A BRAVE & BOLD Vision to Boost and Sustain Immunization
Vaccines, a Best Buy in Public Health

New data continues to underscore the power of vaccines.

- **Vaccines have averted 50 million deaths** in low- and middle-income countries (LMICs) over the last two decades

- **For every dollar** spent on vaccines in the previous decade, **vaccines have returned $52** in LMICs
## However, Progress on Global Targets is Moving in the Wrong Direction

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<thead>
<tr>
<th>GLOBAL TARGET</th>
<th>CURRENT STATUS</th>
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<tr>
<td>50 million future deaths averted from routine immunizations delivered 2021-2030 – average of 5 million future deaths averted per year(^1)</td>
<td>4 million future deaths averted in 2021 from routine immunizations, down from 4.2 million in 2019</td>
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<td>25% reduction in number of zero-dose children by 2025 and 50% reduction by 2030(^2)</td>
<td>37% increase in the number of zero-dose children, wiping out progress made during the past 15 years</td>
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<td>By 2030, achieve “access to safe, effective, quality and affordable” vaccines for all(^3)</td>
<td>Largest sustained decline in routine immunization in 30 years; 25 million children missed essential vaccines in 2021; fewer countries introduced new vaccines for routine use</td>
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<td>90% global coverage for DTP3, MCV2, PCV3, and HPVc vaccinations by 2030(^1)</td>
<td>All vaccines are currently far from the target, ranging from 12% coverage of HPVc in 2021 to 81% for DTP3</td>
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\(^1\)Immunization Agenda 2030, \(^2\)Gavi, the Vaccine Alliance 5.0 Strategy/ Immunization Agenda 2030, \(^3\)Sustainable Development Goal (SDG) Target 3.8
Inequities in Global Immunization are Widening

- In 2021, over **18 million children** remained zero-dose or in other words, unvaccinated -- 5 million more than in 2019
- Polio and measles are reemerging among unvaccinated children, including in countries where these diseases were eliminated long ago
- Cholera outbreaks are spreading fast and furious, with the vaccine supply falling short of demand
- Nearly **3.5 million women** are estimated to have died of cervical cancer in 2021, despite the availability of a highly effective vaccine
- Though typhoid and the risk of anti-microbial resistance continue to grow, **only 5 countries** have so far introduced the typhoid conjugate vaccine
- Diarrhea and pneumonia remain major killers of children, yet many countries are still to introduce Rota and PCV vaccines
One of the gaps is that zero dose is not considered part of routine immunization service delivery strategy. It’s always considered as [an] add-on which is mainly done during polio vaccination campaigns and done largely when there is a partner interested to support. We need to change that and make it part of routine immunization delivery strategy and plan and budget alongside routine immunization.”

Dr. Abubakar Hussein, Sabin Boost community member
Isiolo, Kenya
Even before the COVID-19 pandemic hit, global compacts aimed at bringing the full power of vaccines to everyone everywhere were losing steam.

Insufficient attention to gender considerations and lack of focus on communities with the least access to vaccines stalled progress. The pandemic exacerbated all of these issues, and the result has been the largest sustained decline in routine immunization in 30 years. At least 25 million children missed essential lifesaving vaccinations in 2021, including more than 18 million zero-dose children, who received no vaccine whatsoever.

Although 1 in 8 children was zero-dose before the pandemic, they accounted for nearly half of all vaccine-preventable deaths. An astounding 85% of the world’s young women are not protected from highly effective HPV vaccines, leading to rising cervical cancer cases and deaths. These preventable deaths from HPV – predominately in LMICs – now outpace maternal deaths.

We are at an inflection point in global immunization. There has never been more attention on vaccines than in the last two years, yet we have seen serious barriers to getting shots in arms because of growing access, acceptance, and demand challenges and inequities. There is also a widening range of vaccines that people and communities can benefit from and that could jumpstart wider health and economic gains.

This is really the moment to seize.
If you don’t strengthen the trust in the institutions and in the health care workers, how do you expect that vaccines can be properly delivered and how do you expect to increase the vaccination coverage? Instead of creating short-term solutions we need to think in long-term structural solutions.”

Daniela Da Costa Franco, Sabin Social and Behavioral Research Grants partner
Epidemiologist, Universidad del Valle de Guatemala
Guatemala
Reversing backslides in immunization and fast-tracking to meet global targets requires a BRAVE new vision and BOLD approach.
A **BRAVE** New Vision and Framework

- **B** Boost immunization
- **R** Reduce the number of zero-dose children
- **A** Accelerate vaccine introductions
- **V** Value communities, value women
- **E** Enhance integration
A **BOLD** Approach to Replace Top-down Solutions

- **B**: Bridge the gap between global, national, subnational, and local
- **O**: Organize to foster two-way exchange and learning
- **L**: Listen to understand and co-craft solutions
- **D**: Dynamically distill and disseminate what works
Sabin’s BRAVE Framework is Holistic

**Evidence**
We generate new knowledge and insights -- ranging from determining disease burden in countries to surfacing access, demand, and delivery barriers and solutions.

**Advocacy**
We use evidence to advocate for change in policies, processes and practices.

**Decision-Making & Implementation**
We enhance adaptive leadership and community activation skills for robust decision-making and effective implementation.

**Assessment**
We assess impact through feedback loops, independent assessments and effectiveness studies.
Sabin propels partnerships in line with its ground-up approach: Connecting people and institutions from global to regional, national, sub-national and local levels.

We coalesce researchers, advocates, policy makers, practitioners, opinion-makers and community influencers to inspire home-grown, country-owned solutions for accelerated, scaled and sustained impact.

The strong and vibrant communities of practice that we build and nurture are at the forefront of innovative solutions, demonstrating the use of both adaptive leadership and community activation skills - one of Sabin’s unique strengths and areas of focus.

Our community of immunization professionals continues to grow, with increased participation and interest from professionals at the sub-national level, opening up new and exciting opportunities to localize solutions, accelerate progress, and drive equity.
“The best way to get to the root of problems involve face-to-face meeting with the people, to get first-hand information. You need to put yourself in their position.”

Ismaila Ibrahim Edego, Sabin Boost community member
Local Government Area (LGA) Management Support
Nigeria
BRAVE and BOLD in Action

Sabin puts professionals and people closest to the community and grassroots delivery at the center of our holistic approach to boosting and sustaining immunization.

The approach connects the wisdom of the people on the ground with the expertise of regional and global institutions.

We focus on:

- Harnessing data to inform action
- Moving diagnostics to solutions
- Showcasing both successful and failed approaches
- Establishing a virtuous cycle of learning that inspires community-centered design and delivery of immunization services
Listening to Communities and Professionals Closest to Vaccine Delivery is at the Heart of Future Success

Boosting and sustaining the full power of immunization requires governments and international institutions to:

- Invest far more in professionals closest to immunization delivery and decisionmaking
- Support local knowledge creation and use to ensure access and trust in vaccination
- Focus on the communities most neglected in immunization programs, especially zero-dose children and their families and address gender-related and leadership barriers
Only three people [had] accepted the [COVID-19] vaccine in a community. I used storytelling and relationship building effectively, and in one day, 51 people accepted vaccination. The same activities were repeated in four other highly resistant communities. We had a breakthrough -- our vaccination coverage improved.”

Victor Ahiaba, Sub-national immunization staffer and Boost community member
Ghana
People closest to the problem are also closest to the solution.