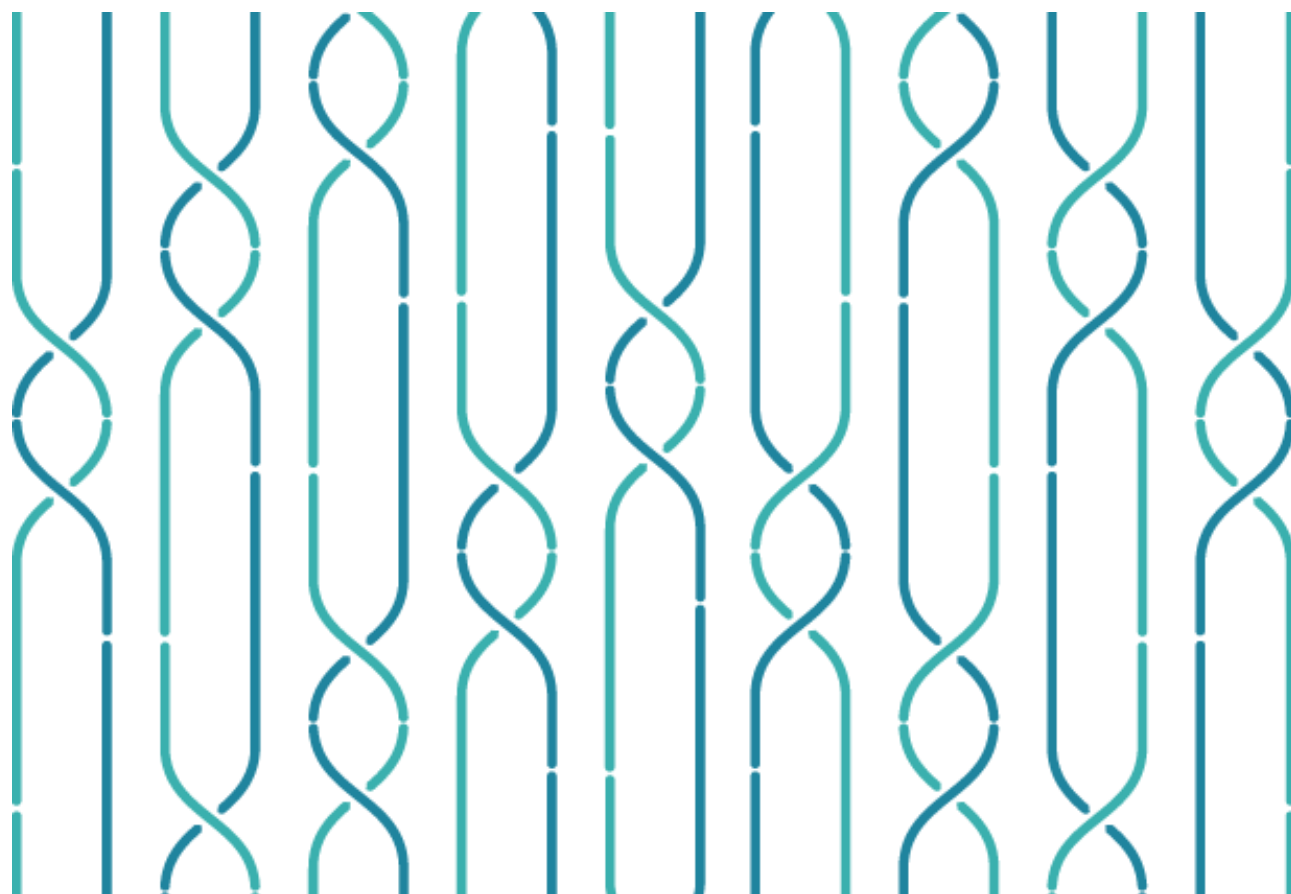


STRATEGIC APPROACH TO IMMUNISATION IN NEW ZEALAND 2025–2030



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Foreword

Immunisation is a highly successful public health intervention. It safeguards individuals, whānau and communities against a range of potentially devastating diseases, and is a critical way of preventing and controlling infectious disease outbreaks. An accessible and effective immunisation system maximises immunisation uptake and coverage, improving the health of the population and enabling pae ora – healthy futures.

Delivering immunisations is a complex task, as responsibilities for it are shared across the health system.

- Pharmac is responsible for purchasing vaccines and making decisions on who is eligible for them.
- Health New Zealand implements the National Immunisation Schedule and funds the delivery of immunisation services.
- Medsafe, within the Ministry of Health, is the medical regulatory body that administers the Medicines Act 1981 and the Medicines Regulations 1984. The Act and Regulations provide the legal framework for vaccines.
- The Ministry of Health, through the Public Health Agency, advises on policy and sets direction for the immunisation system. It also regulates and monitors the system.

Recognising these complexities, the *Strategic Approach to Immunisation in New Zealand 2025–2030* (the strategic approach) sets an overarching vision for the immunisation system while focusing on collective action and partnerships.

The strategic approach helps to give effect to the Pae Ora (Healthy Futures) Act 2022 (and its health strategies). It also contributes to the implementation of the *Government Policy Statement on Health 2024–2027*, which includes immunisation as one of the five key health targets and has a strong focus on prevention.

Supported by research, experience, evidence and practice, the strategic approach reflects and amplifies the voices and aspirations of the many individuals, whānau, communities, agencies and organisations that have contributed to it.

Dr Andrew Old
Deputy Director-General – Public Health Agency, Ministry of Health
Chair, Immunisation Oversight Board



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Introduction

The *Strategic Approach to Immunisation in New Zealand 2025–2030* (the strategic approach) provides a renewed vision and strategic direction for the immunisation system for the next five years. It incorporates key lessons learned from our experience during the COVID-19 pandemic, and sets out high-level objectives and goals for the immunisation system to better protect individuals, whānau and communities against vaccine-preventable diseases.

Developing the strategic approach

The strategic approach acknowledges that people have different needs and so individuals require different approaches to improve immunisation outcomes. It recognises the impact of social, economic, environmental and other factors on immunisation coverage, and focuses on working in partnership with stakeholders to address inequities in vaccination coverage and to achieve a highly effective immunisation system.

Pae Ora (Healthy Futures) Act 2022, its health system principles and health strategies

The strategic approach builds on the opportunities coming from the Pae Ora (Healthy Futures) Act 2022 and its health strategies¹ to protect, promote and improve the health of all New Zealanders, achieve equity and build towards healthy futures for everyone. The Pae Ora Act and its health principles set expectations for health entities to address unfair differences in health needs and outcomes, and to engage with populations who experience the highest health needs to develop and deliver services that reflect their needs and aspirations.

Government Policy Statement on Health 2024–2027

The Government Policy Statement on Health 2024–2027 (GPS) (Minister of Health 2024) sets out the Government's expectations and intended direction for the health system to make sure health entities are working towards common goals that matter for New Zealanders. The five priority areas identified in the GPS are access, timeliness, quality, workforce and infrastructure.

Five health targets are also tied to the GPS. One of these targets is to improve immunisation: in particular, 95% of children are to be fully immunised at 24 months of

¹ These strategies are: New Zealand Health Strategy (Minister of Health 2023c), Pae Tū: Hauora Māori Strategy (Minister of Health 2023a), Te Mana Ola: The Pacific Health Strategy (Minister of Health 2023b), Provisional Health of Disabled People Strategy (Minister of Health 2023d), Women's Health Strategy (Minister of Health 2023f) and Rural Health Strategy (Minister of Health 2023e). A Mental Health and Wellbeing Strategy is in development.



age. The strategic approach reflects and aligns with these key priorities throughout and will be an important tool to guide health entities as they work to achieve the immunisation target.

Supporting evidence and insights

The strategic approach draws on a wide range of resources that map out what is known about the system, including challenges and barriers, enablers and examples of best practice. It reflects the voices and aspirations of those impacted by, and working within, the immunisation system.

Previous evidence and insights from individuals, whānau, communities, academics and providers have been invaluable in shaping the strategic approach. In developing the strategic approach, we collated and analysed their input to consider common themes on access to, experiences of and aspirations for the immunisation system.

We then carried out targeted consultation with key stakeholders to sense-check and challenge the focus areas we had identified. In this way, we tested the relevance of the focus areas and their level of importance in improving our immunisation system.

Using the strategic approach

The strategic approach is a high-level document that brings together existing aspirations, practices and approaches to immunisation across the health system, as well as lessons learned from the response to the COVID-19 pandemic. It is intended to help guide approaches to delivering and monitoring immunisation services, future initiatives and policy.

In 2023, a new national immunisation governance structure was established to strengthen the immunisation system and enable cross-agency decision-making that is responsive to public health need. This governance structure consists of the:

- **Immunisation Oversight Board** to provide oversight and strategic leadership
- **Immunisation Outcomes Collective** to direct operational activities and manage implementation
- **National Immunisation Technical Advisory Group** to provide evidence-based technical and scientific advice to health entities.

This configuration supports greater cohesion across the immunisation system and regional governance structures. It also improves monitoring, assurance and proactive risk management.

Monitoring, assurance and evaluation

A range of measures is needed to monitor performance (including coverage and quality), while providing a way to detect unintended consequences or variations early. Monitoring the performance of Crown entities within the immunisation system, as well



as other vaccination activities, will be essential to achieving our vision for immunisation in New Zealand.

Assurance will come through the national immunisation governance structure, with support from the strategic approach and the tracking of agreed metrics over time. As well as drawing from metrics, measures and standards, the tasks of monitoring and obtaining assurance require a comprehensive and qualitative understanding of the system conditions that may help or hinder immunisation performance and equitable outcomes.

Vision

A New Zealand where everyone, at every age, everywhere, fully benefits from immunisation to improve health and wellbeing and achieve pae ora – healthy futures.



Guiding principles

Building on both the health system principles set out in the Pae Ora (Healthy Futures) Act 2022 and the Enabling Good Lives (EGL) principles,² the following principles have guided the development of the strategic approach and will inform its implementation.

Equity	Recognise diversity and intersectionality and work to ensure equitable access, experiences and outcomes for everyone across the immunisation system.
Options	Provide for and properly resource services and communities to ensure immunisations can be offered in a range of culturally appropriate ways.
Partnership and collective action	Work collectively across the system, and in partnership with communities, to design and deliver services that meet people's needs.
Quality, safety and effectiveness	Immunisation policies and programmes are evidence-based, ethical, clinically and culturally safe, whānau-centred and driven by quality improvement.
Holistic wellbeing	Take holistic and preventative approaches that support community and whānau wellbeing across the life course.
Accountability and monitoring	Be accountable for achieving stated objectives and outcomes, and continuously review progress.

² The EGL principles are: self-determination, beginning early, person-centred, ordinary life outcomes, mainstream first, mana enhancing and easy to use (<https://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/>).

Focus areas

The strategic approach outlines five key areas for focusing immunisation efforts to achieve our vision.

Focus area 1: Access

All whānau can access immunisation across the life course when and where they need it

Access to immunisation services is a key priority. Improving access means designing services around the needs of people and whānau. Barriers can be complex, and are strongly influenced by the social determinants of health such as cost, location, general practice access (including waiting times and hours of services offered), childcare, work commitments, digital access, and ability to travel.

Expanding models of care, allowing for flexibility in who can provide services (when and where), shifting decision-making around resources closer to people and communities, enabling local leadership, and working in partnership will strengthen the system and support greater access. Strengthening capacity, improving access, and supporting primary care and community-led approaches (ie, kaupapa Māori and Pacific-led services) have been demonstrated to be effective and remain a priority.

Focus area 1: Access	
Objectives	Goals
Objective 1.1: Improve access to, and provide greater choice of, flexible immunisation services.	1.1.1 Improve primary care enrolment processes to support timely enrolment and access.
	1.1.2 Improve targeted interventions (such as outreach immunisation services).
	1.1.3 Strengthen opportunistic immunisation efforts across the life course.
	1.1.4 Expand the capacity and range of immunisation providers (including kaupapa Māori and Pacific-led options).
Objective 1.2: Design and deliver immunisation services in ways that meet individual and community needs.	1.2.1 Give people a meaningful voice in the design and delivery of services.
	1.2.2 Deliver locally led services in trusted places and spaces where communities gather.
	1.2.3 Support practical, innovative and culturally responsive approaches.



Focus area 2: Trust and confidence

Everyone trusts and has high confidence in immunisation as a way to protect themselves and their whānau

Building trust and confidence in immunisation – and in the health system more broadly – helps to motivate people to get vaccinated. Having trusted messengers who deliver good information and advice helps to strengthen that trust and confidence. Information and resources need to be accessible (particularly for people with disabilities or with a first language other than English), be culturally appropriate and be meaningful to their intended audience.

Through engaging proactively, providers can gain a better understanding of community feelings and attitudes towards vaccination (including hesitancy) and co-design promotion messaging to counter misinformation. Building trust and confidence in immunisation requires a multi-pronged approach, employing a range of innovative promotion activities.

Focus area 2: Trust and confidence	
Objectives	Goals
Objective 2.1: Strengthen the promotion of, and education about, immunisation by providing information that makes sense to those who receive it.	2.1.1 Provide people and whānau with advice and resources that are clinically sound, culturally appropriate and evidence-based to support assurance and health literacy and to reduce misinformation and disinformation.
	2.1.2 Undertake comprehensive health promotion approaches.
	2.1.3 Provide the immunisation workforce with high-quality, timely resources and guidance.
Objective 2.2: Engage with communities to better understand vaccine beliefs, and tailor effective strategies for building trust.	2.2.1 Use evidence and behavioural insights to track community feelings and attitudes, inform communication strategies, and tailor policy and practice.
	2.2.2 Co-design local action and engagement approaches.
	2.2.3 Evaluate and report on performance of vaccine awareness and other campaigns (including performance in targeted groups).

Focus area 2: Trust and confidence	
Objectives	Goals
Objective 2.3: Maintain high standards of quality, safety and effectiveness across the system so people have confidence in immunisation.	2.3.1 Support the delivery of people-centred immunisation services where people feel seen and heard.
	2.3.2 Embed high-quality governance and mechanisms for continuous improvement.

Focus area 3: Information for action

High-quality and timely data and evidence drive decision-making, performance monitoring and improvement

Building knowledge and intelligence about immunisation across the system (from disease surveillance to vaccination uptake data) leads to high-quality data and insights that can inform strategy and policy development. Having a better system-level understanding of population immunity against vaccine-preventable diseases can help to manage public health risks and prioritise interventions.

Focus area 3: Information for action	
Objectives	Goals
Objective 3.1: Enable the use and generation of high-quality and timely data through fit-for-purpose data systems.	3.1.1 Establish and maintain a data infrastructure that allows for effective and integrated systems and technologies.
	3.1.2 Use digital solutions that provide accurate vaccination status information, support delivery and enable decision-making.
	3.1.3 Enhance and future-proof existing surveillance mechanisms for vaccine-preventable diseases, including emerging infectious diseases.
Objective 3.2: Use robust data and evidence to drive service design and delivery.	3.2.1 Identify service reach and coverage gaps by using disaggregated data.
	3.2.2 Support local service design and immunisation uptake in priority populations through regular reporting.
	3.2.3 Develop data-sharing agreements that support local and regional uptake initiatives.



Focus area 3: Information for action	
Objectives	Goals
Objective 3.3: Enhance the monitoring and evaluation of the immunisation system using meaningful data and insights.	3.2.4 Provide reporting dashboards that meet the needs of data-sharing partners.
	3.3.1 Develop a framework (including clear success measures and standards) to monitor and evaluate the impact of interventions and services on immunisation uptake across the system.
	3.3.2 Establish appropriate processes for capturing whānau voice and lived experience so that communities can provide feedback on services and drive quality improvement.

Focus area 4: Workforce

Strengthen and support workforce capacity, diversity and capability

To improve access to immunisation, it is necessary to strengthen both the clinical and non-clinical workforce. By offering employment settings and training opportunities that allow for greater workforce mobility within and between professions, the health system supports health workers to remain in the sector. At the same time, these working conditions help to grow and develop new skills and capabilities, and increase diversity in the workforce.

Focus area 4: Workforce	
Objectives	Goals
Objective 4.1: Increase workforce capacity and capability to expand access to immunisation services.	4.1.1 Enable the vaccinator workforce to support the right people in the right places to deliver immunisations across the life course.
	4.1.2 Provide vaccinators with training and support services that reduce workforce barriers.
	4.1.3 Reduce inconsistencies and variations in requirements for authorising vaccinators .
	4.1.4 Provide reliable real-time data that informs workforce analysis and enables the system to mobilise the workforce in areas of need.

Focus area 4: Workforce	
Objectives	Goals
Objective 4.2: Support the recruitment, retention and growth of a highly skilled vaccinator workforce.	4.2.1 Support vaccinators to effectively onboard and access resources they need for delivery.
	4.2.2 Implement strategies to improve the health and wellbeing needs of the workforce, their experiences and environment.
Objective 4.3: Have a diverse and culturally responsive workforce that reflects the community it serves.	4.3.1 Make available vaccinator and cultural safety training to members of diverse communities.
	4.3.2 Provide programmes for tertiary health study, training and development opportunities that better meet the needs of populations.
	4.3.3 Strengthen pathways into clinical, non-clinical and leadership roles for those with lived experience.

Focus area 5: System capability

The immunisation system is integrated, resilient and well governed to ensure effective delivery

Having strong governance across all parts of the immunisation system allows for clear lines of communication, escalation and accountability. It enables good decision-making to equip the system with the resources and infrastructure necessary to deliver immunisations effectively. Strengthening the governance structure improves monitoring, assurance and proactive risk management.

An important aim continues to be to build a capable and resilient system to protect the people of New Zealand (including non-residents) and people throughout the broader Pacific region, while also upholding national and international standards and best practice.

Focus area 5: System capability	
Objectives	Goals
Objective 5.1: Embed a robust and enduring governance system with clear roles, responsibilities and decision-making processes.	5.1.1 Streamline national and regional immunisation governance structures that are interconnected and operate effectively.
	5.1.2 Develop a clear monitoring, assurance and evaluation framework.



Focus area 5: System capability	
Objectives	Goals
Objective 5.2: Support and grow effective immunisation services that are provided over the long term and sustainable.	5.2.1 Ensure services are well resourced and future focused, and support long-term, tailored delivery.
	5.2.2 Enable community providers to deliver high-quality services over the long term.
	5.2.3 Embed high-trust approaches to service commissioning.
Objective 5.3: Resource and prepare the system to detect and rapidly respond to outbreaks of vaccine-preventable disease.	5.3.1 Enable regions and partners to respond to outbreaks and emergencies while continuing to deliver core immunisation services.
	5.3.2 Put in place surge mechanisms that can effectively manage and distribute vaccines as needed if an outbreak occurs.
Objective 5.4: Maintain New Zealand's contribution to global immunisation efforts, meet international standards, and uphold obligations to the Cook Islands, Tokelau, Niue and other Pacific Island countries.	5.4.1 Work in close partnership with Pacific Island countries and with international and regional partners to support global immunisation efforts.
	5.4.2 Support partner countries in Polynesia to detect, prevent, prepare for and manage acute public health events arising from infectious communicable diseases prone to large outbreaks, as well as those arising from natural disasters and climate change.

Key resources

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Glossary

Co-design	Co-design is the process of policy design in which the community and stakeholders that will be impacted by the policy are involved in the design process as experts in their own lives and experience (Whaikaha – Ministry of Disabled People nd).
Community organisations	Community organisations include marae, churches, community groups and sports organisations.
Disability	The United Nations Convention on the Rights of Persons with Disabilities defines disability as any long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder the full and effective participation of disabled people in society on an equal basis with others (United Nations 2006).
Disabled people	People with impairments are disabled if society does not provide an environment that takes their impairments adequately into account. As a result, they experience barriers preventing their participation in society. Disabled people are a diverse minority, and it is important to consider how intersectionality (see definition below) plays a role in the experiences of subgroups of disabled people (Whaikaha – Ministry of Disabled People nd).
Equity	In New Zealand, people have differences that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable outcomes (Ministry of Health 2019).
Intersectionality	Intersectionality recognises that social identities and experiences can intersect to create different modes of discrimination and privilege. For example, the experience of a Māori disabled woman as a combination of identities around ethnicity, gender and disability would be different to the experience of a Pākehā disabled man (Whaikaha – Ministry of Disabled People nd).
Person-centred	Where services are person-centred, people have supports that are tailored to their individual needs and goals, and that take a whole-of-life approach rather than being split across programmes.

Primary care	Primary health care is a part of the health service that operates from the community and is usually a person's first point of call. Places offering primary care have many different names but common ones are medical centre, family doctor, family health centre and general practice surgery (Healthpoint nd).
Vaccine hesitant	A person who is vaccine hesitant is indecisive about specific vaccines or vaccination in general. The degree of indecision varies between individuals.
Whanaungatanga	Whanaungatanga means relationship, kinship or a sense of family connection. It includes the idea of a relationship that people form through shared experiences and working together, which provides them with a sense of belonging.

