

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-seventh session

Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017

Provisional agenda item 19.1

**PROGRESS REPORT ON IMPLEMENTATION OF THE REGIONAL
STRATEGIC PLAN ON IMMUNIZATION**

Information Document

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BACKGROUND

1. In September 2014, the Sixty-fourth session of the World Health Organization (WHO) Regional Committee for Africa adopted the Regional Strategic Plan for Immunization (RSPI) 2014-2020 developed in line with the Global Vaccine Action Plan (GVAP) through resolution AFR/RC64/R4.¹ The RSPI aims to achieve universal immunization coverage within the WHO African Region by the end of 2020.
2. The objectives of the RSPI are: (i) to increase and sustain high vaccination coverage; (ii) to complete the interruption of poliovirus transmission and ensure poliovirus containment; (iii) to eliminate measles and advocate for the elimination of rubella and congenital rubella syndrome; and (iv) to attain and maintain elimination/control of other vaccine-preventable diseases.
3. The Regional Committee requested the Regional Director to monitor progress and report annually on progress made, remaining challenges and updated actions towards the achievement of the set objectives and targets.

PROGRESS MADE

4. The Regional immunization coverage with three doses of diphtheria-tetanus-pertussis-containing vaccine (DTP3)² stagnated at 74% in 2016, below the expected GVAP and RSPI 90% coverage target. Twenty countries³ in 2016 attained the RSPI coverage target of >90% for DTP3 vaccine. In addition, five countries⁴ made significant progress by increasing their DTP3 coverage by at least four percentage points.
5. Significant progress has been made in the introduction of new vaccines over the last three years. All countries had introduced hepatitis B vaccine and *Haemophilus influenzae* type b vaccine as of December 2015. The introduction of other new vaccines has also been accelerated; pneumococcal conjugate vaccines (PCV) and rotavirus vaccines were introduced by 38⁵ and 31⁶ countries respectively, while the human papillomavirus (HPV) vaccine has been introduced nationally in six countries.⁷ To minimize the risk of vaccine-derived polioviruses, especially type 2, boost population immunity and accelerate the eradication of polio, all countries successfully switched from trivalent to bivalent oral polio vaccine and introduced inactivated polio vaccine, meeting the set timelines for the global switch.
6. Sentinel surveillance systems in the 47 Member States have been established, in line with the Integrated Disease Surveillance and Response strategy and the International Health Regulations (2005) to generate evidence of the disease burden of vaccine-preventable diseases targeted by new vaccines. These platforms are being used to monitor the impact of new vaccines such as PCV and rotavirus vaccines on the reduction of targeted diseases.

¹ Resolution AFR/RC64/R4, Regional Strategic Plan on Immunization 2014–2020. In *Sixty-fourth session of the WHO Regional Committee for Africa, Cotonou, Benin, 3–7 November 2014, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2014 (AFR/RC64/14) pp. 8-11.

² 2016 WHO and UNICEF estimates of National Immunization Coverage- data released in July 2017.

³ Algeria, Botswana, Burkina Faso, Burundi, Cabo Verde, Comoros, Eritrea, Gambia, Ghana, Lesotho, Mauritius, Namibia, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe.

⁴ Ghana, Liberia, Madagascar, Mali and Senegal.

⁵ All countries except Algeria, Cabo Verde, Chad, Comoros, Equatorial Guinea, Gabon, Guinea, Seychelles and South Sudan.

⁶ All countries except Algeria, Benin, Cabo Verde, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Guinea, Lesotho, Nigeria, Seychelles, South Sudan and Uganda

⁷ Botswana, Lesotho, Rwanda, Seychelles, South Africa and Uganda.

7. After almost two years without any reported case of wild poliovirus (WPV), new cases (four WPV as of July 2017) were reported in security-compromised areas in Northern Nigeria⁸ and the date of onset of the last WPV was 21 August 2016. The country has been put back on the list of endemic countries since September 2016.

8. Only 11 African countries⁹ fund more than 50% of their national immunization programmes. As Africa nears polio eradication, critical funding for immunization through the polio eradication programme is expected to decrease. Additionally, countries approaching middle-income status will transition away from Gavi support for immunization in the coming years.

9. In February 2016, The WHO Regional Offices for Africa and the Eastern Mediterranean, together with the African Union (AU) and the Government of Ethiopia hosted the first ever Ministerial Conference on Immunization in Africa (MCIA) in Addis Ababa, Ethiopia in order to support Member States in Africa to effectively operationalize the GVAP/RSPI. The MCIA convened African political leaders and immunization stakeholders to discuss what needs to be done to reach the GVAP/RSPI targets and ensure that all children – regardless of where they are born – receive the full benefits of immunization.

10. The MCIA culminated in the signing of the Addis Declaration on Immunization (ADI)¹⁰ by ministers across Africa, committing themselves to 10 specific objectives to achieve universal access to immunization in Africa. The ADI was subsequently endorsed by the Heads of State during the AU Summit in January 2017.

NEXT STEPS

11. To address the remaining challenges and attain the regional immunization targets by 2020, the following actions are proposed:

Member States should:

- (a) Ensure that sufficient domestic funding is allocated to immunization each year and create mechanisms to monitor and efficiently manage funds at all levels;
- (b) Enact laws that guarantee equitable access to immunization and establish National Immunization Technical Advisory Groups (NITAGs) or equivalent groups;
- (c) Identify and implement priority interventions, including human resource development, and improved quality and use of data;
- (d) Develop new platforms to reach people in the second year of life, childhood, adolescence, pregnancy, and later adulthood;
- (e) Accelerate the implementation of the ADI road map and ensure that immunization programmes are fully integrated into national health systems.

WHO should:

Continue to monitor progress and report every year to the Regional Committee on progress toward achievement of immunization targets.

12. The Regional Committee is invited to take note of this report and to endorse the proposed next steps.

⁸ Polio weekly update, WHO AFRO 21 July 2017.

⁹ Algeria, Botswana, Côte d'Ivoire, Equatorial Guinea, Mauritius, Sao Tome & Principe, Seychelles, South Africa, Swaziland, United Republic of Tanzania and Zambia.

¹⁰ Addis Declaration on Immunization from the first Ministerial Conference on Immunization in Africa (MCIA) held in Addis Ababa, Ethiopia, on 24-25 March 2016.