure that high-quality vaccines are always available in the right quantity and form at the right time, in the right place and stored and distributed under the right conditions. Promote integration with other supply chains for more effective delivery of primary health care. Invest in systems and infrastructure to safely manage, treat and dispose of vaccine waste to help reduce their environmental footprint.
- **Vaccine-preventable disease surveillance**: Increase the efficiency, responsiveness and comprehensiveness of disease surveillance (including epidemiology and laboratory capacity) in order to: encourage the introduction of vaccines; optimize immunization programmes; measure the impact of vaccines; monitor disease control, elimination and eradication; and detect, investigate and respond to outbreaks. These activities should be based on existing surveillance infrastructure, such as that for polio and measles.

- **Health information systems**: Ensure that health information systems allow health workers and decision-makers to generate and use high-quality, “fit-for-purpose” data to implement and manage immunization programmes effectively at all levels and that the data are also integrated into national health information systems.

- **Monitoring vaccine safety**: Ensure that national immunization programmes can detect and respond to any concern about vaccine safety by continuous monitoring and coordination among relevant stakeholders.

**SP2. Commitment and demand**

**Objectives**

- Build and sustain strong political and financial commitment for immunization at all levels.
- Ensure that all people and communities’ value, actively support and seek out immunization services

**Key areas of focus**

- **Commitment**: Ensure that key groups, champions and stakeholders advocate for greater commitment to and ownership of immunization programmes and for sustained national and subnational financing. Encourage leaders to prioritize immunization in strategic and operational planning and in policy, fiscal and legislative instruments. Strengthen evidence-based decision-making, with technical input from bodies such as a national immunization technical advisory groups (NITAGs).

- **Subnational support**: Build support for immunization and capacity for national and subnational leadership, management and coordination, especially in large countries and in those with decentralized health systems. Establish mechanisms for stakeholder coordination and participation in planning, implementation and monitoring.

- **Accountability**: Establish accountability frameworks for all stakeholders, with platforms for engagement and dialogue. Ensure that communities and civil society organizations are equipped to hold national and subnational authorities accountable for equitable delivery and for the quality of immunization services. Ensure access to data and information, and develop frameworks for joint monitoring.

- **Public trust and confidence**: Establish an ongoing understanding of all the behavioral and social drivers to vaccination (including social processes, gender-related barriers, practical factors and social media) to engage communities and encourage greater use of immunization services.

- **Public knowledge and understanding**: Include the topic of immunization in education curricula, formulate public education tools (including to meet the needs of vulnerable and marginalized groups), provide educational opportunities for the health workforce, and prepare information resources for advocacy groups.
**SP3. Coverage & Equity:**

**Objectives**
- Extend immunization services to regularly reach “zero dose” and under-immunized children and communities.
- Advance and sustain high and equitable immunization coverage nationally and in all districts.

**Key areas of focus**
- **Disadvantaged populations:** Identify and address low coverage throughout the life course of the poorest and most disadvantaged individuals and communities.
- **Barriers to vaccination:** Identify barriers to uptake of vaccination services due to age, location, social and cultural and gender-related factors, and use evidence-based approaches to overcome these barriers to achieving high, equitable coverage.
- **Measles as a tracer:** Use measles cases and outbreaks as a tracer to identify weaknesses in immunization programmes, and to guide programmatic planning in identifying and addressing these weaknesses.
- **Learning from disease-specific initiatives:** Use the experience of disease eradication and elimination initiatives in reaching the most marginalized populations and integrate successful strategies for delivery and accountability into immunization programmes, with the full integration of disease control perspectives into primary health care.
- **Context-specific interventions:** Develop, evaluate and scale up innovative, locally tailored, evidence-based, people-centered approaches to reach poorly served populations.
- **Subnational support and capacity:** Build support for immunization and capacity for subnational management and coordination, especially in large countries and in those with decentralized health systems. Establish mechanisms for stakeholder coordination and participation in planning, implementation and monitoring.

**SP4. Life-course and integration**

**Objectives**
- Strengthen immunization policies and service delivery throughout the life-course, including for appropriate catch-up vaccinations and booster doses.
- Establish integrated delivery points of contact between immunization and other public health interventions for different target age groups.

**Key areas of focus**
- **Mobilizing support:** Raise awareness of the benefits of vaccination beyond early childhood, through adolescence and in priority adult groups such as pregnant women, health workers and older adults.
- **Evidence-based delivery practices:** Identify and evaluate new delivery strategies for increasing coverage of recommended vaccines throughout the life-course.
- **Missed opportunities:** Implement proven approaches to reduce the number of missed opportunities by integrating immunization into other primary health care planning, health registers and other record-keeping systems, and streamline use of all encounters with the health system to verify and provide missed vaccines and other essential health interventions.
• **Cross-sector collaboration:** Form collaborations to integrate age-appropriate and catch-up vaccination into public and private health services, emphasizing the reciprocal benefits of receiving vaccines with other health interventions. Establish collaboration beyond the health care sector to ensure integration of immunization into context-specific programmes such as for education, nutrition, water and sanitation, care of older people and women’s empowerment.

**SP5. Outbreaks and Emergencies**

*Objectives*

- Ensure preparation for, detection of and rapid, high-quality response to vaccine-preventable disease outbreaks.
- Establish timely and appropriate immunization services during emergencies, and in communities affected by conflict, disaster and humanitarian crisis.

*Key areas of focus*

- **Coordination and integration:** Strengthen coordination of implementation of vaccination and outbreak preparedness, detection and activities in the overall humanitarian response and in conformity with the International Health Regulations (2005) and health systems development programming, with the participation of all relevant stakeholders, including civil society, national and international organizations, humanitarian and development partners, and the private sector.
- **Local capacity:** Invest in and sustain local capacity and health systems to ensure timely detection of and response to vaccine-preventable disease outbreaks; identify and address the underlying causes of outbreaks; ensure that communities affected by outbreaks, other emergencies and humanitarian crises have continual access to a package of health services that includes immunization; and ensure that immunization recovery is embedded into outbreak and emergency response plans.
- **Comprehensive health response:** Ensure that global, regional, national and subnational coordination and governance mechanisms effectively support equitable, transparent, timely decision-making on the allocation of essential supplies and vaccines and mobilization of trained human resources.
- **Community engagement:** Prioritize two-way communication and engagement with communities and health workers during outbreaks and in settings of humanitarian aid to effectively limit health emergencies and outbreaks and promote participation in decision-making; ensure access to and use of services, and identify and fill unmet health needs.

**SP6. Supply and sustainability**

*Objectives*

- Build and maintain healthy global markets across all vaccine antigens.
- Ensure sufficient financial resources for immunization programmes in all countries.
- 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.
Key areas of focus

- **Innovation and affordability**: Ensure that the supply of and access to new vaccines meet country needs and that vaccines are introduced in a timely manner, regardless of a country’s wealth, and at a price that is affordable, to ensure the supply.

- **Vaccine forecasting, procurement and supply**: Improve national and global forecasting, planning and procurement capability to safeguard affordable, sustainable supplies, and strengthen relations with manufacturers to ensure that vaccine production and supply meet national needs in all countries.

- **Sources of assured quality vaccines**: Strengthen regulatory capacity in all countries to improve timely access to vaccines of assured quality and to allow diversification of manufacturing sources.

- **Sufficient, predictable resources**: Ensure that funding from all sources is sufficient to procure and deliver recommended vaccines universally.

- **Immunization financing**: Ensure good governance, stewardship and accountability of financing for immunization programmes for optimal performance and best value for money.

- **Partner alignment**: Streamline and align partnerships for immunization, primary health care or integrated financing, and ensure effective global collaboration in which the roles, responsibilities and accountability of all partners are clearly defined, transparent and monitored.

**SP7. Research and Innovation**

**Objective**

- Evaluate promising innovations and scale up innovations, as appropriate, on the basis of the best available evidence

**Key area of focus**

- **Evidence for implementation**: Shorten the path to maximum vaccine impact by implementation and operational research and through evidence-informed decisions on policy and implementation based on sound evidence of needs, benefits and risks.

**Section 3: Prioritizing Strategic Priorities and Key Areas of Focus**

While all strategic priorities will receive attention, further prioritization is required to ensure that regional activities focus on the areas of greatest need in the countries of the region. A stakeholder survey in the region found reasonably high levels of prioritization for all the IA2030 strategic priorities, with **Immunization for primary health care** (PHC) (SP1) and **Coverage and equity** (SP3) emerging as highest priorities (Figure 2).
A more detailed view of regional priorities was obtained by combining the results of the stakeholder survey with an analysis of national immunization strategies, cMYPs and recent programme evaluations (document analysis). This was used to generate the “heat map” presented in Fig. 3. Based on the combined analysis, high-priority key focus areas have been identified under each strategic priority. However, countries will need to undertake a further stratification of priorities considering their specific contexts and the maturity level of their immunization systems.
**Fig. 3. Heat map - combined prioritization of document analysis and stakeholder survey**

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>In order of priority of KFAs by SP</th>
<th>Combined analysis</th>
<th>Stakeholder Survey</th>
<th>Document Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SP1 Immunizations for PHC/UHC</strong></td>
<td>Availability of health workforce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supply chain &amp; logistics systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enhanced VPD Surveillance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data-driving health information systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccine safety monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immunization integrated into PHC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SP2 Commitment and demand</strong></td>
<td>Disease control initiatives strengthening health systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Political commitment and ownership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leadership, governance and management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Greater public trust and confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased public knowledge and understanding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sub-national support and capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accountability at all levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acceptance and value of immunisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Addressing reluctance to vaccinate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SP 3 Coverage and equity</strong></td>
<td>Address low coverage among disadvantaged populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognize and address barriers to immunisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Context-specific interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sub-national support and capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use measles cases as a tracer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strong implementation research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working with decentralized health system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender-responsive strategies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning from disease-specific initiatives to reach marginalized populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SP 4 Life-course and integration</strong></td>
<td>Evidence-based delivery practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support for immunisation beyond childhood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced missed opportunities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cross-sector collaborations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enabling policy environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tracking vaccination status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccine development for older age groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SP 5 Outbreak and emergencies</strong></td>
<td>Use of diphtheria as a tracer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coordination and integration during outbreaks and emergencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strengthened local capacity to tackle outbreaks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comprehensive health response at all levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-emergency integrated surveillance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Availability of vaccines and other logistics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tailored approaches and innovation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SP 6 Supply and sustainability</strong></td>
<td>Vaccine forecasting, procurement and supply tailored to national needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immunisation financing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timely access to assured quality vaccines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Innovation and affordability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sufficient and predictable resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supply for emergency situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sustainable transitions from donor to domestic funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SP 7 Research and innovations</strong></td>
<td>Evidence for implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Innovation driven by community needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>New and improved products, services and practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Build capacity for local innovation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Priority order Highest to Lowest →
Section 4: South-East Asia Regional Vaccine Implementation Plan 2022–2026

The Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 will initially be translated into a Regional Vaccine Implementation Plan for the period 2022–2026 (Figure 4). The Regional Vaccine Implementation Plan will focus on how countries and partners (WHO, UNICEF, Gavi, others) can work together to translate strategic priorities and key areas of focus into actions, and thereby achieve shared goals and targets. An increased focus on “how”, will shift the discussion from reiterating established technical strategies to how countries and region can work differently to improve impact through more effective and efficient implementation.

Fig. 4. Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 and the Regional Vaccine Implementation Plan 2022–2026

4.1 Accelerators

The Regional Vaccine Implementation Plan will include a limited number of “accelerators” for regional priority key areas of focus. Accelerators will not recap all technical guidance, but instead emphasize a limited number of specific, innovative technical strategies, generally identified through their use in one or more countries, to be introduced or scaled up in other countries.

Examples of potential accelerators include:

- Subnational focus and leveraging Gavi resources in eligible countries for subnational strengthening
- Differentiated technical assistance to countries irrespective of income group based on a maturity grid
- Transitioning polio infrastructure to achieve broader immunization goals and targets
• Ensuring that COVID-19 vaccine deployment and repairing the damage that the COVID-19 pandemic has caused to immunization and vaccine-preventable disease surveillance complement each other.

Application of accelerators will draw on guidance provided in global IA2030 technical annexes, as well as regional expertise.

4.2 Guiding principles for implementation

The Regional Strategic Framework includes four global guiding principles for implementation, to which has been added an additional principle emphasizing the need for support to be tailored according to country needs. Development of the Regional Vaccine Implementation Plan 2022–2026 will therefore be based on the following principles:

- Broad ownership, especially at the country level
- Leveraging and strengthening existing mechanisms
- Promoting continuous quality improvement cycles
- Strengthening stakeholder accountability and technical alignment to address country needs
- Aligning and harmonizing with existing regional and national healthcare, immunization or equivalent strategies and plans
- Tailoring country support according to the state of maturity of each country’s immunization system

4.3 Coordinated planning and partnership

Activities will be planned across stakeholders at regional, national and subnational levels. At the regional level, the work of immunization partners will be coordinated and shaped by country needs, with the Regional Strategic Framework providing an overarching framework to ensure close alignment and effective collaboration.

Wherever possible, coordination will make use of existing structures/mechanisms, such as the Regional Working Group and Interagency Coordination Committees (ICCs) in countries. Additional efforts will be made to build stronger alliances with a wider range of actors, including those involved in disease-specific initiatives and health system strengthening, and with civil society organizations (CSOs) and the private sector at all levels.

The Regional Strategic Framework and Regional Vaccine Implementation Plan will act as guiding documents for collaboration and coordination. Country frameworks for coordination will be provided by national immunization strategies, comprehensive multi-year plans (cMYPs) and annual workplans. Learning gathered from annual reports will be used to update the following years’ workplans, helping to embed continuous quality improvement cycles.

For large countries and those with highly devolved health systems, equivalent subnational mechanisms could be established by countries to ensure that similar continuous quality improvement cycles operate at the subnational level. Although specific processes may differ, the principles outlined in the Regional Strategic Framework related to coordination, ownership and accountability, and monitoring and evaluation should also be applied at the subnational level.
The focus of regional support will be on regional priority key focus areas identified above (criteria: top two categories in either combined analysis or stakeholder survey):

- Health workforce
- Supply chain and logistics
- Vaccine-preventable disease surveillance
- Health information systems
- Vaccine safety monitoring
- Immunization integrated into PHC
- Political commitment and ownership
- Leadership, governance and management
- Addressing low coverage among disadvantaged populations
- Recognizing and addressing barriers to immunization
- Context-specific interventions
- Subnational support and capacity
- Vaccine forecasting, procurement and supply

4.4 Ownership and accountability

It will be important to establish a strong ownership and accountability mechanism at regional, country and subnational levels. This is essential to ensure national commitment to Regional Strategic Framework 2030 and its goals, and to encourage stronger collaboration among country and regional partners and other stakeholders.

Key bodies nationally include national EPI programmes, Interagency Coordination Committees for immunization, national regulatory authorities, National Immunization Technical Advisory Committees (NITAGs), National Committees for Certification of Polio Eradication, National Committees for Validation of Measles and Rubella Elimination, National Vaccine Safety Surveillance Committees, WHO and UNICEF country offices, and CSOs.

Key regional bodies include the Regional Offices of WHO and UNICEF, the Regional Immunization Technical Advisory Committee (ITAG), the multiparter Regional Working Group for Immunization, the Regional Committee for Certification of Polio Eradication, and the Regional Committee for verification of Measles and Rubella Elimination. Close alignment will also be maintained with the latest similar global initiatives like the Gavi strategy, Gavi 5.0 (2021–2025).

In line with the IA2030 Framework for Action, this framework envisages that stakeholders will commit to agreed responsibilities, with accountability mechanisms established to track commitments. These will be incorporated into the Regional Vaccine Implementation Plan and into annual workplans.
4.5 COVID-19 vaccine rollout

Several key areas of focus are relevant to COVID-19 vaccine rollout, including those in SP5 (outbreaks and emergencies), SP6 (supply and sustainability), SP2 (commitment and demand), SP3 (coverage and equity) and SP4 (life-course and integration). By leveraging countries’ high-level political commitment, existing EPI systems, polio eradication programme infrastructure and experience, prior experience in conducting mass immunization campaigns for measles, measles and rubella, and Japanese encephalitis, countries in the region have successfully initiated COVID-19 vaccine rollout.

Further enhancement of the immunization response to COVID-19 will require regional and country-level annual workplans for 2022 and 2023 with a strong focus on COVID-19, particularly:

- Ensuring an efficient and equitable rollout of COVID-19 vaccines.
- Developing a sustainable and integrated platform for COVID-19 vaccination.
- Monitoring and evaluating COVID-19 vaccination, including operational research on vaccine deployment and vaccination effectiveness.
- Leveraging COVID-19 vaccination to strengthen essential immunization services.
- Addressing the damage to essential immunization services caused by COVID-19.
- Supporting regulators and manufacturers in the region to facilitate efficient COVID-19 vaccine regulation and quality assurance, as well as the development of production capabilities, for example through technology transfer and enhancing of filling capacity.

4.6: Monitoring and evaluation

Progress will be dependent on monitoring, evaluation and action cycles, to drive continuous improvement. It is therefore essential that monitoring and evaluation activities are embedded within planning and reporting activities.

Indicators will be selected to monitor progress towards impact goals and 21 strategic priority objectives. Monitoring and evaluation will encompass the seven impact goal indicators (Figure 5) and 15 strategic priority objective indicators (Figure 6) outlined in the IA2030 Framework for Action with appropriate Regional adoption and adaptation of these indicators. Additional indicators will be selected and adapted as necessary to fit the regional context, with a particular focus on the regional priorities identified above.
Monitoring of indicators linked to impact goals will be useful primarily for high-level communication and advocacy. Monitoring of indicators for strategic objectives should play a more specific role in driving corrective action.
Key selection criteria for Region-specific indicators will include:

- **Global reporting**: Some indicators are mandated by the IA23030 Framework for Action.
- **Feasibility**: Indicators should be feasible to measure reliably, and ideally based on routinely collected data.
- **Applicability**: Indicators should provide meaningful insights, driving action.
- **Priority**: Indicators should align with regional priority areas.
- **Country relevance**: Wherever possible, regional indicators should map to those used at a country level.

To facilitate regional aggregation and comparison, a core set of country-level indicators for the region will be established (allowing for some country-level adaptation, such as the inclusion of additional indicators). Indicators will be established for region-specific priority key areas of focus.

Benchmarking will provide baseline data for indicators, which will be used:

- to develop a maturity grid for each country that maps to IA2030 strategic priorities and objectives.
- to facilitate the development of country-specific targets for 2026 and 2030.
- to inform the development of tailored programmes of support for countries, coordinated across partners.

For large countries and those with highly devolved health systems, benchmarking and target setting will be carried out at a subnational level.

Scorecards will be developed to communicate progress towards regional and country targets. High-level and more detailed scorecards will be developed, to support engagement with different audiences (e.g. policymakers/decision-makers, EPI programme managers).

**4.7 Communications and advocacy**

The Framework will build on the IA2030 communications and advocacy activities that has two goals:

- Raising awareness of IA2030 and promoting commitment to its aims and objectives
- Enhancing support for immunization among public and other audiences

A regional communications and advocacy strategy will be developed within the parameters of the IA2030 communication and advocacy activities. The strategy will incorporate and build on existing communications and advocacy initiatives/mechanisms at global, regional and country levels. Wherever possible, communications and advocacy activities will also be coordinated across regional, national and subnational partners.

**Conclusion**

The Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022–2030 provides the foundation for coordinated activities across Member States and partners to achieve vaccine-preventable disease control and elimination in the region. It includes a strong focus on country requirements and ensuring that all people across the life course have equitable access to immunization services. This will require strong leadership from national governments and commitment from partners and all stakeholders working to advance immunization. Successful implementation will ultimately save thousands of lives from vaccine-preventable diseases.