



Figure 6 Distribution of the estimated 1.4 million annual childhood deaths from diseases that are preventable by routine childhood vaccination, 2002. *Source:* WHO/IVB estimates, 2004, adapted from World Health Report 2002.

reaching the millennium development goals for child survival, WHO and UNICEF in 2004/2005 developed a strategic document, the Global Immunization Vision and Strategy (GIVS) (64), which outlined the overall vision, direction, and core strategies. This document clearly transcends the realm of an organizational strategic plan of WHO or UNICEF—instead it outlines in broad strategic terms the direction that WHO and UNICEF believe immunization programs of the world and their partners should take in the period from 2006 to 2015, and how immunization will contribute to the reaching of the millennium development goals.

GIVS set new global goals in immunization by 2010; for routine vaccination, it requires that all countries should reach 90% of their children with vaccines, and in terms of measles control, it dictates that mortality should be reduced by 90% compared to the 2000 level. The document describes four key strategic areas that would allow immunization programs to grow further. The first strategic area “protecting more people in a changing world” outlines strategies to expand the reach of vaccinations both geographically (by targeting the hard-to-reach) populations and in terms of age groups, requiring the expansion of vaccination programs to reach children beyond the first year of life. The second strategic area “introducing new vaccines and technologies” describes the strategies needed to support countries to make the decision, and to implement new vaccine or technology introduction. In the third strategic area “integrating immunization, other linked health interventions, and surveillance in the health systems context,” the need for immunization programs to work in coordinated and integrated fashion with other programs, and the basic health system itself is outlined. This area also contains the key strategies required to broaden and strengthen the surveillance and monitoring systems necessary to run a successful public health program. Finally, in recognition that the immunization program operates in a global context of interdependency, the fourth strategic area “immunizing in the context of global interdependence” describes the necessity of sustainable financing and supply of

vaccines of assured quality, as well as communication, information dissemination, partnerships, and global epidemic preparedness.

GIVS was welcomed by the WHA, and supported by a resolution in 2005 (65). The vision and strategy have been globally accepted by immunization partners and country programs as the common basis for coordinated implementation and donor support. Further strategic documents have resulted from the GIVS direction, including the Global Framework for Immunization Monitoring and Surveillance (GFIMS) (66), focusing on the strategic need for vaccine-preventable-disease surveillance and program monitoring to underpin GIVS.

NEW OPPORTUNITIES AND CHALLENGES Improving Access to Immunization

In response to the inequities in access to immunization, especially where immunization coverage was less than 50%, in 2002, WHO, UNICEF, and other partners developed the Reaching Every District (RED) strategy, which described five operational components to be included in district immunization microplans to increase access. The five components of RED are reestablishing outreach, supportive supervision, linking services with the community, monitoring and using data for action, and planning and management of resources. The RED strategy encourages countries to prioritize districts with poor access and utilization of immunization, and then make microplans to identify local problems and adopt corrective solutions. Since 2003, 53 developing countries have started implementing RED to various degrees, mostly in Africa and South- and Southeast Asia. Data available in 2006 show that the impact of RED is mostly in the weakest districts, indicating that where RED is implemented, it can help to reduce gaps in immunization coverage, and in particular to bridge inequalities between districts. In many countries, outreach services, one of the five components of RED, were often used to deliver other interventions beyond immunization, such as vitamin A,