

COUNTRY OWNED



The Immunization Agenda 2030 (IA2030) recognizes that countries will be at the heart of the ambitious change envisioned over the next decade. As a core principle of IA2030, country ownership will ensure that national strategies to meet community needs are central to future progress, and act as the organizing principle not just for government but also for non-governmental organizations, civil society, development partners and the private sector.

To best meet community health needs, immunization must start and end with communities and the country systems accountable to them. This means that IA2030 must be flexible, responsive and adaptable to local challenges and opportunities. By aligning with country-level health and related priorities across many sectors, immunization will help to build momentum towards improvements in health and development more broadly, in line with the Sustainable Development Goals.

This core principle of country ownership, defined as countries leading development of immunization strategies and driving implementation, will propel all operational aspects of IA2030 from community to global levels. It will inform IA2030's communications and advocacy strategy, shape its monitoring and evaluation framework, and be the foundation of IA2030's governance mechanism. Country-owned action will be the driving force of the achievements of the future.

1 Lessons from the Decade of Vaccines

A review of the Global Vaccine Action Plan (GVAP), the predecessor to IA2030, concluded that it was too top-down, with too great a focus on globally defined immunization goals and too little consideration of the complex range of factors affecting the ability of individual countries to achieve those goals. IA2030 acknowledges the heterogeneity between and within countries, and their differing capacities to achieve global immunization goals. It sees global progress as the cumulative result of successes at the national level, backed-up by regional and global partners.

2 A foundation for **collaboration**

IA2030 is a collaboration between partners at all levels, from sub-national to global, with the shared aim to drive forward immunization and save lives. The principle of country ownership will lay the foundation for interactions and collaboration between immunization stakeholders.

Country ownership includes government at national and sub-national levels, and goes beyond the ministry of health. Political leadership at the highest levels is essential to drive change and ensure well-financed and well-supported systems. Domestically financed immunization reinforces the focus on country priorities and ensures flexibility in responding to community needs.

Country ownership provides the principle that will bind the activities of stakeholders operating in countries, including communities, civil society, the private sector, non-governmental organizations and development partners. The immunization sector and global health community have not always embodied country ownership, so new models may need to be created to ensure that countries and communities lead the way to achieving IA2030 goals. In particular, partners with narrowly defined agendas and disease-specific programmes need to consider how their work interlocks with wider country-led strategies and activities.

3 **Need for country and community specificity**

To be successful in tackling infectious diseases, immunization systems need to be oriented around the particular needs and challenges of different communities. The best strategies to improve immunization coverage and health are not the same for everyone. Vulnerable groups, such as the urban poor, remote rural communities, and those affected by conflict and displacement, need to be reached in ways designed for these contexts. Each country will face a unique set of challenges and must develop its own strategy to address them.

In addition, global health threats such as pandemics and antimicrobial resistance affect countries in very different ways. Thus, the most appropriate strategies will also vary country by country. Global organizations such as WHO, Gavi, UNICEF, and international non-governmental organizations working in multiple countries will need to tailor approaches to different contexts. Similarly, the IA2030 monitoring and evaluation framework will require flexibility, recognizing that targets need to vary between contexts.

Data and evidence have major roles to play in highlighting needs and challenges and enabling this community and country specificity. Decision-making rooted in evidence, through National Immunization Technical Advisory Groups (NITAGs) or embedded in organizational structures, is essential to enable countries to respond to the diversity of challenges within and across immunization systems.

4 Feedback between country and global levels

The core principle of country ownership should also inform regional and global action on immunization. Areas such as vaccine and product development, research priorities and donor strategies need to be underpinned by country realities and needs. As well as feeding into national decision-making, national-level evidence will also inform global agendas and work.

Much work on immunization takes place at a global level. These activities should be driven by and adaptable to country needs as this is where success in immunization will be seen. Country-level stakeholders will be critical to global-level work, shaping the technical support needed to build country-specific plans to deliver immunization services in a way that meets community needs.

5 How the IA2030 strategic priorities will embody country ownership

The principle of country ownership is embodied throughout every strategic priority of IA2030. For example, a country-owned immunization system will be closely tied to the broader national health system and development agenda, ensuring that work on immunization strengthens primary health care and progress towards universal health coverage.

Ensuring that vaccines reach everyone cannot rely on one-size-fits-all solutions, and will require context-specific understanding of barriers to and enablers of vaccination in different communities. Locally generated data from community, to district, to state, and finally national level will shine a light on where coverage and equity gaps remain and how they can be closed. A country-defined research agenda can identify key gaps in knowledge and generate locally relevant evidence to inform decision-making.

Further, immunization during a disease outbreak or in a humanitarian context requires sensitivity to local contexts and a well-informed strategy. Relying on community networks and their intrinsic knowledge of local customs and norms, country-led immunization in these contexts can ensure broad access to essential health services.

6 In practice

Countries should take the lead in assessing their needs and context, developing, implementing and evaluating immunization strategies to meet community needs. Although the development of immunization strategies is often led by country governments, country ownership can break down when it comes to implementing these strategies. When non-governmental partners have considerable responsibility for delivery of services, for example, parallel partner-driven structures and processes may be created. When necessary, technical assistance should be designed in partnership with countries and delivered in ways that align with national plans.

A monitoring and evaluation (M&E) framework that tracks progress towards country-specified goals is a powerful tool for driving progress in immunization. When an M&E framework is too vague or too ambitious (far beyond the reality of the country situation), it has limited ability to provide meaningful insight into progress or to motivate partners to achieve shared goals. In IA2030, progress will be assessed through a customizable framework that allows country to define targets that all partners can work together toward.

7 Best practice examples of country ownership

The following are some key examples of how an organization, a geographical region, and a country are embodying this core principle. Country ownership requires commitment across stakeholders and, importantly, is not the responsibility of countries alone

Moving beyond the national to community-specific approaches that prioritize capacity-building: [UNICEF Immunization Roadmap 2019-2030](#)

Drawing on UNICEF's strong country presence, the Roadmap moves beyond a global 'one-size-fits-all' approach to address national, subnational and community-level issues, particularly the context-specific needs of disadvantaged communities.

Embedded throughout the UNICEF Roadmap are strategies to support a country-focused approach. These include:

- A focus on financial sustainability that recognizes the challenges faced by countries at various income levels.
- An emphasis on capacity building at all levels.
- Tailored programming depending on the level of country capacity and diverse operating contexts.
- The utilization of country-specific data at national, district and other subnational levels to inform decision-making and programming.

Paving the way for cervical cancer prevention: [Rwanda's HPV vaccine roll-out](#)

Rwanda was the first country in Africa to protect young girls against human papillomavirus (HPV), the main cause of cervical cancer, through vaccination. This was an unprecedented decision, but cervical cancer is the most common cancer affecting women in Rwanda, and prevention was considered a national priority. Strong political will at the highest levels in government and a commitment to evidence-based policy ensured the success of this programme. Rwanda has maintained over 90% coverage of the vaccine since the programme was launched. This shows how country commitment to improving health can realize big wins. Why did it work in Rwanda, and what can we learn?

Firstly, government leadership was critical to forging ahead with this vaccine roll-out and was critical to secure a public-private partnership that financed the first three years of the programme. The Ministry of Education, development partners and Merck, the pharmaceutical company, were critical collaborators for this work to get off the ground.

Secondly, an evidence-based plan for implementation demonstrated that delivering this vaccine was possible and would benefit girls in every corner of the country. This evidence also became a tool for advocacy and communication, both powerful elements of this success story that strengthened the partnership approach.

Finally, citizens' concerns about a vaccine for a sexually transmitted infection were listened to, resulting in clear and empathetic messages being communicated to families about the benefits of preventing cervical cancer. This increased acceptance rates in communities and ensured the school-based programmes would be able to reach the target coverage rates. This story shows what is possible with countries collaboratively driving vaccination strategies and implementation plans.

Country ownership sparking a regional and global movement: [Vaccination Week in the Americas \(VWA\)](#)

Vaccination Week in the Americas (VWA) began 18 years ago when the Andean countries got together to combat a measles outbreak. The success of this country-prompted initiative inspired the global World Immunization Week. These yearly initiatives have become a time to celebrate success and undertake ambitious vaccination efforts in every corner of the world.

VWA has been owned by countries from the beginning. It is an illustration of what can be achieved when countries work together to improve their populations' health. VWA's flexibility as a movement allows countries to develop a wide spectrum of interventions beyond vaccination campaigns, including awareness campaigns, educational activities, and integration of primary health care interventions such as screening and breastfeeding support.

The success of VWA is due to this core country ownership, specifically these key factors:

- By promoting **vaccination as a public good**, the VWA movement has increased political prioritization of immunization across the region
- Political ownership at the highest levels unlocks **national financing** for immunization
- Social communication components reinforce messaging that **vaccination is a right** for every individual in the region, helping to **increase demand for immunization** services
- Technical support is provided by PAHO, with **countries defining the actions needed in their contexts under this umbrella campaign**.

Reflecting the principle of country-owned in technical initiatives: WHO Immunization Scholar Platform

The WHO Immunization Scholar platform provides remote learning and capacity development for sub-national and national health staff working for governments and partner organizations. It is implemented by WHO and the Geneva Learning Foundation. Over 15,000 participants from 90 countries (predominantly middle- and low-income) have participated in 23 course cohorts between 2016 and 2019.

The WHO Immunization Scholar Platform incorporates country ownership by:

- Tailoring content to **demand from and application at the country level**
- Creating a platform that **engages at scale at national and sub-national levels** in both predominantly **French and English-speaking countries**
- Focusing content on translating and exploring the practical implications of WHO guidance for **country immunization and health staff**
- Giving country participants a predominant voice in sharing past experiences, insights as well as future plans including requiring extensive **peer-review** of course work

Country-owned ensures that the orientation of an initiative is focused on those most close to implementing and improving immunization services.

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Resources and best practice examples

These resources expand on the examples above, providing further information about approaches and mechanisms that are working to build country ownership in immunization.

Gavi. Civil Society Organizations.

<https://www.gavi.org/operating-model/gavis-partnership-model/civil-society>

The Gavi Civil Society Organization (CSO) Steering Committee is an active group representing CSOs that partner with Gavi all around the world to deliver its mission within countries. The formal representation they bring to Gavi's mission from CSOs small and large around the world has created a system of accountability that keeps the focus on country-level change.

UNICEF. Immunization Country Profiles.

<https://data.unicef.org/resources/immunization-country-profiles/>

This data system compiles country-specific data from across the world, and can inform specific plans depending on a country's context. These data do not, of course, tell the complete story of each country's immunization experience.

Geneva Learning Foundation. Teach to Reach Accelerator.

<https://www.learning.foundation/teachtoreach>

This six-week course for immunization professionals focuses on training and development. Inclusive, accessible programmes such as this one demonstrate the importance of starting at the roots of immunization programmes and focusing learning and knowledge development at the foundation of the system, with those who work on implementing programmes in countries.

PAHO. Vaccination Week in the Americas: Past campaigns.

<https://www.paho.org/en/campaigns/vaccination-week-americas-2020/vaccination-week-americas-past-campaigns>

Information on the history of Vaccination Week in the Americas, detailing the story of how it grew from a 19-country initiative initially, expanded across the PAHO region, influenced the start of European Immunization Week two years later, and led to the launch of World Immunization Week in 2012.

National Immunization Technical Advisory Group (NITAG) Resource Centre.

<https://www.nitag-resource.org/>

This website offers centralized access to NITAG recommendations from around the world, scientific publications, technical reports, systematic reviews, WHO position papers, and resources to assess and develop the capacity of NITAGs. This provides opportunities to build national capabilities for evidence-based decision-making.