## UNICEF major areas of work in support of GVAP

### Goals

1. Achieve a world free of poliomyelitis
2. Meet global and regional elimination targets
3. Meet vaccination coverage targets in every region, country and community
4. Develop and introduce new and improved vaccines and technologies
5. Exceed the Millennium Development Goal 4 target for reducing child mortality

### Areas of work for UNICEF in immunization

- **Polio eradication and MNT elimination**
- **Coverage with equity – tactics for reaching marginalized communities**
- **Accelerated disease control (Measles, Rubella, Meningitis, YF)**
- **Communication for immunization**
- **Immunization supply chain management**
- **Immunization system strengthening and finance**
- **Procurement and supply management**
- **Data for immunization (e.g. equity metrics, JRF, WUENIC, home based records,…)**
- **And other Divisions (e.g. Communication, Partnerships, Emergencies,…)**

**Supply Division**  **Program Division**  **Other Divisions**
Immunization Roadmap – Key Shifts

- Building additional capacity in:
  - Leading the demand and community engagement agenda
  - Using equity lens in programming and tracking (e.g., urban)
  - Immunization financing & sustainability (within UHC)

- Use immunization as an entry point for broader health systems strengthening & UHC, particularly in:
  - Supply chain management
  - Vaccine procurement & market shaping
  - Demand and community engagement
  - Equity focused programming

- Building capacity to support adolescent & maternal immunization (Using HPV as an entry point)

- Adopting a clearer capacity building approach at country level (e.g., Mentoring)
Global and national policies are based on evidence, addressing the immunization needs of the most disadvantaged children and women.

National systems are positioned to provide immunization services and quality vaccines.

Communities value and demand their right to immunization services.

**Vision**  
A world where no child dies from a preventable cause and all children reach their full potential in health and well being.

**Impact**  
All children and women benefit fully from their right to immunization, prioritizing those most disadvantaged.

**Approaches**  
- Advocate for the realization of the rights to full immunization for all children and hold stakeholders accountable
- Strengthen health and community systems with the focus on disadvantaged communities
- Position immunization as the driver for multi-sectoral interventions that improve child equity within countries

**Contexts**

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<thead>
<tr>
<th>FRAGILE STATES</th>
<th>EMERGENCIES</th>
<th>LOW CAPACITY</th>
<th>MEDIUM CAPACITY</th>
<th>HIGH CAPACITY</th>
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**Outcomes**

1. Evidence-based policies developed to promote effective and efficient immunization outcomes
2. Systems developed and implemented to timely track the status of equity in immunization across and within countries
3. Sustainable financing for immunization programs is achieved
4. Countries have access to uninterrupted, sustainable, affordable supply of quality vaccines and immunization related supplies in the context of long-term healthy markets
5. Efficient supply chain systems are in place for all children and women to receive potent vaccines
6. Children, adolescents and women access and use immunization services
7. Frontline workers (FLW) enabled to link immunization services with community demand
8. Interventions to promote and sustain public demand for quality immunization services are designed and implemented.

**Population Platforms**

<table>
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<tr>
<th>CHILDREN</th>
<th>ADOLESCENTS</th>
<th>MATERNAL</th>
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**UNICEF IMMUNIZATION ROADMAP 2017-2030: VISUAL SUMMARY**
The Case For Polio-Immunization Synergy

• To complete the job of interrupting polio virus circulation

• To sustain the gains of polio eradication through ensuring high population immunity

• To join forces in addressing high risk areas – a priority for both polio and broader immunization

• To build on the polio experience and the assets for immunization systems strengthening
UNICEF Polio Immunization Transition Focused on Functional Transition

• Demand & community engagement
  – Normative frameworks
  – Planning, budgeting and implementation
  – Evidence generation
  – Strategies for new target populations (e.g., adolescents, WCBA, 2YL)

• Human resource mapping and planning

• Emergency/outbreak response:
  – Joint work in outbreak responses
  – Using modified outbreak investigations to inform system investments to prevent future outbreaks)
UNICEF’s workforce in immunisation is 955 positions, of which 237 are Polio-funded staff and 266 are consultants working on Polio.

- Total immunisation workforce of 955 positions, of which:
  - 31% are nonstaff (consultants)
  - 25% are Polio-funded staff
  - 44% are staff¹ working on immunisation other than polio

- Country and regional offices identified 1,111 non-polio immunisation staff, of which 422 are working mostly (≥50% of time) on immunisation activities²

¹ Includes only staff indicated or estimated to spend at least 50% of time on non-polio immunisation
² Of which 25 have been estimated (offices for which responses are still outstanding; calculated applying average from offices that have responded)

SOURCE: UNICEF HR system; UNICEF country office and regional offices data collection; UNICEF Immunisation and Polio HQ team
- Systems strengthening in Polio priority countries
  - Are we missing opportunities? Links with the urban strategy? Co-delivery of antigens along with OPV
  - When is the right time?
- Equity related work
  - Equity metrics
  - Equity approaches
  - Systems to support equity in immunization
- Resource mobilization
  - Are we competing for the same resources?
- Country support (e.g., Polio priority countries)
- Tracking progress
  - Tracking progress
  - Tracking finances