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IMMUNIZATION

Immunization continues to be among the most effective public health interventions and central to achieving universal health coverage. However, progress on immunization in the Western Pacific Region has slowed and, in some settings, reversed, leaving the Region off-track to achieve key targets set by the *Immunization Agenda 2030*. Coverage with the third dose of diphtheria-tetanus-pertussis (DTP) vaccine declined in the Region from 94% in 2019 to 89% in 2025, and the number of zero-dose children – those who did not receive a first dose – increased from 1.2 million to nearly 1.7 million over the same period. The Region also is at risk of missing the 2030 measles elimination target. Progress in advancing immunization across the life course remains limited and uneven. These trends require urgent action by Member States and partners.

The draft *Regional Plan to Accelerate Immunization Progress in the Western Pacific* provides a focused framework to restore momentum through 2030. It prioritizes reducing zero-dose and under-immunized populations, achieving and sustaining measles elimination, and advancing immunization across the life course. Efforts would be supported by stronger financing, data systems, supply chains and regional collaboration, all promoting vaccine confidence. The draft Regional Plan was informed by a comprehensive situational analysis and extensive consultations with Member States and technical experts. Discussions at the 35th meeting of the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases further reinforced the need for accelerated implementation, stronger accountability and strengthened national and regional immunization advisory mechanisms.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Regional Plan to Accelerate Immunization Progress in the Western Pacific*.

DRAFT
REGIONAL PLAN TO ACCELERATE IMMUNIZATION PROGRESS IN THE WESTERN PACIFIC

1. BACKGROUND

Sustainable Development Goal target 3.8 calls for the achievement of universal health coverage with financial risk protection and access to quality essential health-care services, including safe, effective, quality-assured and affordable essential medicines and vaccines for all. The *Immunization Agenda 2030* (IA2030), endorsed by the World Health Assembly in August 2020, set the vision for a world where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being. IA2030 sets out three impact goals and seven targets for 2030. In addition, the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030,* endorsed by the WHO Regional Committee for the Western Pacific in October 2020, set three strategic objectives and 18 strategies to support countries and areas in the Region to achieve the vision and strategic priorities of IA2030. More recently, the regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029)*, reaffirmed the importance of immunization in improving health and well-being, setting a high bar for the Region to clear by 2029:

> All countries and areas achieve 90% immunization coverage for three doses of the combined diphtheria-, tetanus toxoid- and pertussis-containing vaccine (DTP3), two doses of measles-containing vaccine (MCV2), pneumococcal conjugate vaccine (PCVc) and human papillomavirus complete series (HPVc) among eligible populations.

According to a 2025 mid-term review of global progress, most indicators are advancing too slowly to achieve the IA2030 targets. Such is the case in the Western Pacific Region. Progress has slowed and, in some settings, reversed for key indicators. These troubling trends require urgent action by Member States and partners:

- Regional coverage with the third dose of diphtheria-tetanus-pertussis (DTP3) vaccine declined from 94% in 2019 to 89% in 2025, while the number of zero-dose children – those who did not receive a first dose – increased from 1.2 million to nearly 1.7 million over the same period. The Region is off-track to meet IA2030 target 2.1 calling for a 50% reduction in the number of zero-dose children. While three larger countries accounted for the majority of the Region's 1.7 million zero-dose children in 2025, zero-dose and under-immunized children are present across all countries and areas in the Region. The challenges are

especially formidable for Pacific island countries and areas, where geographic dispersion, climate vulnerability and logistical fragility complicate service delivery.

- Although 29 countries and areas have achieved and maintained verified measles elimination status, the Region is at risk to miss IA2030 target 1.2 on regional measles elimination (zero incidence due to endemic measles infection). Nine countries have yet to achieve measles elimination in the Region: Cambodia, China, Indonesia, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam. Recent meetings of the Regional Verification Commission for Measles and Rubella Elimination in the Western Pacific highlighted widening immunity gaps, uneven surveillance performance and rising measles incidence in 2024–2025. In addition, a joint alert issued in 2025 by WHO, the United Nations Children's Fund and Gavi, the Vaccine Alliance, reported the highest measles levels in the Western Pacific Region since 2020.
- Progress in advancing immunization schedules across the life course remains limited and uneven across the Region. Despite its critical role in cancer prevention, vaccination for human papillomavirus has yet to be fully institutionalized within routine immunization programmes at scale. Adult influenza vaccination shows similarly low uptake.

The Region should act with greater urgency and consistency to strengthen immunization programmes through 2030 in three areas: 1) reducing zero-dose and under-immunized populations; 2) achieving and sustaining measles elimination; and 3) advancing immunization across the life course.

This Regional Plan proposes actions for Member States to ensure that progress on critical IA2030 targets is on-track, with a stronger focus on these three areas. For more details of the analysis conducted in developing this Regional Plan, please refer to the reference document: *Situational Analysis for Accelerating Immunization Progress in the Western Pacific Region*.

2. PLAN OF WORK

Reducing zero-dose and under-immunized populations

More than an immunization objective, reaching all children is one of the clearest measures of whether health systems are reaching vulnerable communities and leaving no one behind. Persistent barriers across the Region include weak individual-level data systems, limited geospatial microplanning, fragmented outreach delivery, uncertain and limited domestic financing, procurement weaknesses, unreliable vaccine supplies and vaccine hesitancy. These barriers disproportionally affect underserved populations, including remote communities, migrant groups, urban poor populations and ethnic minorities. To overcome these challenges, countries should consider the following actions:

- **Integrate plans** to reduce zero-dose and under-immunized populations into national planning, budgeting and subnational accountability frameworks, with routine reviews of performance and corrective action in high-burden and vulnerable communities.
- **Use subnational and individual-level data**, geospatial approaches and advanced analytical tools to identify missed children, understand why they are being missed and direct resources to the specific bottlenecks preventing vaccination.
- **Strengthen routine immunization programmes** with targeted interventions, including the identification of unreached population groups, routine catch-up and outreach activities through transformative primary health care. These are critical steps to fill immunity gaps and reach unreached populations.
- **Prioritize investment** in health workers and outreach capacity, transport and last-mile delivery, reliable vaccine procurement and supply, cold-chain capacity, individual-level and geospatial data, and community engagement.

Achieving and sustaining measles elimination

To sustain measles elimination status, at least 95% coverage of the second dose of measles-containing vaccine (MCV2) should be achieved and sustained with high and equitable coverage at the subnational level, supported by verification-standard surveillance. Progress should be tracked through national and district-level MCV2 coverage, the proportion of districts achieving at least 95% MCV2 coverage, surveillance and laboratory performance against verification standards, and the timeliness of outbreak detection and response.

Vaccine hesitancy and declining confidence can widen immunity gaps and affect vaccination efforts, including achieving and sustaining measles elimination. The reasons people delay or decline vaccinations are complex and context-specific. They may include concerns about vaccine safety or effectiveness, misinformation and disinformation, lack of trust in health systems, social and cultural influences, and negative experiences with health services, among others. Understanding these reasons – as well as the practical barriers to accessing vaccination – is essential to designing effective responses.

Measles elimination is both a national responsibility and a regional public good. In any interconnected region, immunity gaps or outbreaks in one country quickly create risks for others. Regional solidarity will be essential to achieving elimination by 2030, including through mutual accountability, cross-border collaboration, information-sharing and peer learning, alongside sustained national actions to interrupt transmission and prevent re-establishment. All Member States should consider the following actions:

- **Stronger routine immunization**, targeted catch-up actions and supplementary immunization activities in high-risk areas.
- **Restoration** of verification-standard surveillance and laboratory performance.
- **Sustainable national financing** through cost-elimination plans.

The nine countries in the Region yet to achieve measles elimination have identified country-specific bottlenecks, priority actions and, in most cases, resource requirements through national planning and regional consultations. Thus, the immediate challenge is to translate these plans into actions. To address these challenges, Member States should consider the following actions:

- **Reaffirm** measles and rubella elimination by 2030 as a national programme objective and accountability measure linked to equitable routine coverage, targeted catch-up vaccinations, verification-standard surveillance and laboratory capacity, rapid outbreak preparedness, community engagement and cross-border coordination.
- **Ensure** that national measles and rubella elimination priorities are adequately financed, with resources available for routine and catch-up vaccinations, surveillance and laboratories, rapid outbreak response, workforce capacity, vaccine supply and community engagement.
- **Identify** sustainable domestic and complementary partner financing to close financing gaps.
- **Conduct** routine reviews to identify implementation bottlenecks, sustain political attention and trigger corrective action where and when needed.
- **Strengthen vaccine confidence and demand** through the routine use of behavioural and social evidence, community engagement, social listening, trusted communications and health workers with responses tailored to address real concerns, misinformation and other barriers to vaccination.

Lessons from polio eradication – including microplanning, real-time data use, independent oversight and standardized outbreak response procedures – can help accelerate progress towards measles elimination while strengthening broader programme resilience.

Advancing immunization across the life course

The Region is undergoing a rapid demographic transition, with expanding older populations and high noncommunicable disease burdens that increase vulnerability to severe infectious outcomes.

At the same time, the evidence base continues to expand in support of vaccination of adolescents, adults and older people, including for influenza, pneumococcal disease, herpes zoster and respiratory syncytial virus.

Investments in life-course immunization should complement (not compete with) efforts to strengthen foundational childhood immunization programmes. However, persistent foundational challenges, particularly the zero-dose burden and measles resurgence, continue to absorb managerial attention and fiscal space, resulting in reduced readiness to expand equitable delivery to adolescents and other populations. Advancing this agenda will require a stronger evidence base, clearer vaccine introduction sequencing and more systematic institutional support to countries. Countries should consider the following actions:

- **Strengthen** the evidence base for decisions on adolescent, adult and older-age vaccination, including through disease burden and health impact assessments, information on affordability and delivery requirements of priority vaccines, and policy analyses, where needed.
- **Sequence** life-course expansion in a manner that complements efforts to reduce the zero-dose burden and restore measles control.
- **Identify** appropriate domestic financing mechanisms and integrate vaccination into existing adolescent, maternal and older age service delivery and financing platforms, where feasible.
- **Progressively expand** immunization policies and delivery platforms beyond early childhood in line with epidemiological need, programme readiness and fiscal space.
- **Ensure** that policy frameworks and delivery platforms are operational for adolescents, adults and older populations.

Cross-cutting enablers: sustainable financing, implementation and resilient systems

Progress across the three priority areas for strengthening immunization programmes will depend on a coherent set of enabling conditions. These include strong national advisory mechanisms, data and digital transformation, procurement and supply systems, the promotion of vaccine confidence, and more effective communications, domestic investment and regional collaboration. Taken together, these functions will determine whether missed populations can be identified, services can be delivered reliably and confidence in vaccination can be sustained.

Strong national advisory mechanisms, particularly functional national immunization technical advisory groups (NITAGs), are essential to accelerate progress across the three regional priorities for strengthening immunization programmes.

- They provide independent, evidence-based guidance on programme priorities, vaccine policy, disease burden assessments, economic evaluations and product optimization. They also help countries strengthen equity, achieve measles elimination goals and expand immunization platforms across the life course.
- Functional NITAGs, or equivalent advisory bodies, can support governments to make evidence-informed decisions on new vaccines and strategies, while regional collaboration can facilitate technical exchange and adaptation of global recommendations to country contexts.

Sustaining national financing and ownership are fundamental to progress across all three priorities for strengthening immunization programmes through 2030.

- As external financing for immunization programmes is changing and becoming less predictable, countries should assess the resources required to deliver on national immunization priorities, identify financing and implementation gaps, and develop sustainable financial and technical solutions.
- This should include protecting immunization within national and subnational health budgets and, where appropriate, using health financing mechanisms and broader primary health-care investments to support vaccination services.
- Health ministries should lead whole-of-government engagement on immunization financing, working with ministries responsible for finance, planning and other sectors to assess needs, identify sustainable mechanisms and ensure that national immunization priorities are adequately resourced and implemented.

Data and digital transformation should move from pilot activity to routine use for programme decision-making at national and subnational levels.

- Interoperable electronic immunization registries, geospatial microplanning and digital mapping, digitized supply chains, and stronger use of individual-level data can help countries identify who is being missed, where immunity gaps persist and where resources should be directed.

- Responsible use of AI and advanced analytics can help identify patterns in increasingly complex data, support identification of unreached populations, and strengthen programme planning and decision-making.

In several settings, procurement and supply systems require further strengthening, as weaknesses in forecasting, purchasing and distribution can disrupt immunization services and weaken public confidence. Across the Region, countries face varying procurement and supply challenges, including administrative bottlenecks, fragmented distribution arrangements, market constraints and financing gaps, further exacerbated by the impacts of recent conflicts across the world.

- Priority should be given to strengthening the institutional and operational capacity of national procurement and supply units to undertake timely forecasting, procurement planning, contracting, supplier management and oversight from distribution to service delivery.
- Regional collaboration, including pooled procurement arrangements where appropriate, may continue to provide support in selected contexts; however, stronger national procurement capacity and reliable domestic financing are critical for long-term sustainability, service continuity and country ownership.

Vaccine confidence and community engagement should be embedded as routine programme functions, rather than activated only during outbreaks or when confidence declines. Member States should consider the following actions:

- Make efforts to systematically understand why people accept, delay or miss vaccination, and use behavioural and social evidence to adapt both services and engagement approaches. This requires active social listening, behavioural insights, transparent and targeted communication, sustained community engagement, and stronger capacity among health workers to listen to concerns and respond with empathy and evidence.
- Strengthen capacities to anticipate, detect and respond to misinformation and disinformation in a rapidly evolving information environment.

3. ROLE OF WHO

WHO will support Member States in accelerating progress across the three priority areas for strengthening immunization programmes and in strengthening the systems needed for sustained progress, including through normative guidance, technical assistance, policy support, convening functions, and regional monitoring and evaluation.

To reduce zero-dose and under-immunized populations, WHO will:

- **Support countries** in strengthening root-cause analysis, subnational planning, geospatial microplanning, individual-level data systems and approaches to promote vaccine confidence.
- **Work with partners** to align technical and financial assistance with nationally led efforts to reduce the zero-dose burden and improve equity in routine immunization, particularly in high-burden and resource-constrained settings.
- **Strengthen partnerships** with Member States, development partners, technical institutions and civil society organizations to support coordinated implementation.

To accelerate measles elimination, WHO will:

- **Support accelerated regional action** through technical guidance on risk assessment, surveillance, outbreak response and verification requirements.
- **Facilitate peer learning**, promote the application of lessons from polio eradication and align support with nationally led elimination plans, particularly in settings facing high resurgence risks or implementation constraints.
- **Convene annual meetings** of the nine countries yet to achieve measles elimination in the Region, alongside continued regional review of progress.

To advance immunization across the life course, WHO will:

- **Provide normative leadership**, evidence synthesis and policy guidance to support phased expansion beyond early childhood.

Across the broader immunization agenda, WHO will:

- **Place greater emphasis** on strengthening NITAGs as a core component of regional immunization support, recognizing that strong, functional NITAGs are essential for evidence-informed vaccine policy as immunization schedules become more complex and countries consider new vaccines and vaccination strategies across the life course.
- **Transform the Regional Immunization Technical Advisory Group** (RITAG) into a more responsive and country-led regional advisory network, with stronger participation from NITAGs and equivalent advisory bodies. The transformed RITAG will strengthen peer learning and technical exchange, support countries to adapt global recommendations

to national contexts, and strengthen two-way links between national, regional and global immunization policy processes, including the WHO Strategic Advisory Group of Experts.

- **Advocate for political commitment** and more sustainable financing and national leadership for immunization programmes to maintain the hard-worn gains and to achieve the three priorities of this Regional Plan.
- **Strengthen regional leadership** on immunization by generating evidence, documenting country experience, convening policy dialogues, facilitating cross-country learning, and sharing experiences and supporting advocacy efforts that maintain immunization as a high-profile political priority.
- **Support strengthening of data and digital systems**, procurement and supply systems, vaccine confidence, sustainable financing and regional collaboration, while maintaining regional public goods, such as reference laboratories, verification processes and cross-border information exchanges.

4. MONITORING AND EVALUATION

Progress will be monitored through a regional reporting, monitoring and evaluation framework aligned with the IA2030 monitoring framework and the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030.*

- **For zero-dose and under-immunized populations**, monitoring will centre on the number of zero-dose children, measured through children who did not receive their first dose of DTP, together with DTP3 coverage and subnational coverage trends.
- **For measles elimination**, monitoring will draw on indicators for the achievement of endorsed elimination targets, the number of large or disruptive outbreaks, MCV2 coverage and the timeliness of outbreak detection and response.
- **For life-course immunization**, monitoring will use indicators on vaccination coverage across the life course and breadth of protection, complemented by measures of progress in expanding policy and service delivery beyond early childhood.

Across all three priority areas to strengthen immunization programmes, monitoring will also include selected system indicators related to regional priorities, including surveillance reporting, vaccine availability at the service-delivery level, implementation of behavioural and social strategies to understand and address under-vaccination and strengthen vaccine confidence, domestic financing, and progress in identifying and closing financing and implementation gaps. Reporting will be undertaken

through existing country, regional and global monitoring processes, with regular reviews to inform technical support, strengthen accountability and support course correction.

5. CONCLUSION

The Western Pacific Region has the technical knowledge and tools needed to accelerate immunization progress. Countries have identified many of the populations being missed, the programme bottlenecks that need to be addressed and the actions required. The priority through 2030 is to translate this knowledge into adequately financed, timely and accountable implementation.

In any interconnected region, persistent immunity gaps in one setting create wider risks for others, while progress in one country contributes to stronger regional protection. Continued political commitment, national ownership, mutual support and shared accountability will remain essential to sustaining momentum and securing results.

Sustained commitment to this Regional Plan will not only advance the Region's immunization goals, but also help strengthen the Western Pacific Region to be more equitable, more secure, more resilient and better able to safeguard the health and well-being of present and future generations.