

PARTNERSHIPS



1

What is the core principle in light of IA2030 vision and strategy?

The IA 2030 vision of extending the benefits of vaccines to everyone, everywhere at all ages is underpinned by four core principles designed to guide the translation of strategic priorities into practical actions. These include maintaining a focus on people and population needs, country ownership to drive progress from the bottom up, using data to improve immunization system performance, and partnership-based approaches to align activities and maximize impact.

The core principle of partnerships means that immunization stakeholders will work with partners both within the health sector and beyond it to align activities, as part of a coordinated effort to improve access to high-quality vaccination and other primary health care services.

Over the next 10 years, coalitions of stakeholders will be required to meet the challenges of expanding coverage and reducing inequities in coverage, to facilitate uptake of new vaccines and technologies, and to respond rapidly to outbreaks and emerging diseases.

2

Why are partnerships a core principle crucial to the implementation of IA2030?

Collaborations will ensure that partners can achieve more than they would by acting independently. The remaining challenges are tough, and overcoming them will require partners to work together to drive improvements in immunization coverage and equity.

The push for universal health coverage through strengthened primary health care is gathering momentum. Closer integration of immunization programmes into broader health systems have the potential to **improve efficiency** through coordination and resource sharing. Integrated national health information and surveillance systems illustrate how immunization can take advantage of and contribute to core health system functions.

Collaboration within health systems will also contribute to the development of more **integrated people-centred services**. Combining services is more convenient for users, particularly those in remote locations, with poor access to health facilities and with multiple competing demands on their time. Coordinated efforts are also critical to meet the **needs of underserved populations** – those not benefiting from immunization are also unlikely to be receiving other health services. A more holistic view of the person and family can also help to ensure that services are provided based on a person or family's needs and context.

Inequities in immunization coverage attributable to socioeconomic status, location or gender-related determinants of health care access are evident across all country settings. Even in predominantly high-income settings such as the European Region, marginalized population groups do not access services to the same degree as the rest of the population.¹ Both health system and social factors contribute to under-vaccination, and both health system and community responses are required to reduce inequities.²

Innovative **cross-sectoral partnerships** and **community engagement** will be required to reach marginalized and underserved populations. Engagement with community-based organizations, local community leaders and representatives of marginalized groups will deepen understanding of factors affecting take-up of vaccination and other health services. New and strengthened partnerships, including with bodies not traditionally part of the health sector or government, can also contribute to the design and delivery of services to marginalized groups.

Stronger partnerships between national immunization programmes and **disease elimination/eradication initiatives** are essential. Coordination will avoid duplication of efforts and ensure complementarity of activities. Furthermore, disease-control programmes can provide valuable lessons on reaching underserved groups, including tracking of populations, engagement with local partners, and ensuring accountability. Conversely, coordination will ensure that disease control responses are used as opportunities to deliver a wider package of services.

3 Partnerships are crucial to the development of coordinated responses to global political, social, demographic and epidemiological change.

Profound political, social, demographic, environmental and epidemiological shifts can be expected over the next 10 years. This will require closer, new and different coalitions to resolve problems of stagnant and inequitable immunization coverage and access to health services, to mitigate the potential impacts of external threats to primary health care, and to help countries achieve their universal health coverage goals.

Political and social volatility associated with inequality, conflict, pandemics and climate change will require closer partnerships with **humanitarian and development sectors**.

Across country income groupings and in both urban and rural areas, political **decentralization** is presenting new challenges for immunization programme management. Much closer working partnership will need to be developed between immunization stakeholders and local authorities. In particular, with over half of the global population now living in urban areas, and one billion people living in slums, new models of partnership must be developed with **local governments, NGOs, civil society and the private sector**.

Partnerships will be essential to expand the benefits of vaccination to all age groups. Collaborations with other health programmes and with sectors such as education, water, sanitation and hygiene, and nutrition will be needed to implement life-course approaches for disease control and elimination. This is an opportunity for partnerships to expand beyond the health sector to communities, schools, workplaces, faith organizations and aged care facilities.

Partnerships are crucial to improving capacity to anticipate, prepare for, detect and respond to vaccine-preventable disease outbreaks, and to ensure global health security. The world continues to experience outbreaks of measles, yellow fever, diphtheria and other vaccine-preventable diseases, as well as of emerging infections such as Ebola and COVID-19. **Integrated disease surveillance** can provide an early warning of potential outbreaks, and guide the immunization and health system response. Integrated surveillance models will be driven by partnerships spanning disease control programmes, laboratory facilities, communities and the broader health workforce.

Emerging infections such as Ebola, MERS, SARS and COVID-19 illustrate how transnational coalitions spanning the **research community, vaccine manufacturers, technical agencies, regulatory authorities and governments** will be needed to develop and deploy vaccines in outbreak situations. With multiple new vaccines in development, robust global mechanisms are required to ensure that the benefits of these innovations are distributed efficiently and equitably.

Partnerships with the **research community** will be critical at country, regional and global level. Such partnerships need to span multiple disciplines; as well as development of new vaccines and new vaccine delivery technologies, research partnerships can facilitate timely implementation of new vaccines, and generate a better understanding of the social and behavioural factors that influence uptake of vaccination. Wider partnerships with **innovators** in other fields will be needed to take advantage of developments in logistics management systems, transport and cold chain technologies, electronic registration systems, and social media communications.

Partnerships are crucial to the development of more effective community ownership and social accountability mechanisms for achieving immunization goals. National and international commitments to universal health coverage emphasize people's right to health, and communities and CSOs are increasingly capable of holding national and subnational authorities to account for the equitable delivery and quality of services.

Implementation of social accountability arrangements will result in new and different forms of community partnerships, providing the opportunity to drive change through collective influence and action.³ Given issues with immunization inequities and vaccine hesitancy globally, promotion of models of social accountability for health will encourage more participatory models of engagement that can build community leadership and voice on health issues, and reinforce trust in public services.^{4,5}

Partnerships between government and academia, through structures such as National Immunization Technical Advisory Groups (NITAGs), can strengthen public trust by ensuring that vaccination decision-making is transparent and informed by evidence analysed by independent experts.

Learning from GVAP: Alignment and accountability

A review of the Global Vaccine Action Plan (GVAP) pointed to shortcomings in **accountability and shared ownership** of global immunization objectives, leading to incomplete implementation at a country level. It recommended strengthening of partnerships both within and outside the health sector, and the development of a governance structure better able to align partners' activities and turn strategy into action.

Drawing on a review of effective global health networks,⁶ IA2030's partnership approach spans consensus on an initial strategic framework, agreed partnership structures and processes, and a monitoring and evaluation framework shared across all levels.

Given the 10-year duration of IA2030, it will be important to develop **robust and flexible governance structures and processes** based on closer collaboration between partners at all levels. Accountability for actions and results will be defined at different levels (subnational, country, regional and global).

Of critical importance is that resource commitments and the contributions of partners are aligned to country priorities and are coordinated under the umbrella of the IA2030 governance framework. This will guide complementarity of investments and technical support for implementation. Contextualizing the partnerships approach means that country data, priorities and decision-making are the main drivers of change, mediated through regional action frameworks and plans, within the strategic IA2030 framework (see figure).

Regional coordination and accountability will be reinforced through development of regional action plans and monitoring and evaluation frameworks. Regional governance mechanisms including governments, development partners and CSOs will be required to ensure alignment of regional strategies with national plans, and to ensure that resources, technical support and allocation of vaccines and supplies are matched to country needs and priorities.

One way to strategize implementation might be through 'learning collaboratives', with country-centred partnership structures working through iterative learning loops within the context of regional and global governance structures and technical support.



5 Best practice examples - What partnerships have achieved

Global Health Partnerships: Partnerships in this category include the Global Polio Eradication Initiative, Gavi, the Measles and Rubella Elimination Initiative and the Coalition for Epidemic Preparedness Innovations (CEPI). These partnerships have demonstrated their ability to collaborate with civil society, the private sector, governments, development partners, researchers and the vaccine-manufacturing industry to expand access to life-saving vaccines and new technologies. The value of immunization partnerships was recently demonstrated by the rapid Ebola vaccine development and deployment, which was facilitated by effective collaboration between WHO, vaccine manufacturers, and regulatory agencies in Europe and Africa.⁷ The success of these partnerships derives from

their capacity to draw on the strengths of each partner, as well as keeping their focus on a shared objective, awareness of mutual roles and responsibilities, strong governance structures to track outcomes, and the capability to change course when necessary.

National and regional scientific partnerships: National Immunization Technical Advisory Groups (NITAGs) are panels of national experts from the research and health sectors. These groups provide independent, evidence-informed advice to national policymakers and programme managers on vaccine and immunization issues. NITAGs now cover 85% of the world's population. Evidence is emerging of how NITAGs can influence national decision-making and improve immunization programme function.⁸

Civil-society partnerships: Civil-society partnerships have been demonstrated to be effective in all types of country, but particularly in fragile and conflict-affected settings. For example, these partnerships have enabled access to immunization and other health services in Syria, Yemen and South Sudan.⁹ Reviews of pro-equity interventions in urban areas have demonstrated the value of partnerships with community leaders and organizations, political leaders and with employers to improve utilization of immunization services.¹⁰ Civil and community-based agencies can also play a key role in holding governments, providers and development partners to account. In Nigeria, for example, a link has been established between community partnerships and building the capacity of CSOs to advocate on matters relating to policy, budgeting and legislation.¹¹

Community partnerships: In communities, success with social accountability has been demonstrated in sub-Saharan Africa, through use of health committees, primary health care scorecards, citizen report cards and health charters.⁴ Social accountability mechanisms such as these improve responsiveness of health systems to community input, while at the same time increasing public awareness of the benefits of public services and programmes.³

In higher-income countries with disadvantaged indigenous communities, models of community-controlled health services are reliant for their success on community-led governance. There is also a trend towards the evolution of more family- or people-centred models of health care, based on closer connections between health provider groups and community networks, so as to meet the more complex health needs of families across the life course.¹²

Multi-sector partnerships: There are many examples globally of the role of multisectoral partnerships in achieving immunization goals, including the introduction of human papillomavirus (HPV) vaccines through education systems,¹³ implementation of One Health multisectoral approaches to respond to emerging zoonotic pathogens,¹⁴ and the utilization of combined system strengthening and multisector strategies to improve coverage in China¹⁵ and India.¹⁶

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Annotated bibliography: Resources and best practice examples

Strategic Advisory Group of Experts on Immunization (SAGE). SAGE Decade of Vaccines Working Group: The Global Vaccine Action Plan 2011-2020: Review and Lessons Learned. 2019. Geneva: WHO.

Available at https://www.who.int/immunization/global_vaccine_action_plan/en/

This review summarizes the last 10 years of GVAP, identifies unmet objectives and lessons learned, and makes recommendations for the next 10 years. The recommendations are of high relevance to partnerships, especially with regards to governance, accountability, integration of immunization with other programmes, and research and multisector collaborations. Technical recommendations of relevance to partnerships include encouraging the sourcing and sharing of innovations to improve programme performance, encouraging stronger integration between disease-elimination initiatives and national immunization programmes, encouraging greater collaboration and integration within and beyond the health sector, and creating a robust and flexible governance structure and operational model based on closer collaboration between partners at all levels.

Equity Reference Group for Immunization

(<https://sites.google.com/view/erg4immunisation/home>)

Key global partner organizations, leaders from ministries of health and academic experts in topics covering gender and health systems development, conflict, economics and human rights, gender, and urban and rural and remote health produced a set of discussion papers that consider the main issues and approaches to improve equity in immunization. The importance of partnerships features in many of their analyses. The gender discussion paper highlights the importance of health, civil society, and education sector linkages for improving HPV vaccine delivery and developing media content on health for low-literacy populations and ethnic minorities. The discussion paper on conflict highlights the importance of forming community-level partnerships and communication channels with traditional leaders, religious leaders, community-based organizations, and military leaders and rebel groups to enable access to vaccination for conflict-affected populations. The discussion paper relating to urban inequities highlights the importance of forging new kinds of partnerships with political leaders and lawmakers, community leaders, and representatives of marginalized communities. The context-based nature of these partnerships provides a means by which global, regional and national strategies can be adapted to country and local area health systems and social conditions.

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