

Annex 2:

IA2030 OWNERSHIP AND ACCOUNTABILITY (O&A): A GLOBAL-LEVEL PARTNERSHIP MODEL

The purpose of this Annex 2 to the "Implementing the Immunization Agenda 2030: A Framework for Action" is to describe in more detail the **global level partnership model for IA2030**, including how a broad consultative engagement will guide the functioning and operations of the IA2030 Working Groups, as well as the Coordination Group and Partnership Council, serving as committees of key partners who have agreed to work together in pursuit of the IA2030 shared goals.

For more information on additional **operational elements of IA2030**, including operational planning through regional and national strategies, mechanisms to ensure ownership and accountability (O&A) at these levels, a monitoring, and evaluation (M&E) framework to guide country implementation, and communication and advocacy to stimulate and reinforce required actions by all stakeholders throughout the decade, please see the full **Framework for Action** document available on the IA2030 website: <http://www.immunizationagenda2030.org>

1

Background and overview

The Immunization Agenda 2030: A Global Strategy to Leave No One Behind (IA2030) defines what must happen to achieve the vision of a world where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being.

IA2030 is an ambitious **global strategy** to maximize the lifesaving impact of vaccines through stronger immunization systems, integrating immunization program strengthening and disease-specific immunization initiatives. If fully implemented, the strategy will avert an estimated 50 million deaths, 75 percent of them in low- and lower-middle income countries¹. Targets to be achieved by 2030 include:

- Achieve 90% coverage for essential vaccines given in childhood and adolescence

¹ Carter, A et. al., Modeling the Impact of Vaccination for the Immunization Agenda 2030: Deaths Averted Due to Vaccination Against 14 Pathogens in 194 Countries from 2021-2030 (April 20, 2021). Available at SSRN: <https://ssrn.com/abstract=3830781> or <http://dx.doi.org/10.2139/ssrn.3830781>

- Halve the number of children completely missing out on vaccines
- Complete 500 national or subnational introductions of new or under-utilized vaccines, such as those for COVID-19, rotavirus, or human papillomavirus (HPV)

IA2030 has broad stakeholder ownership and reflects immunization as one of the cornerstones of primary health care. It aligns the contributions and work across countries, development partners and civil society towards shared priorities. IA2030 has been designed for **each and every country**, regardless of income level^{II} or geography and aims to reinforce country ownership for planning and implementing sound immunization programs. IA2030 was adopted by the seventy-third World Health Assembly in August 2020.

1.1 A global-level partnership model

IA2030 provides an **overarching 'umbrella'** for immunization intended to represent the interests of all countries, give voice to civil society stakeholders, and cover all vaccine-preventable diseases. The global level partnership model provides a forum to foster ownership and accountability of IA2030 goals and to set priorities for existing initiatives and immunization partners under the IA2030 umbrella, in order to best support country immunization programs.

Rather than design one single structure to accomplish the myriad of ownership and accountability (O&A) objectives, the model below (**Figure 1**) comprises of various consultative, coordination, and leadership entities, each playing an important role to form the basis of the IA2030 global partnership:

1. **Consultative engagement** strengthens the "movement" of IA2030, bringing in countries, regions, CSOs, private sector and donor voices to advise global partners on priorities and needed actions while also helping to increase accountability to communities and countries.
2. **A Coordination** group will be the operational driver for global alignment and coordinated actions.
3. **Leadership** derived from those with the required institutional authority and influence for impactful decisions at scale, including the IA2030 Partnership Council and the World Health Assembly. The leadership will be informed by technical advisory bodies (e.g., RITAGs and WHO's SAGE) through an independent review of monitored results.

II This is particularly relevant, for example, in terms of IA2030 bringing broader focus on immunization beyond the 57 lower-income countries eligible in 2020 for support from Gavi, the Vaccine Alliance

Figure 1: The IA2030 partnership model at global level



Working together, these components address a critical gap in the overall O&A structures aligned to the decade's new vision and strategy. The intent is to bring together needed and varied types of commitments (technical capacity, advocacy and financial) from technical workstreams, broad consultations, operational coordination and senior leadership to drive required actions at global level to achieve the IA2030 vision.

Newly designed tools will bring greater visibility and evidence to inform decisions across partners and drive corrective actions at country, regional and global levels. Supported through these processes, structures and new tools, partners working at the global scale will have the information they need to prioritize discussions and act to resolve issues most keenly felt by those responsible for implementation success.

1.2 Guiding Principles

The following principles will guide the functioning of the global level O&A model:

- **Offers stakeholders something different:** To avoid duplication, the model will maintain a focus on immunization, while also ensuring close engagement with broader health agendas, such as UHC, maternal, neonatal and child health and global health security.
- **Gives voice to all countries, regions and communities:** The approach will ensure that all stakeholder groups can engage meaningfully in global-level deliberations.
- **Leverages country and regional structures:** The model will use a variety of existing fora for reviewing development partner, CSO and Member State progress against pledges and targets, as captured in scorecards.
- **Fosters equitable and dignified partnerships:** Recognizes and empowers leadership roles by local research agencies and institutions working closely with governments to integrate data into local policies and strategies.
- **Addresses fragmentation:** The approach aims to build consensus and create incentives for partners to work more effectively across disease-specific initiatives, reducing fragmentation and improving efficiency for countries.
- **Focuses on priorities:** Dialogue at global levels and resulting actions will target priority countries and priority topics as identified through evidence-based data, consultative processes, and thematic working groups.
- **Keeps a technical focus:** To build on the valuable collaborations used for the development of IA2030 strategic priorities, IA2030 Working Groups will meet routinely to facilitate technical alignment in strategic priority areas, shaping global coordination and actions.
- **Term-limited:** In recognition of the complex and ever-evolving global health landscape, with its myriad of initiatives and numerous partner mechanisms, the model will have a limited term of three years, followed by a full review by the partnership to assess its value and determine its future.

1.3 Immediate focus on COVID-19 pandemic

Importantly, implementation of IA2030 will initially focus on a **comprehensive response to the COVID-19 pandemic** and a repair to the damage it has caused. The challenges created by the pandemic set the immediate priorities for IA2030 implementation, including how the partnership will be organized and function.

In the shorter-term, it is thus envisaged that the three components of the **global level partnership model** will support the COVID-19 priorities across all seven IA2030 strategic priority areas, including by:

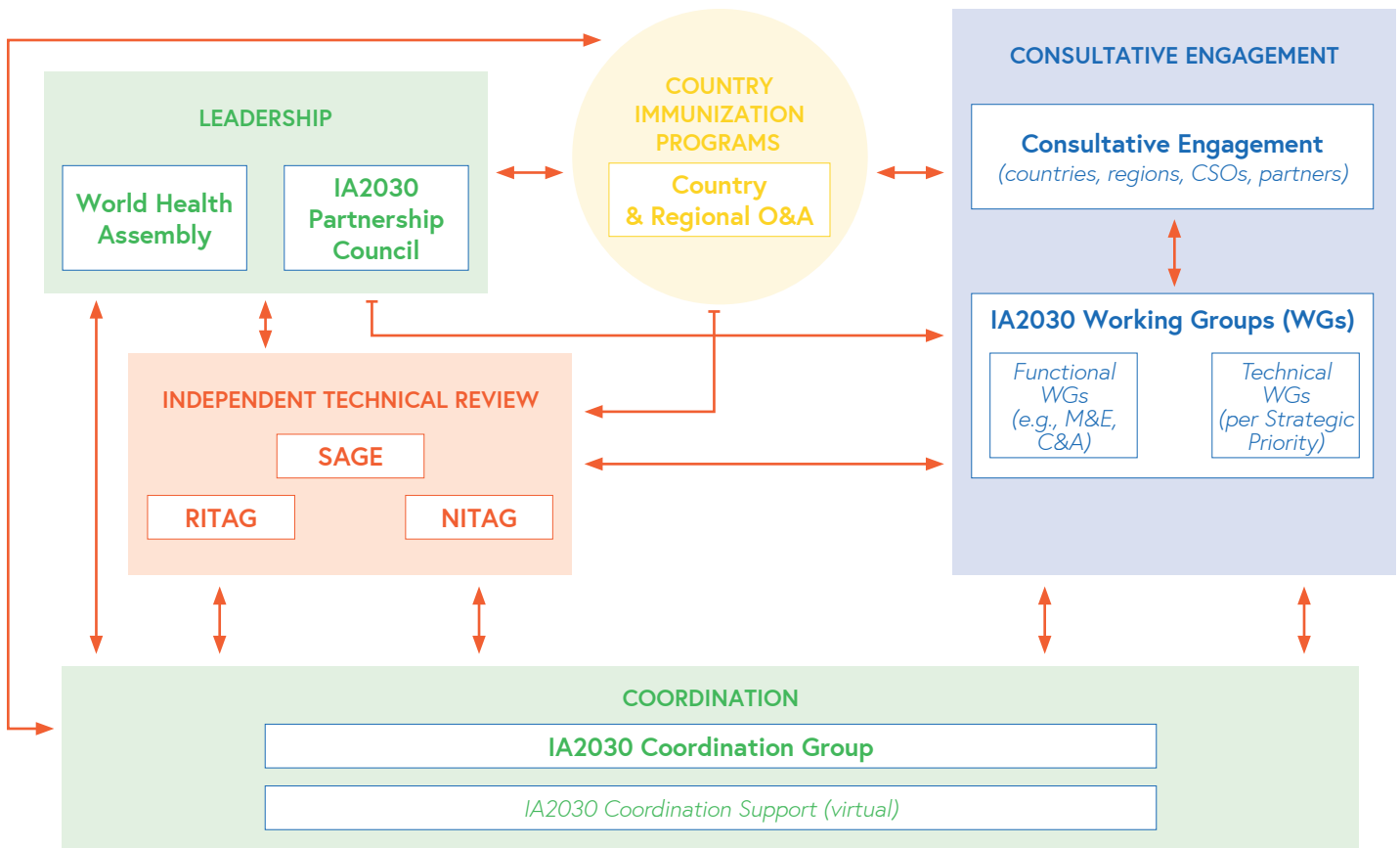
- ensuring rapid and equitable COVID-19 vaccine scale-up;
- encouraging research, innovation, and market shaping to bring next generation COVID-19 vaccines and diagnostics to market;
- strengthening core immunization program capacities in data-guided decision making, monitoring vaccine safety, and building vaccine confidence;
- maintaining and recovering immunization and other essential primary health care services during COVID-19; and
- leveraging knowledge and experience across the globe to build upon the lessons from COVID-19 to prepare for future disease risks; and
- building on and learning from the global collaboration harnessed by ACT-A to ensure momentum and focus on equitable immunization continues beyond COVID-19.

1.4 Global coordination to support country ownership

The IA2030 vision puts countries and their national immunization programmes at the center of all collective efforts. In devising how best to organize support for the shared goals, global-level partners sought ways to reinforce, complement and build upon existing structures at national and regional levels. Countries and regions will continue to strengthen existing O&A structures (e.g., Inter Agency Coordination Committees, Regional Committees, etc.) or develop new ones to meet the needs of each particular context and per IA2030 principles. While critically important for the system as a whole to function effectively, these are not specified in detail in this description of O&A at the global level.

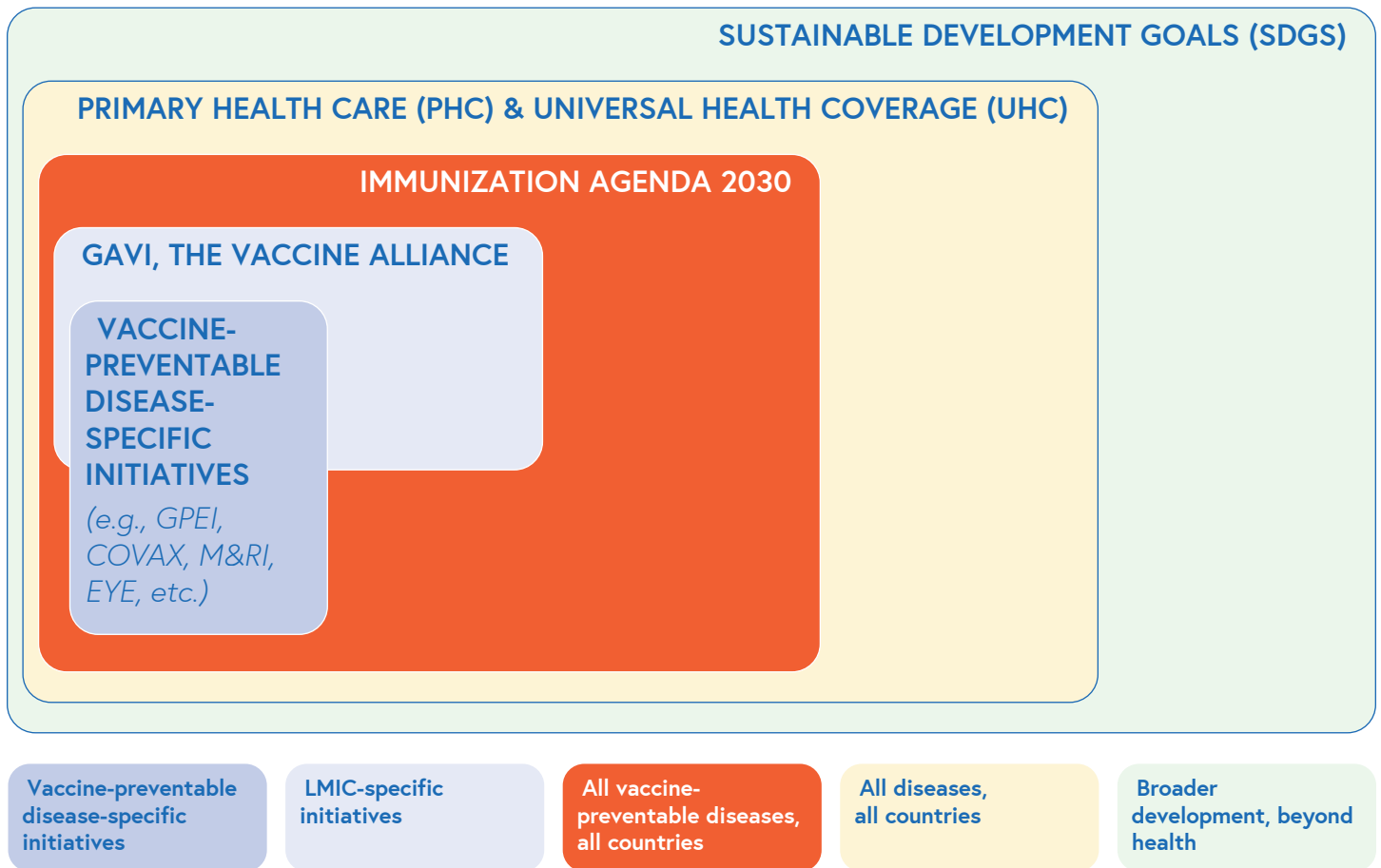
As illustrated below in **Figure 2**, each component of the global-level partnership model is designed to receive input and guidance from country governments and regional- and country-level stakeholders, as well as to permit accountability of global-level partners to commitments made towards achieving IA2030 goals and objectives across countries.

Figure 2: Information flow of the IA2030 global-level partnership



Importantly, the IA2030 partnership model functions within a complex ecosystem/landscape of other important development initiatives. The positioning of partner commitments and accountability to IA2030 takes this into account, ensuring adequate links are in place and leveraged appropriately, with IA2030 complementing these, bringing added value in creating a broader and less fragmented 'movement' for the immunization community as a whole (Figure 3). This partnership model is also intended to link beyond just immunization to the broader health and development setting, including UHC and SDG.

Figure 3: IA2030 set within the broader development landscape



This approach applies the learning from the past decade of GVAP implementation around challenges in eliciting accountability among global partners and creating closer partnership collaboration. As noted in the SAGE review of GVAP, 'in the absence of specific organizational structure for GVAP, opportunities to establish closer ties with emerging health priorities, such as global health security, were not fully grasped.'^{III} In addition, the review noted the need for clear links in the the monitoring and accountability process at global levels to support country immunization programmes. This was reiterated in IA2030 consultations across countries (July-August 2020). A clear call was made for stronger coordination at global levels as a means to drive immunization advocacy and collective response.

The following sections describe in greater detail the three different components and how they will function and relate to each other.

^{III} Strategic Advisory Group of Experts on Immunization. The Global Vaccine Action Plan 2011-2020. Review and lessons learned. Geneva: World Health Organization; 2019 (WHO/IVB/19.07)

IA2030 Consultative Engagement

The global partnership model will be driven by regular **consultative engagement**, managed through the IA2030 **Working Groups**, as a forum for diverse voices and perspectives to inform discussions and guide actions across strategic areas of focus. This consultative approach will help ensure global-level partners are responsive to the priority topics identified at operational levels. It will create and support transparent feedback loops and points of regular exchange across and between various partnership fora and levels of accountability (working at country, regional and global levels).

2.1 IA2030 Working Groups

Working Groups will shape regular discussions at the operational level, identify areas that require attention by regional or global actors, and feed into the global-level structures, including the Coordination Group and the IA2030 Partnership Council (IAPC).

This will be done through, for example:

- **Convening partners** – to advance collective thinking to build a common vision and strategy across partners, to identify gaps and influence corrective actions at different levels;
- **Assessment of technical guidelines** – to support multi-partner validation and alignment on latest normative content and to assess the need for new guidance tailored to different countries (e.g. low, middle and high income);
- **Implementation support and learning** – to identify opportunities for improved tools and practices for country support, build and disseminate knowledge of implementation 'best practices' spanning diverse settings, levels and country contexts, including peer-to-peer reviews at regional levels;
- **Communication and advocacy** – to develop, align and share key messages to support the information needs of various audiences and maintain public visibility on priority issues
- **Assessing progress and evaluating results** – to track against M&E framework and relevant indicators, and conduct further in-depth evaluation when needed
- **Shared accountability** – to feedback and align on what various 'affinity groups' need to do together to progress. As a means for

two-way accountability to both communities and providers of technical or financial resources.

- **Feedback** – to capture feedback from countries and other stakeholders on expectations for what is needed from global-level partners for their contribution to each particular area/WG focus.

2.2 Working Group focus areas and lead agencies

Working Groups were initially organized around the IA2030 strategic priorities to support the collaborative development of the "content" needed to build the IA2030 vision and strategy (2019) and technical annexes (2020). Working Groups will continue to play an important convening role to support focused discussions and technical alignment across thematic or cross-cutting areas of focus and will be held to account for concrete progress against agreed-upon workplans and deliverables. They may complement, extend, incorporate, or be incorporated into existing mechanisms at global or regional levels such as those established for COVAX facility, Gavi 5.0 and/or disease-specific initiatives.

The Working Groups will each have a global-level partner organization responsible for leading the effective coordination and functioning of the group. For continuity purposes, the initial lead organization will follow on from the development phase of IA2030. These lead organizations will name an appropriate focal point as Working Group lead (one of two co-leads). To ensure the partnership draws on experience and knowledge from across diverse technical experts and sectors working on immunization, each Working Group will aim to identify the second 'co-lead' from outside the UN system who will share in the management of the group^{IV}. It is envisaged that rotation of these co-lead roles would be staggered every few years, allowing for turnover and fresh ideas as well as ensuring continuity and shared responsibility across a greater number of IA2030 partner agencies.

The following Working Groups and lead agencies have so far been proposed for the initial three years:

- SP1: PHC/UHC (USAID)
- SP2: Commitment and Demand (WHO/JSI)
- SP3: Coverage and Equity (WHO)

IV In cases where Working Groups merge with existing structures, leadership arrangements will reflect existing agreements.

- SP4: Lifecourse and Integration (CDC)
- SP5: Outbreaks and Emergencies (IFRC)
- SP6: Supply Security (UNICEF SD)
- SP6: Financial Sustainability (World Bank)
- SP7: Research and Innovation (PATH)
- Middle Income Countries (MICs) (WHO)
- Data strengthening and use

In addition to the above Working Groups with a technical focus, Working Groups will also form around particular IA2030 implementation functions^v, such as:

- Monitoring & Evaluation (M&E)
- Communication and Advocacy (C&A)
- Partner commitments and Resource Mobilization

These functional Working Groups will build on the work of the ad hoc task teams that were involved in developing these components of the Framework for Action and associated launch of IA2030, and will aim to have a similar leadership structure to the technical Working Groups with co-leads from one global partner agency and one from a non-UN entity.

Additional Working Groups may be formed over the course of the decade around either technical sub-topics within the Strategic Priorities (e.g., vaccine-preventable disease surveillance under SP1; immunization information systems under SP1) or other functional or cross-cutting thematic areas. For example, disease specific initiatives may form a Working Group to support routine immunization, surveillance and campaign effectiveness including integration with other health programs (polio, measles/rubella, yellow fever, meningitis, cholera, malaria). Conversely, some initial Working Groups may choose to discontinue when discrete time-limited pieces of work are complete

^v These functional groups will have a narrow focus to start

2.3 Working Group Terms of Reference (TOR) and Membership

Each Working Group will develop TOR outlining the key areas of focus for the initial years^{VI} and describe specific deliverables as clear contributions to IA2030 goals, ensuring what is planned in this short term will be important to move the global discussion forward.

While tailored by each particular group, the Working Groups' TOR will share the following aspects^{VII} and commit its members to:

- Agree on an annual workplan, including concrete deliverables, with key milestones and means for tracking;
- Convene at least once per quarter (and up to ten times per year) to discuss a set agenda and according to the workplan;
- Provide technical guidance to drive immunization programme capacity development and related learning agendas;
- Organize and conduct at least one consultative engagement event each year;
- Drive the M&E cycle for each Strategic Priority area, liaising across other Working Groups as needed to review results and consider corrective actions across partners and levels;
- Liaise with leads of DSIs to plan, and develop ways to work progressively towards integration of DSIs into the working group delivery;
- Engage on a regular basis in Working Group Lead meetings and Coordination Group meetings (perhaps in rotation with other Working Groups), as represented together or separately by Co-leads;
- Bring forward recommendations for implementation and policy development, and ad hoc issues to be elevated to the Coordination Group and IAPC
- Conduct a self assessment at the end of each year to reflect on Working Group activities to build towards the assessment of the IA2030 partnership model at the end of three years

Working Group participants are expected to bring a formal mandate from their home-organization to contribute the time and effort required to support working group deliverables. Membership decisions will be managed by the co-leads of each group, who will work with the

VI For example an initial phase of three years (2021-2023)

VII To vary somewhat depending on whether the Working Group has a technical or more functional focus.

Coordination Group to help ensure the groupings of members are:

- Guided by **clear selection criteria**, including professional qualifications and experience as well as availability for regular engagement, and demonstrated motivation to commit;
- Achieve, to the extent possible, a **balance in representation**:
 - from global North and South
 - Across country (or community), regional and global levels
 - gender diversity
 - participation by (or specific outreach to) youth
 - a broad range of member institutions (including civil society organizations);
- **Manageable in size** (co-leads to set a maximum number of members); and
- Supported through **adequate arrangements and working procedures** (e.g., time zones, languages, etc.) facilitating participation from diverse regions of the world.

2.4 The process of consultative engagement

Consultative engagement with countries, regions, CSOs and other partners on IA2030 implementation topics will be organized to provide real-time exchange on immunization programme successes and challenges, and to offer peer-to-peer learning and knowledge sharing across sectors and countries.

On a rotating basis (or ongoing depending on each Strategic Priority area) and based on topics proposed by community groups, countries or regions, Working Groups (in collaboration with partnership constituencies or communities of practice) will be supported to host open, multilingual "virtual events" with structured format and facilitation to amplify participant contributions. A range of modalities and platforms will be employed to facilitate this cross-sector engagement and peer exchange (e.g., leveraging existing online platforms and peer learning networks).

These consultative engagement "touch points" will help identify and elevate issues for consideration by the Coordination Group and IAPC. As such, they contribute to the "movement" of IA2030, bringing in critical voices and perspectives from regions, countries and CSOs in a predictable and structured way and feeding into debates at the global level.

2.5 Expected role related to monitoring and evaluation

While the bulk of global level M&E work rests with existing functions across IA2030 partners, IA2030 Working Groups, working together and separately, and through the consultative engagement they manage, will play a supportive role in driving the IA2030 M&E cycles, including:

- collective review and analysis of performance results reported on an annual basis against the SP targets and indicators;
- supporting in-depth technical review of indicator trends and supplemental analyses to identify potential root causes of success and failure;
- addressing feedback from SAGE;
- identification of resource (technical, financial, and advocacy) availability and gaps; and
- bringing forward recommendations to address performance results and resource gaps to the Coordination Group and IAPC.

3

IA2030 Coordination

3.1 IA2030 Coordination Group

Synonymous with its name, the Coordination Group is expected to initiate and maintain efficient alignment and harmonization across operational levels, technical and functional areas of focus. This will require a regular and sufficient flow of information and feedback loops, from the Working Groups, consultative engagement and respective partner organizations.

Meeting on a monthly basis, core partners maintain a regular (and more informal) dialogue in support of IA2030 implementation.

The **IA2030 Coordination Group** will have the following objectives:

- Consider input received through transparent and participatory consultative engagement processes undertaken by Working Groups, helping drive solutions to address operational bottlenecks and technical alignment.
- Advise on the preparation of formal IA2030 reports (e.g., for WHA, SAGE) and set the agenda for IAPC meetings.
- Ensure appropriate links and coordination at global levels with disease-specific initiatives and other relevant health or development agendas (e.g., RMNCH, PHC, UHC, etc.).
- Synthesize and communicate annual IA2030 progress, including recommendations from leadership (IAPC and WHA) and technical advisory bodies (RITAGs, SAGE) to country, regional, and global stakeholders
- Manage/oversee the IA2030 learning agenda, by reviewing documentation of active learning across the partnership and at different levels to prepare for the review after three years of implementation

3.2 Membership

To be eligible for Coordination Group membership, the following will apply:

- Director-level (or equivalent) position in oversight role focused on implementation at global levels

- Within a leading immunization technical agency or partner organization
- Brings institutional accountability as well as important connections extending to other global health or development initiatives
- Can mobilize resources, ensure synergies and drive collective action at the operational level
- Has been involved in leading development of the IA2030 strategy and Framework for Action

Based on the above selection criteria, the following membership is proposed for the first three years of IA2030 implementation, to be re-evaluated/rotated following collective learning and a formal assessment to be conducted in 2023:

- WHO (Director, IVB) co-Chair
- UNICEF (Associate Director & Chief of Immunization) co-Chair
- Bill & Melinda Gates Foundation (Deputy Director, Health Funds and Partnerships)
- Wellcome Trust (Head, Vaccines Programme)
- Gavi Secretariat (Managing Director, Country Programmes)
- US Centers for Disease Control and Prevention (Global Immunization Division)
- Gavi CSO Constituency
- Director, Global Polio Eradication Initiative (GPEI)
- Director, The Coalition for Epidemic Preparedness Innovations (CEPI)

Invitations to Coordination Group meetings will be extended on a regular basis to individuals leading the Working Groups, as well as other Directors of disease-specific initiatives (e.g., M&RI, YF, etc.).

3.3 Meeting materials

Meeting materials will be designed to support the information flow needed to implement monitoring, evaluation, and action cycles, with feedback loops across the broader global ownership and accountability ecosystem and governance structures. Meeting materials are expected to include a synthesis of issues raised and recommendations from

the most recent consultative engagement processes moderated by Working Groups, as well as regular updates from disease-specific initiatives.

Key to support the group's coordination function will be the **IA2030 scorecards**. These will display IA2030 impact goal and strategic priority objective indicator results (baseline and annual reporting). IA2030 scorecards are expected to eventually be available in a publicly accessible, web-enabled format for the set of impact goal and SP objective indicators monitored at global level.

Annually, Working Groups will prepare an interpretation of trends in the indicators related to their technical area for those indicators monitored at global level. This summary may also capture updates from relevant evaluations or special studies^{VIII} and will serve to highlight actions needed by members of the Coordination Group (or IAPC) and by other stakeholders to make progress towards IA2030 targets. Accompanying the IA2030 Scorecards, the annual interpretive summaries could be considered for dissemination via IA2030 website, the WHO Weekly Epidemiological Review, and other communications channels as recommended by the C&A Working Group to foster transparency and accountability of the global partnership model to participants in the Consultative Engagements and other stakeholders at regional and country levels.

3.4 Expected outcomes

Expected outcomes of the Coordination Group will focus on action-oriented, timely and transparent responses to address issues raised through Working Groups and the consultative engagement which may result in the following:

- Initiation of agency-specific policy and decision processes (e.g., items on agenda of WHO SAGE, Gavi PPC/Board);
- Mobilization of resources (technical, advocacy, and/or financial) at global, regional, and country levels;
- Introduction of organizational and operational changes to increase integration across disease-specific initiatives and of immunization with other health services; and
- Proposed recommendations and actions for consideration by the IAPC (and ultimately the WHA).

VIII This may include data on other indicators outside of the core global-level set that may be monitored by countries and regions

3.5 IA2030 Coordination support

A small 'virtual' IA2030 **Coordination Support team**, will be created with dedicated staff from partner organizations to provide logistics and technical support to the IA2030 Coordination Group and associated structures. Serving much like a Secretariat, this team will be responsible for functions such as:

- Routine support to and coordination across Working Group co-leads, including preparation, documentation, and other logistics to implement transparent and inclusive consultative engagement processes;
- Meeting preparation and follow up for monthly meetings of the Coordination Group, including reporting to the IAPC;
- Managing and maintaining the IA2030 website; and
- Facilitating M&E processes at the global level, including the management of the IA2030 scorecards.

4

IA2030 Leadership

4.1 IA2030 Partnership Council

As a high-level body, the IA2030 Partnership Council (IAPC) is comprised of senior leaders from immunization partners operating at the global level and representatives from countries, regions and civil society. Its purpose is to advance the political leadership and advocacy needed to coordinate and prioritize actions across partners to realize the IA2030 vision. In so doing, the IAPC reinforces, complements and builds upon existing structures at national and regional levels and brings global partner focus on priority technical areas, implementation bottlenecks, status of progress against global immunization targets and partner commitments.

The IAPC and its support mechanisms are designed to jump start the IA2030 decade with the following key objectives:

1. Monitor review and report progress against IA2030 targets and global partner support;
2. Advocate, invest and align on identified key actions to enhance progress; and
3. Mobilize political leadership and drive global, regional and country partner action.

4.2 Membership

The IAPC is the political leadership of IA2030. Its members bring critical links to the broader global health agenda. Country and regional representation will be established on rotating basis, as will representation of civil society through the Gavi CSO constituency.

The membership will initially comprise approximately 10-12 individuals, including:

- WHO – Deputy Director General
- UNICEF – Deputy Executive Director, Programmes
- Gavi Secretariat – Deputy CEO
- Bill & Melinda Gates Foundation – Director, Global Delivery Programs
- World Bank – Global Director, Health, Nutrition and Population

- US Centers for Disease Control and Prevention – Director, Center for Global Health
- US National Institutes of Health/NIAID
- International Federation of the Red Cross
- 3 Regional Directors (2 from WHO; 1 from UNICEF)
- Gavi Civil Society Organization (CSO) Constituency
- 2-3 members from regional political bodies, such as the African Union (AU) and the European Union (EU)^{IX}

At its inaugural meeting, the IAPC members will be asked to identify and nominate a number of esteemed 'free-thinkers' as non-representational members, bringing complementary and non-institutional perspectives to the table.

In terms of leadership for the council, one of three Chairs of the IAPC would alternate between WHO and UNICEF each year, with the other two selected from the remaining IAPC members for the initial term of three years, including one representing civil society.

Through the Coordination Group, IAPC members will be connected to the workings of SAGE, key disease-specific initiatives, Universal Health Coverage, and the World Health Assembly.

4.3 Meeting materials

The IA2030 Partnership Council will meet (at a minimum) twice a year as an important means to maintain momentum and advance the vision for the decade. It is envisaged meetings will be organized subsequent to the October SAGE meetings (or other important immunization partner meetings) as important touch points and then again ahead of the WHA sessions where IA2030 monitoring reports are to be presented.

As such, meeting materials will support the annual **IA2030 progress review** processes, including reports on M&E framework results as well as potentially reports on partners' pledged commitments (e.g., political will and advocacy, technical capacity support, financial or in-kind resources, policy and programmatic actions), and actions needed to deliver against existing commitments and solicit new commitments.

IX These members from regional political bodies would rotate every two to three years.

As additional meeting input, SAGE and other IA2030 Coordination Group recommendations on actions and areas for further focus will be synthesized for discussion at IAPC meetings.

4.4 Expected outcomes

Expected IAPC meeting outputs include documented pledged commitments,^X responses to and recommendations for the IA2030 Coordination Group and Working Groups, and an action plan to advocate and mobilize support for IA2030.

IAPC meeting outcomes will focus on decisions related to the following topics:

- Coordinated planning across immunization partners (countries, communities, regions, global) to achieve measurable improvements in immunisation worldwide
- Improved transparency and performance monitoring across the partnership and accountability checks to support/motivate partners to fulfil commitments
- Improved targeting of coordinated action across levels (country, communities, regions, global) to respond where there is greatest need

Agreed actions will be issued as updates to existing pledges and commitments the IAPC have made at the start of the IA2030 decade will be posted on the IA2030 website each year. In addition, a short report on global immunization accountability and progress towards IA2030 targets and goals and agreed new actions will be prepared in advance of WHA every two years.^{XI} This will be an important process to bring partners such as Gavi, COVAX and other disease-specific initiatives together to align towards broader goals.

4.5 An independent review by technical agencies

The implementation of the IA2030 global partner O&A model will benefit from independent review steps. As critical for the "accountability" part to work, this review helps hold the implementing organizations and global partners accountable to the IA2030 mission throughout the decade.

X Including new multi-year or annual pledges and planned actions to address any delays or gaps in existing pledges.

XI Beyond the three-year term limit of the IAPC, expectation would be that reporting continues every two years (2024, 2026 and 2028).

On an annual basis, building on National Immunization Technical Advisory Groups (NITAGs) and Regional Immunization Technical Advisory Groups (RITAGs), WHO's **Strategic Advisory Group of Experts on Immunization (SAGE)** will review and assess the technical strategies across IA2030 strategic priority areas, providing technical guidance as needed on topics elevated by Working Groups or requested by the Coordination Group on behalf the IAPC.

It will review the IA2030 M&E Framework at its October meeting. SAGE findings will be among the feedback to the subsequent IAPC and as relevant to WHA. As such, the role of the SAGE will be to provide:

- **Recommendations to Working Groups** on technical strategies
- **Recommendations to regions** on actions for advocacy, resources, and technical assistance
- **Recommendations to IA2030 Coordination Group** on potential areas for process improvement
- **Recommendations to IAPC**, on actions for advocacy, resources, and technical assistance

4.6 Reporting to the World Health Assembly (WHA)

IA2030 is country-owned and people-centered and ultimately, countries are accountable for the health and well-being of their populations. While IA2030 aims to be a social movement across all sectors - public, private, and non-profit - the commitment of country governments to immunization is essential to build and sustain national immunization program capacities and achieve disease control, elimination, and eradication goals for this new decade.

The WHA, the world's representative body making political commitments on behalf of country governments, is a unique and essential part of any global health strategy, including IA2030. It is the forum to formalize national government commitments to immunization and to build collective will towards addressing cross-border disease threats such as the COVID-19 pandemic. As such, it is critical to the IA2030 ownership and accountability ecosystem.

In August 2020,^{XII} the WHO Member States committed to IA2030 through a WHA decision. They also requested the WHO Director-General to continue to monitor immunization progress and to report biennially as a substantive agenda item to the WHA, starting at the 75th WHA in May 2022.

The IAPC, as the leadership body of IA2030, will fulfill this reporting function. It will be responsible for approving the set of progress updates, actions, and recommendations provided to the WHA at determined intervals. As such, these biannual reports on IA2030 will include outcomes from the IAPC, transparently sharing with Member States the commitments and contributions of partners to achieving IA2030 goals.