

# Six Guiding Principles

Six principles have guided the elaboration of the Global Vaccine Action Plan.



# 1

## COUNTRY OWNERSHIP

countries have primary ownership and responsibility for establishing good governance and for providing effective and quality immunization services for all.

# 2

## SHARED RESPONSIBILITY AND PARTNERSHIP

immunization against vaccine-preventable diseases is an individual, community and governmental responsibility that transcends borders and sectors.

# 3

## EQUITY

equitable access to immunization is a core component of the right to health.

# 4

## INTEGRATION

strong immunization systems, as part of broader health systems and closely coordinated with other primary health care delivery programmes, are essential for achieving immunization goals.

# 5

## SUSTAINABILITY

informed decisions and implementation strategies, appropriate levels of financial investment, and improved financial management and oversight are critical to ensuring the sustainability of immunization programmes.

# 6

## INNOVATION

the full potential of immunization can only be realized through learning, continuous improvement and innovation in research and development, as well as innovation and quality improvement across all aspects of immunization.



These six fundamental principles can realistically and effectively guide the full spectrum of immunization activities throughout the Decade of Vaccines (2011–2020). Although the Global Vaccine Action Plan will need to be translated into specific regional, country and community contexts, these guiding principles are universally applicable and relevant to each of the Decade of Vaccines' goals and strategic objectives described below.

## Measures of Success

The Decade of Vaccines is about taking action to achieve ambitious goals. Early in the decade, this means achieving already established elimination and eradication goals. It means dealing with the public health emergency constituted by wild poliovirus transmission in order to secure a world free of poliomyelitis. It also means assuring the global or regional elimination of measles, rubella and neonatal tetanus.<sup>6</sup> Completing this agenda has never been more critical. Success will encourage the achievement of additional ambitious goals. Failure will mean millions of preventable cases of disease and death will continue to occur.

<sup>6</sup> By 2015, achieve maternal and neonatal tetanus elimination (defined as less than one case of neonatal tetanus per 1000 live births) in every district, measles elimination in at least four WHO regions and rubella elimination in at least two WHO regions. By 2020, achieve measles and rubella elimination in at least five WHO regions.



By 2020, coverage of target populations should reach at least 90% national vaccination coverage and at least 80% vaccination coverage in every district or equivalent administrative unit for all vaccines in national immunization programmes





Later in the decade, success will be recorded in terms of the expansion of immunization services to meet vaccination coverage targets in every region, country and community. In 2015, the coverage of target populations should reach the goal of the Global Immunization Vision and Strategy, 2006–2015 of at least 90% national vaccination coverage and at least 80% vaccination coverage in every district or equivalent administrative unit (the marker for this being coverage for diphtheria-tetanus-pertussis-containing vaccines). By 2020, coverage of target populations should reach these levels for all vaccines in national immunization programmes unless alternative targets exist. Vaccine introductions should also be monitored, with the goal of at least 80 low- or middle-income countries introducing one or more appropriate new or underutilized vaccines by 2015. These technical accomplishments will not be sustained unless countries take full ownership of their routine immunization programmes (see [strategic objective 1](#) below).

During this decade millions of additional deaths and cases of disease should become preventable as a result of the development, licensure and introduction of new and improved vaccines and technologies for high-burden diseases. Specifically, progress towards the licensure and launch of vaccines should be tracked against one or more major pathogens not currently vaccine preventable (such as, cytomegalovirus, dengue virus, group A streptococcus, hepatitis C virus, hookworm, leishmania and respiratory syncytial virus) and at least one new platform delivery technology.



**Meet vaccination targets in every region, country, and community**

# Goals of the Decade of Vaccines (2011–2020)

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

If these immunization-specific goals are achieved, hundreds of millions of cases and millions of future deaths will be averted by the end of the decade, billions of dollars of productivity will be gained, and immunization will contribute to exceeding the Millennium Development Goal 4 target for reducing child mortality (and the target that succeeds it post-2015).



For example, it is estimated that if the coverage targets for introduction and/or sustained use of 10 vaccines alone (those against hepatitis B, *Haemophilus influenzae* type b, human papillomavirus, Japanese encephalitis, measles, meningococcus A, pneumococcus, rotavirus, rubella and yellow fever) in 94 countries during the decade are met, between 24 and 26 million future deaths could be averted compared with a hypothetical scenario under which these vaccines have zero coverage (see also Annex 4).

**24-26**  
million future deaths  
could be averted