



NCIRS

National Centre
for Immunisation
Research and
Surveillance
Australia

Global Health Strategy

2025–2030



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List of abbreviations

ARIA	Australian Regional Immunisation Alliance
DFAT	Australian Government Department of Foreign Affairs and Trade
EPI	Essential (or Expanded) Program on Immunization
LMICs	low- and middle-income countries
MICs	middle-income countries
NCIRS	Australian National Centre for Immunisation Research and Surveillance
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Introduction

Immunisation is a vital public health tool that greatly reduces the burden of serious illness globally by protecting individuals against infectious diseases. Strong immunisation programs save lives, advance health and well-being, strengthen economies and promote social and economic equity. They enable the detection and prevention of, as well as rapid responses to, vaccine preventable disease and are a pillar of global health security.

Vaccines not only play a critical role in protecting children against deadly diseases, but some vaccines – such as those against influenza and pneumococcal disease – support healthy ageing in adults, especially older adults.¹

In 1974, the World Health Organization (WHO) Essential Program on Immunisation (EPI) began with the aim of providing universal access to vaccines for six diseases, including measles, tetanus and polio. Recent modelling suggests that vaccines saved 154 million lives in the first 50 years of the EPI.²

In 2022, 12.7 billion vaccine doses, including COVID-19 vaccines, were delivered around the world,³ reaching people of all ages and preventing countless deaths. Vaccines are currently available for over 30 diseases, with candidate vaccines in the pipeline for at least 16 more. The growing availability of vaccines – set against a backdrop of limited resources in global health and heightened demands on domestic financing – presents immunisation policymakers at the country level with challenging choices regarding the allocation of finite resources. It is particularly essential for low- and middle-income countries (LMICs) to establish the necessary frameworks, tools and processes to prioritise and deliver their vaccination strategies

effectively. Newly available vaccines for diseases such as malaria, tuberculosis, dengue fever and respiratory syncytial virus hold great promise for countries with a high disease burden. However, like all vaccines, to improve health they must be delivered to those in need in increasingly complex programs. Immunisation, not just the availability of vaccines, saves lives.

While immunisation programs have achieved remarkable success, significant challenges persist. Routine immunisation experienced setbacks during and after the COVID-19 pandemic, with vaccination coverage rates for many diseases declining globally. Countries across the world – including middle-income countries (MICs) that are not eligible for support from Gavi, the Vaccine Alliance – are particularly affected. Over 30 per cent of zero-dose* children live in non-Gavi-eligible MICs, and several MICs in the Asia-Pacific region are yet to introduce essential vaccines such as rotavirus, human papillomavirus and pneumococcal conjugate vaccines into their national programs.⁴ Many countries continue to struggle with inequities in vaccine access and barriers related to health system capacity, gender, geography, disability and social inclusion. Further, changing disease patterns associated with climate change and urbanisation and the ongoing risk of emerging zoonotic pathogens highlight the importance of locally generated evidence to inform decision-making and integrated One Health** approaches.

Effective immunisation programs are a fundamental component of resilient healthcare systems. They:

- prevent serious disease, disability and death and improve health and wellbeing

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MILLION
LIVES



SAVED IN
THE FIRST



YEARS OF
THE EPI

*Zero-dose children are defined as those who lack access to, or are never reached by, routine immunization services. Operationally, they are measured as those who did not receive their first dose of diphtheria-tetanus-pertussis (DTP)-containing vaccine. See World Health Organization. IA2030 IG 2.1: Number of zero dose children. 2025. Available from <https://www.who.int/data/gho/indicator-metadata-registry/indicator-details/7792>

**A One Health approach recognises that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent. It calls for collaboration across sectors and disciplines in an integrated, unifying approach. See World Health Organization. One Health. 2025. Available from https://www.who.int/health-topics/one-health#tab=tab_1



- bolster global health security by responding to outbreaks of vaccine preventable diseases
- provide economic benefits in many ways, including by curbing unnecessary antibiotic use to help fight antimicrobial resistance
- are consequential in managing diseases exacerbated by climate change and conflicts.

Noting the interdependence of environmental, human and animal health, health interventions and the delivery of services should incorporate considerations to mitigate climate change and reduce its impact.

Ensuring adequate resources and implementing evidence-based strategies means that immunisation systems can be strengthened to enable more equitable uptake of vaccines globally. This requires a well-coordinated, collaborative, multi-agency response working in partnership in support of national programs as well as interventions tailored to specific contexts.

Immunisation programs should consider behavioural, social, economic and other factors that influence vaccination coverage at the community level. Strengthening data collection systems is critical; as reliable data support tracking of vaccine uptake, identification of gaps and enables timely, targeted responses. Integrating immunisation with primary healthcare services can further improve efficiency by sharing costs across interventions, optimising workforce capacity, reducing missed opportunities⁵ and enhancing coverage.⁶ Ensuring a well supported immunisation workforce will help reduce high staff turnover and retain skilled staff. At a broader level, continuous monitoring and evaluation are essential for ensuring accountability and driving improvements in immunisation programs. To address systemic challenges, immunisation governance must be strong, with robust decision-making processes guiding policies and practice. All the above measures are integral to a cohesive and effective approach, particularly as more new vaccines become available.

About Australia's NCIRS



The National Centre for Immunisation Research and Surveillance (NCIRS) was founded in 1997 under the Australian Government's plan to strengthen immunisation nationally. It serves as Australia's leading public health agency dedicated to immunisation and vaccine preventable disease control. NCIRS has continuously and significantly helped to shape the nation's world-leading immunisation program to reduce the impacts of vaccine preventable diseases through evidence generation, policy guidance, programmatic support, and monitoring and evaluation.



Since 2019, NCIRS has expanded its work in partnership with countries in the Asia-Pacific region and at the global level, as guided by the NCIRS Strategic Plan 2019–2023. The Centre has worked with multiple countries and partners in the region, funded by the Australian Government Department of Foreign Affairs and Trade (DFAT); Gavi, the Vaccine Alliance; and others. This included a large program of work in response to the COVID-19 pandemic.



In 2019, NCIRS co-founded the Australian Regional Immunisation Alliance (ARIA), a collaboration with 13 Australian institutions and more than 100 individuals working with countries in the Asia-Pacific region on immunisation-related research, policy and programs. ARIA strengthens Australia's capacity to work collaboratively with countries to boost their national immunisation programs.



NCIRS has a growing global health team with established expertise. Our key capabilities span vaccine preventable disease control, vaccine policy, immunisation and health system strengthening, vaccine safety, program implementation and research related to immunisation in LMICs. The team adopts an evidence-based, data-driven approach working in genuine partnership with countries and key stakeholders – including through embedded in-country technical support – to build lasting capacity, generate evidence and develop enduring tools that strengthen immunisation and health systems in the region and beyond.

NCIRS Australia

Global Health Strategy | 2025–2030

Vision	To optimise global health through immunisation, by reducing the burden of vaccine preventable diseases across the life course				
Purpose	Work with ministries of health and other partners to maximise the impact of vaccines through strengthened immunisation programs, with a focus on low- and middle-income countries in the Asia-Pacific region				
Guiding Principles	Country-tailored approaches that build national capacity and promote sustainability	Collaborative partnerships	Strengthen health systems and promote universal health coverage	Reduce inequities	Data-driven
Priorities	Support design and delivery of safe, equitable, effective and sustainable immunisation programs	Encourage use of evidence-based decision-making to develop locally tailored immunisation policies and programs	Foster development of equitable and inclusive immunisation programs incorporating a range of programmatic, social and behavioural data	Facilitate research, monitoring and evaluation of immunisation program implementation, effectiveness, safety and impact	Build capacity of NCIRS staff to support immunisation programs and reduce vaccine preventable disease threats
Cross-cutting Themes	Gender equality	Disability equity	Social inclusion	One Health	Climate change

Purpose of the Global Health Strategy 2025–2030

The aim of NCIRS' six-year global health strategy is to define our future direction in working together with countries in the Asia-Pacific region to strengthen immunisation systems and better control vaccine preventable diseases.

The Strategy, which will guide our efforts to optimise population health through equitable and sustainable immunisation programs, complements the collective vision of global efforts, including the WHO's Immunization Agenda 2030 and Gavi's sixth strategic period (2026–2030) (Gavi 6.0). It is also informed by other global⁷ and regional^{8,9} strategies for health and immunisation and DFAT's international development policy.¹⁰

To operationalise the Strategy:

- an implementation plan will be developed, in consultation with ministries of health, ARIA partners, UNICEF, the WHO, the Pacific Community (formerly the South Pacific Commission), DFAT, the University of Sydney Vietnam Institute and other partners
- a monitoring, evaluation and learning framework will be used to assess outcomes throughout the period of the Strategy.

We will continue to support building the capacity of countries to sustainably strengthen their immunisation programs, working in genuine partnership with stakeholders and leveraging our trusted engagements at the global, regional and country levels.

Vision

Our vision is to optimise global health through immunisation by reducing the burden of vaccine preventable diseases across the life course.

Purpose

Our purpose is to work with country ministries of health and other partners to maximise the impact of vaccines through strengthened immunisation programs, with a focus on LMICs in the Asia-Pacific region.

Our vision is to optimise global health through immunisation by reducing the burden of vaccine preventable diseases across the life course

To sustain and expand the life-saving impact of vaccines, we must prioritise equitable vaccine access and improve the integration of immunisation into broader health services.

Now is the time to act, ensuring that no one is left behind in global efforts to reduce the impact of vaccine preventable diseases.





Priorities and focus areas for action

Our approach has a particular focus on supporting and further developing the strengths and capacities of national immunisation programs. We recognise the multifaceted challenges posed by gaps in vaccine access, limited resources and health system capacity, and will work alongside ministries of health to promote a people-centred, evidence-based approach that aims to give populations – regardless of their location or circumstances – the benefits of life-saving vaccines. We will coordinate with, and complement, the work of other partners, including WHO, UNICEF and within ARIA, harnessing NCIRS' strengths to add value.

By fostering collaboration among country and regional stakeholders, enhancing data quality and utilisation and advocating for equity in program planning and delivery, we will assist in

developing more resilient immunisation systems in the region. We will work with countries to:

- further build health workforce capacity
- integrate innovative technologies to optimise program delivery
- monitor and evaluate interventions
- strive for equitable vaccine uptake through inclusive policies.

Our work will include an emphasis on extending immunisation programs across the life course, addressing the immunisation needs of children, adolescents and adults, as well as groups who may experience social disadvantage, such as persons with disabilities, the urban poor and others.

Our work will be driven by five guiding principles, as described on the following page.



**NCIRS collaborative
partnerships**

Guiding principles

Our work, conducted in collaboration with ministries of health and partners, will be guided by the following principles.



1. Country-tailored approaches that build national capacity and promote sustainability

We will tailor our approaches to specific country needs and priorities, building on the strengths of existing systems and partners and focusing foremost on the strengthening of national capacity in immunisation policy and practice. Through empowering approaches, we will work hand in hand with countries to strengthen their public health leadership and immunisation workforce, while promoting sustainability and self-reliance in all actions.



2. Collaborative partnerships

We will work collaboratively in partnership with countries, drawing on the existing expertise, networks and capacity of ministries of health, technical agencies such as the WHO, UNICEF, Gavi and the Pacific Community, multilateral development banks, academic institutions, civil society organisations and coalitions, foundations, the private sector and donors to complement efforts, share experiences and maximise the impact of collective action. Further, we will endeavour to support platforms that bring perspectives and voices from the communities in driving locally tailored solutions. There will also be a strong focus on expanding partnerships with regional entities.



3. Strengthening health systems and promoting universal health coverage

We will use a health system strengthening approach to promote the integration of immunisation programs into primary health care. We will leverage immunisation program improvements, including new vaccine introductions and strategies, to strengthen primary healthcare systems and overall health capacities, aiding countries' progress towards achieving universal health coverage.



4. Reducing inequities

We will promote the use of evidence and innovation to reduce inequities in immunisation outcomes – including policies and programs that facilitate vaccine availability, accessibility and uptake – based on location, gender, cultural factors, disability, age, socioeconomic status and other factors.



5. Data-driven

We will promote evidence-informed decision-making and improved generation of, access to, and use of quality data at all health system levels to guide policy and program development, including vaccine portfolio prioritisation and product optimisation as well as data linkages, service delivery, and monitoring and evaluation.



**Livriñu Saúde
Inan no Oan
LISIO**



Priority areas

The NCIRS 2025–2030 Global Health Strategy will focus on five interdependent priority areas that are essential for reducing the impact of vaccine preventable diseases across the life course and advancing global health security.

Each of the priorities has the aim of addressing specific challenges and enhancing immunisation program capabilities in the Asia-Pacific region and beyond. Focus areas for action within each priority will guide our global work over the period of the Strategy.

Priority 1: Support the design and delivery of safe, equitable, effective and sustainable immunisation programs

While significant progress has been made in global immunisation, millions of infants still miss essential vaccines in the Asia-Pacific region each year – and many receive no vaccines at all.

Additionally, newer vaccines are often unavailable or access to them is limited in some countries, with inadequate resources challenging equitable program delivery. Socio-economic disparities exacerbate these issues, as groups who experience disadvantage face challenges – such as limited access to health care, transportation costs, restrictive social norms and language or cultural barriers – contributing to inequitable access to information and services. Geographic factors – including barriers such as challenging geographies and terrain – complicate vaccine distribution and cold chain maintenance, particularly in rural and remote areas.

Addressing these gaps requires people-centred, evidence-based strategies that take into account geographic, cultural and social factors, especially for geographically isolated, socially marginalised and displaced populations that are affected by conflict and climate crises.

Despite being pivotal in optimising vaccine coverage and reducing the vaccine preventable disease burden, many healthcare workers in LMICs:

- receive little or infrequent specific training and supervision
- lack job-related tools and resources
- have insufficient opportunity to gain

new knowledge and skills.¹¹

Training alone is not sufficient to build and maintain a well-functioning immunisation (and broader health) workforce; a range of career-long learning and performance development options is needed.

Limited digital infrastructure, manual record-keeping and reporting of aggregate data on vaccines and vaccine preventable disease contribute to data quality limitations and the sub-optimal use of data to guide service delivery planning and outbreak responses.

An increasing number of new vaccines – as well as booster doses of existing vaccines – targeted at school-age children and adults are being made available; however, many countries' national immunisation programs currently focus primarily on infants, young children and pregnant women. This highlights the need for comprehensive immunisation strategies across the life course to optimise population protection against vaccine preventable diseases and reduce health disparities.

Given the increasing complexity of immunisation programs, the widening of vaccine availability and declining global resources, an increase in domestic financing for immunisation and primary health care is becoming more critical.

Focus areas for action

- Along with ministries of health, the WHO, UNICEF and other partners, advocate for and support the development of well designed national immunisation strategies¹² and costed plans with sufficient domestic financial allocation, including for human resources.
- Contribute to the design, implementation and scale-up of innovative approaches to optimising immunisation program performance, including incorporating the use of digital tools such as electronic immunisation registers.
- Assist in the implementation of diverse learning and performance development options for healthcare workers, including online and on-the-job training, supportive supervision, mentoring, and tools such as guidelines and job aids, to address key immunisation program needs.
- Promote a life course approach to immunisation, extending beyond very young children to routinely reach school-age children, adolescents, pregnant women, older adults and other specified populations (e.g. healthcare workers).
- Adopt a twin-track approach to gender, disability and social inclusion by promoting these considerations within all immunisation programming, along with a targeted approach that uses specific measures to increase equity in access to, and uptake of, immunisation services.
- Provide technical assistance and build local capacity to prepare for, and respond to, outbreaks of vaccine preventable diseases, ensuring that immunisation responses and programs contribute to overall improved health security.

Priority 2: Encourage use of evidence-based decision-making to develop locally tailored immunisation policies and programs

Evidence-based decision-making integrates diverse data sources – such as epidemiological studies, health surveys, social and behavioural data, and evidence on cost-benefit and cost effectiveness of vaccine programs – along with scientific literature and expert knowledge to create scientifically sound and tailored policies. This approach facilitates the use of the most up-to-date global knowledge while taking into account:

- local disease patterns
- access to healthcare
- social determinants, such as social and cultural factors.

Inclusive decision-making that involves multidisciplinary experts and representatives from local communities – including community members who experience social disadvantage and exclusion – enhances the relevance and acceptance of immunisation policies and programs. However, many countries in the Asia-Pacific have not fully leveraged such approaches to evidence-based decision-making in vaccine

preventable disease control for a variety of reasons, including the narrow range of expertise in smaller countries, resourcing and cultural, political and economic factors. Significant challenges – including gaps in data on disease burden and the economic impacts of vaccine preventable diseases – hinder informed policymaking and the timely introduction of new vaccines.

As the vaccine landscape continues to rapidly evolve, the need for robust, evidence generation and evidence-based processes in all countries is increasingly important – particularly where transparency is required to maintain public trust in immunisation and in decision-making on prioritisation of constrained public health resources.

Timely tracking of immunisation uptake, program performance, disease epidemiology and public perceptions is crucial to inform and adapt policies to emerging circumstances, such as shifting population dynamics, changes in disease patterns and the availability of new vaccines.





Focus areas for action

- Aid in identifying and filling gaps in a range of local data, including by fostering collaborations to generate evidence to inform immunisation decision-making.
 - Guide and streamline the creation of structured processes to support decision-making that is grounded in robust frameworks and underscored by country ownership.
 - Use a capacity-building approach and best-practice methodologies to support the generation of quality program data, studies and other insights, filling gaps in knowledge and informing decision-making.
 - Enhance the capacity of immunisation professionals by fostering experience in evidence-based decision-making
- through mentorship programs, collaborative partnerships ('twinning') and comprehensive training initiatives that build awareness, skills and knowledge.
 - Assist in the establishment of, and/or enhancements to the functioning of, independent National Immunization Technical Advisory Groups (NITAGs) or similar entities such as technical working groups by providing peer-to-peer support, strategic guidance, expertise and resources.
 - Support prioritisation tools and associated activities, such as cost-benefit analyses, and use of a range of evidence and methods to help in prioritisation of new vaccine introductions and optimise existing product choices, based on country context and programmatic needs.
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Priority 3: Foster development of equitable and inclusive immunisation programs that incorporate a range of programmatic, social and behavioural data

Geographic and socioeconomic diversity, cultural norms and social exclusion contribute to disparities that disproportionately affect women and girls, people with disabilities, and other populations who experience social disadvantage and exclusion – for example, on account of gender identity, age, income, ethnicity or displacement, among other factors. Limited health system capacity in resource-constrained settings exacerbates these issues, particularly as the expansion of vaccination across the life course introduces new health delivery challenges.¹³

To help address these barriers, immunisation strategies need to integrate programmatic, social and behavioural data as well as community perspectives to support programs to be more inclusive, equitable and tailored to the needs of diverse communities.

Understanding behavioural and social drivers of vaccination is crucial to overcoming barriers to vaccine uptake. Factors such as gender norms,

health literacy, perceptions of safety, access to services and trust in healthcare systems influence engagement with health care and thus play a significant role in vaccination uptake. Flexible delivery models – such as mobile clinics, community-based routine outreach and periodic campaigns – can help address some of the related logistical and economic barriers, making vaccines more accessible to underserved populations.

Understanding behavioural and social drivers of vaccination is crucial to overcoming barriers to vaccine uptake

The growth of misinformation and disinformation – which have been identified as contributors to an erosion in trust of immunisation globally – necessitates targeted action. Tailored communication strategies that provide clear,

accurate and relevant information are helpful to improving vaccine uptake. Engaging in two-way communication and fostering community engagement is essential to understanding local barriers and contexts. By addressing structural inequities and incorporating tailored individual and community contexts into how immunisation services are offered, immunisation programs can bridge gaps in coverage and provide life-saving vaccines to all communities regardless of their circumstances.

Focus areas for action

- Encourage and aid the development of immunisation policies that recognise groups who experience disadvantage and tailor immunisation strategies to address the specific needs and concerns of these groups to reduce the risk of under-immunisation, including zero-dose children.
- Engage countries and partners in the co-development and implementation of a research agenda aimed at understanding individual, community and health worker perspectives relating to behavioural and social drivers of vaccination, and use research findings to inform the development of immunisation strategies and programs.
- Contribute to the gathering, analysis and use of data on barriers to access and utilisation of immunisation services and disparities in immunisation coverage, while ensuring adherence to principles of working with marginalised populations, including with respect to data sovereignty. The relevant data could relate to factors including socioeconomic status, geographic location, religion, culture, gender, sex, disability and social inclusion.
- Develop and support the implementation and evaluation of tailored approaches that address identified barriers to vaccination, ensuring that the interventions are culturally appropriate and responsive to the requirements of diverse populations, including disadvantaged and underserved groups.
- Empower countries to develop high-quality, evidence-based social and behavioural communication strategies that can build trust and confidence in immunisation effectively at all levels, including the political and community leadership levels. This may include supporting the development of culturally relevant, accessible communication materials and modalities, and training of healthcare providers in effective communication techniques.

Priority 4: Facilitate research, monitoring and evaluation of immunisation program implementation, effectiveness, safety and impact

Findings from research, monitoring and evaluation are vital to the development and regular adaptation of immunisation strategies and policies. They:

- enable modifications to program implementation
- provide evidence to advocate for continued investment in immunisation
- support new vaccine introductions.

In the Asia-Pacific region in particular – where challenges such as natural hazards, geographic remoteness, dense populations and disparities in

access to health care persist – the use of research, monitoring and evaluation findings can support immunisation programs to remain effective, equitable and aligned with public health priorities.

Systematic data collection, including accurate record-keeping of individual vaccination histories and sentinel site surveillance, are essential components of any monitoring system. Robust monitoring systems that include feedback and use of data at all levels of the health system enable continuous quality improvement by tracking:



- the fidelity of implementation
- vaccination coverage
- vaccine safety
- disease incidence and severity.

Monitoring systems also help to identify gaps in reaching target populations, making immunisation efforts more tailored and responsive to local contexts and needs.

Additionally, strong, ongoing vaccine safety assessment– including through reporting of adverse events following immunisation and safety signal investigation and tailored responses – is pivotal to maintaining public confidence in vaccines and combating vaccine hesitancy.

Strong, ongoing vaccine safety assessment ... is pivotal to maintaining public confidence in vaccines

Beyond routine monitoring, periodic evaluations of immunisation programs and specific strategies to increase understanding of feasibility, reliability, outcomes and impact are important. Additionally, economic evaluations can help guide the allocation of limited resources in the context of existing, new and reactive immunisation strategies. Economic evaluations also demonstrate the broader economic benefits of immunisation, such as:

- reduced healthcare costs resulting from lower disease rates
- reduction in antibiotic prescribing and antimicrobial resistance
- other indirect benefits, including greater individual and carer participation in society.

Focus areas for action

- Contribute to the development, refinement and consistent use of monitoring systems to efficiently track key performance indicators related to immunisation coverage, safety and impact, and promote the development and use of integrated digital health tools that enable real-time data collection.
- Promote systems that underpin strong public trust in the privacy and confidentiality of individual data and which are in accordance with principles of working with marginalised populations.

- Along with the WHO, UNICEF and other partners, support periodic evaluations of immunisation program performance, including EPI reviews, post-vaccine introduction evaluations, assessments of specific system components (e.g. vaccine management) and joint external evaluations to generate data-driven recommendations for improvement.
- Leverage partnerships with policymakers, to integrate findings into immunisation policies and programmatic design; ministries of health and academic institutions, to conduct and publish research, monitoring and evaluation findings; and national healthcare workers and program managers, to strengthen monitoring and evaluation systems and use data for programmatic improvements. Use these opportunities to further build country capacity in implementation research and evaluation.
- Enhance the availability of data on immunisation outcomes and impact by supporting coverage surveys, serosurveys, vaccine preventable disease surveillance systems and data analyses and the integration of immunisation-related data into national health information systems.
- Strengthen adverse event following immunisation surveillance and response systems by enhancing data collection, reporting mechanisms, feedback loops and causality assessments; providing healthcare worker training; building capacity of national systems to investigate and address adverse events and vaccine safety signals effectively; and fostering transparent communication to address public concerns about vaccine safety.
- Facilitate the sharing of information, data and experience among countries in the region and beyond, whereby countries can compare immunisation outcomes, identify trends, share solutions to common issues and promote development of regional immunisation strategies, as well as contribute to global evidence gathering.

Priority 5: Build capacity of NCIRS staff to support immunisation programs and reduce vaccine preventable disease threats

The NCIRS global health team will contribute technical expertise to help to realise the full benefits of vaccines in the Asia-Pacific region. Building the skills, knowledge and experience of our team to deliver on this Strategy is key to successful implementation. We will work as part of an interconnected, collaborative, empowered and adaptable workforce that can address complex health challenges at all levels. The global health team will prioritise learning from country experiences and capacities, harnessing these to build our programs of work, including through two-way exchanges.

The global health team will prioritise learning from country experiences, harnessing this to build our programs of work

Through targeted training, mentoring opportunities, continuing professional development and a workplace that fosters innovation and learning, we aim to empower our staff, trainees and collaborators with the tools required to:

- adapt to the rapidly evolving immunisation landscape
- respond effectively to emerging health threats
- implement evidence-based solutions
- generate evidence to inform the future direction of immunisation policy and practice.

This will ensure we continue to develop and maintain our capacity as a leading immunisation agency, to drive impactful health outcomes and to contribute to sustainable improvements in immunisation programs across the region.

Focus areas for action

- Build a core team within NCIRS through targeted training on immunisation programs and global strategies, complemented by mentorship, to build the leadership, problem-solving capabilities and adaptability required to lead field missions and other work in focus countries.
- Deploy staff to provide technical assistance to immunisation programs in countries to strengthen vaccine delivery systems, address coverage gaps and support equitable vaccine access, in collaboration with governments and local partners.
- Promote staff involvement in key assessments across diverse contexts, including post-introduction evaluations of new vaccines, EPI reviews and other strategic evaluations.
- Train staff in the conduct of high-quality studies to inform immunisation programming, to ensure that findings are impactful and can be translated into actionable recommendations and proposed system changes – for example, in relation to vaccine hesitancy, delivery bottlenecks and access inequities.
- Build staff capacity in vaccine preventable disease outbreak preparedness and response by mobilising staff members to provide technical support during outbreaks and strengthening NCIRS' participation in the Global Outbreak Alert and Response Network, enhancing global preparedness efforts.
- Ensure sustainable resourcing for our programs by delivering high-quality, impactful and valued work, including through diversified and sustained funding.



References

1. Bloom DE, Pecetta S, Berlanda Scorza F, et al. Vaccination for healthy aging. *Science Translational Medicine* 2024;16
2. Shattock AJ, Johnson HC, Sim SY et al. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. *Lancet* 2024;403:2307-316
3. World Health Organization (WHO). Global vaccine market report 2023. Geneva: WHO; 2024. Available from <https://www.who.int/publications/i/item/B09022>
4. Immunization Agenda 2030. Access to immunization in middle-income countries: Immunization Agenda 2030: in-depth review. Available from <https://www.immunizationagenda2030.org/resources/62-unequal-access-to-immunization-in-middle-income-countries-immunization-agenda-2030-in-depth-review>
5. World Health Organization (WHO). Working together: an integration resource guide for immunization services throughout the life course. Geneva: WHO; 2018. Available from <https://www.who.int/publications/i/item/9789241514736>
6. Oyo-Ita A, Oduwale O, Arikpo D et al. Interventions for improving coverage of childhood immunisation in low-and middle-income countries. *Cochrane Database of Systematic Reviews* 2023;12
7. UNICEF. Immunization roadmap to 2030. New York: UNICEF; 2023. Available from <https://www.unicef.org/documents/unicef-immunization-roadmap-2030>
8. World Health Organization (WHO) Regional Office for the Western Pacific. Regional strategic framework for vaccine-preventable diseases and immunization in the Western Pacific 2021–2030. Manila: WHO; 2022. Available from <https://www.who.int/publications/i/item/9789290619697>
9. World Health Organization (WHO) Regional Office for South-East Asia. Regional vaccine implementation plan 2022–2026, WHO South-East Asia Region. New Delhi: WHO; 2023. Available from <https://www.who.int/publications/i/item/9789290210542>
10. Australian Government Department of Foreign Affairs and Trade. Australia's international development policy. Canberra: Australian Government; 2023. Available from <https://www.dfat.gov.au/publications/development/australias-international-development-policy>
11. World Health Organization (WHO). Global strategy on human resources for health: workforce 2030. Geneva: WHO; 2016. Available from <https://www.who.int/publications/i/item/9789241511131>
12. World Health Organization. National Immunization Strategy (NIS). 2025. Available from <https://www.who.int/teams/immunization-vaccines-and-biologicals/vaccine-access/planning-and-financing/nis>
13. Wallace AS, et al. Leaving no one behind: Defining and implementing an integrated life course approach to vaccination across the next decade as part of the Immunization Agenda 2030. *Vaccine* 2024;42:S54-S63

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