Roadmap for Implementing the Addis Declaration on Immunization: Advocacy, Action, and Accountability

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World Health Organization

FOREWORD

2017 began with a historic pledge – at the 28th African Union Summit, Heads of State from across Africa endorsed the Addis Declaration on Immunization (ADI). The endorsement paves the way for accelerated implementation of the ADI roadmap to ensure that everyone in Africa, no matter who they are or where they live, can access the vaccines they need to survive and thrive.

This commitment from the highest level of government comes as a catalyst to immunization efforts on the continent. Despite tremendous immunization gains across many parts of Africa, progress has stagnated and barriers in vaccine and healthcare delivery systems persist, especially in the poorest and most marginalized communities. One in five African children still lack access to life-saving vaccines — a threat not only to the health of our families, but also to the strength of our economies and equity in our societies.

With the endorsement of the ADI by Heads of State, we face the question that accompanies any landmark declaration: how will we implement it? The answer, as presented in this roadmap, is through three areas of focus: **generating and sustaining political commitment and funding; strengthening technical capacity and overcoming barriers to access**; and **closely monitoring progress**. Approaches discussed in the roadmap align with other regional and global immunization plans, and they build on the existing efforts of Member States.

This roadmap outlines how countries across Africa can advance the ADI commitments and move toward universal access to immunization on the continent. Throughout, the roadmap addresses the challenges of achieving this ambitious goal. But it also identifies unprecedented opportunities. Momentum around increasing access to immunization in Africa is at an all-time high. Governments and communities are embracing immunization as a cornerstone of global development efforts, including the Sustainable Development Goals and the African Union Agenda 2063.

With the launch of this roadmap, we are optimistic because we know that Member States are committed to delivering on the promise of universal immunization. The World Health Organization and African Union Commission, along with our immunization partners, are dedicated to working alongside them to ensure success. The results of this collaboration will be transformative: a generation free from vaccine-preventable diseases.

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ACRONYMS

ADI	Addis Declaration on Immunization
AFP	acute flaccid paralysis
AU	African Union
AUC	African Union Commission
AVAREF	African Vaccine Regulatory Forum
cMYP	comprehensive Multi-Year Plan for Immunization
DCVMN	Developing Countries Vaccine Manufacturers Network
DHS	Demographic and Health Surveys
DTP3	diphtheria-tetanus-pertussis vaccine, 3rd dose
EMVAP	WHO Eastern Mediterranean Vaccine Action Plan
EPI	Expanded Programme on Immunization
GNI	gross national income
GPEI	Global Polio Eradication Initiative
GRISP	Global Routine Immunization Strategies and Practices
GVAP	Global Vaccine Action Plan
HPV	human papillomavirus
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMB	Independent Monitoring Board
JRF	Joint Reporting Form
MCIA	Ministerial Conference on Immunization
MCV1	measles-containing vaccine, 1st dose
MICS	Multiple Indicator Cluster Surveys
MNTE	Maternal and Neonatal Tetanus Elimination
NEPAD	New Partnership for Africa's Development
NRA	National Regulatory Authority
NUVI	New and Under-utilized Vaccines Implementation
REC	regional economic community
RED	Reaching Every District approach
RITAG	Regional Immunization Technical Advisory Group
RSPI	African Regional Strategic Plan for Immunization
SAGE	Strategic Advisory Group of Experts on Immunization
SDG	Sustainable Development Goal
SHA	System of Health Accounts
SIA	supplemental immunization activity
UNICEF	United Nations Children's Fund
VPD	vaccine-preventable disease
WHA	World Health Assembly
WHO	World Health Organization
WHO AFRO	WHO Regional Office for Africa
WHO EMRO	WHO Regional Office for the Eastern Mediterranean
WUENIC	WHO/UNICEF Estimates of National Immunization Coverage

Photo: World Health Organization/E. Soteras Jalil

EXECUTIVE SUMMARY

Background

Immunization saves lives, makes communities more productive, and is a core component of strengthening health systems and attaining the Sustainable Development Goals (SDGs).

While Africa has made tremendous gains toward increasing access to immunization in the last 15 years, progress has stagnated, leaving one in five African children without access to life-saving vaccines. As a result, vaccine-preventable diseases continue to claim too many lives.

On January 31, 2017, at the 28th African Union (AU) Summit, Heads of State from across Africa endorsed the Addis Declaration on Immunization (ADI), thereby committing to advance universal access to immunization across Africa. The ADI was initially drafted and signed by ministers and other high-level representatives at the Ministerial Conference on Immunization in Africa (MCIA) in February 2016. Statements of support have been issued by civil society organizations, religious leaders from across faiths, and parliamentarians to support countries in the implementation of the ADI.

The ADI includes ten commitments to achieve universal and equitable access to immunization on the African continent (see below for list of commitments). This roadmap outlines strategies for Member States to accelerate progress on the ADI commitments. The roadmap was developed in close collaboration with the World Health Organization's (WHO) offices in the African Region (AFRO) and Eastern Mediterranean Region (EMRO), the AU Commission (AUC), and immunization partners. The roadmap builds on and complements existing efforts aimed at improving immunization in Africa and around the world, particularly the Global Vaccine Action Plan (GVAP).

Photo: World Health Organization/E. Soteras Jalil

Strategies for Expanding Universal Access to Immunization

The ADI roadmap outlines three strategies for Member States to incorporate into existing efforts to improve immunization coverage.

Roadmap Strategies:

1. Generate and sustain political commitment and funding for immunization through advocacy and communications
2. Address gaps in immunization and work with key partners to overcome barriers to access and utilization of immunization services
3. Monitor progress to drive impact and ensure accountability

Strategy 1: Generate and Sustain Political Commitment and Funding for Immunization through Advocacy and Communications

Member States can use evidence-based advocacy and communications activities to maintain and increase political will and funding for immunization and build demand at the community level.

The approaches outlined in this section include:

- **Develop Effective Messages:** Immunization messaging must be accurate and strategic. All stakeholders at the national and sub-national levels have an important role to play in ensuring that evidence-based and culturally-sensitive messages reach different audiences — from decision-makers to communities — to maintain political will and drive demand for vaccines at the local level. Messages must be tailored for each audience, based on their specific knowledge and beliefs, to ensure resonance.
- **Identify, Develop, and Engage Immunization Champions, Particularly National and Sub-National Leaders:** Champions — highly influential stakeholders, such as Heads of State, ministers, parliamentarians, and state-level leaders, who actively push for policy and programmatic changes — have a profound impact on immunization in Africa. National-level leaders can leverage their unique positions to champion immunization through various forums at the sub-national, national, regional, and global levels. Significant efforts should be made to identify other trusted champions, such as renowned scientists, service providers, community and religious leaders, and artists, who can elevate the issue of immunization through the media, public-facing forums, and their communities.
- **Engage in Advocacy and Communications Activities at the Community Level:** To achieve the ADI commitments, it is necessary to build support for immunization within communities. Researching and understanding barriers to immunization at the local level, engaging influential members of the community to speak out in support of immunization, and developing targeted communications strategies are all ways to increase uptake of existing immunization services and raise awareness about new vaccines.

Strategy 2: Address Gaps in Immunization and Work with Key Partners to Overcome Barriers to Access and Utilization of Immunization Services

Beyond political commitment and financing, Member States will need to strengthen technical capacity at the national and local levels to drive universal access to vaccines.

The approaches outlined in this section include:

- **Focus on Improving Access and Equity:** Closing the immunization access gap between countries' lowest and highest wealth quintiles is essential for achieving the ADI commitments and SDGs. To ensure that vaccine access is equitable, Member States must address challenges on both the supply side (e.g., weak health infrastructure) and the demand side (e.g., low community awareness about immunization). Suggested tactics range from improving program planning at the community level and investing in strengthening health systems to ensuring communities are informed of their right to access quality immunization services.
- **Improve Immunization Program Monitoring and Vaccine-Preventable Disease Surveillance:** Improved data quality and strong vaccine-preventable disease surveillance can guide immunization policies and address program gaps. Member States with poor quality or insufficient data on immunization should allocate resources toward improving data collection systems at the national and sub-national levels,

consider new approaches and technologies for monitoring, and build stronger capacity to analyze data and apply data to program management, among other actions. Additionally, strong surveillance systems are needed to measure the impact of diseases and ensure that immunization targets are being reached.

- **Efficiently Manage Resources and Prepare for Upcoming Transitions and Their Impact on Immunization Programs and Programmatic Sustainability:** Over the next few years, all countries should aim to sustainably finance their immunization programs through a combination of additional resource mobilization and more efficient management and use of currently available resources. Funding for polio eradication will gradually ramp down by 2020 and some countries in Africa are transitioning away from eligibility for immunization support through Gavi, the Vaccine Alliance. Member States must begin preparing early for these significant shifts in financing to ensure that vaccine access is uninterrupted.
- **Expand and Invest in Africa-Based Research, Development, and Production of Vaccines:** Signatories to the ADI committed to strengthen national regulatory authorities, build clinical trial capacity, and promote investments in Africa's immunization research sector. Additional efforts — by Member States and regional coordinating bodies — are needed in this area to improve research capacity; enhance regulatory oversight for the development and approval of new vaccines that meet quality, safety, and efficacy standards; and build manufacturing capacity.

Strategy 3: Monitor Progress to Drive Impact and Ensure Accountability

Strong monitoring and accountability efforts are needed to ensure the success of the ADI and achieve universal access to immunization in Africa. There are national, regional, and global monitoring and accountability systems for immunization already in place (e.g., WHO AFRO and WHO EMRO regional plans, GVAP progress reports) that can be used to track Member States' progress toward and hold them accountable for the ADI commitments. WHO AFRO, WHO EMRO, and the AUC will build and expand on these efforts by reporting annually at the AU level on Member States' progress on a core set of ADI indicators that are outlined in the roadmap. Specifically, these organizations will: 1) collate and synthesize Member States' data through existing reporting mechanisms, 2) document progress toward roadmap indicators, 3) coordinate an independent review body comprised of representatives from immunization partner organizations, 4) disseminate annual regional progress reports to all Member States, and 5) provide and/or coordinate technical assistance for Member States, if necessary.

Implementing the ADI Roadmap

This roadmap has been developed with the aim of providing Member States with a framework to achieve the ADI commitments. While Member States will take the lead, multilaterals, donors, civil society organizations, and others have expressed their willingness to support and work with countries to ensure the successful implementation of the ADI. Notably, WHO AFRO, WHO EMRO, and the AUC have proposed the establishment of a secretariat to provide technical assistance and help monitor progress toward achieving the ADI commitments.

Working together, Member States and their partners can make tremendous progress in the coming years toward ensuring that all people in Africa have access to the vaccines they need to live healthier and more productive lives, ultimately driving sustainable development across the continent.

Africa-wide DTP3 Coverage

Population-weighted average, 2000-2015

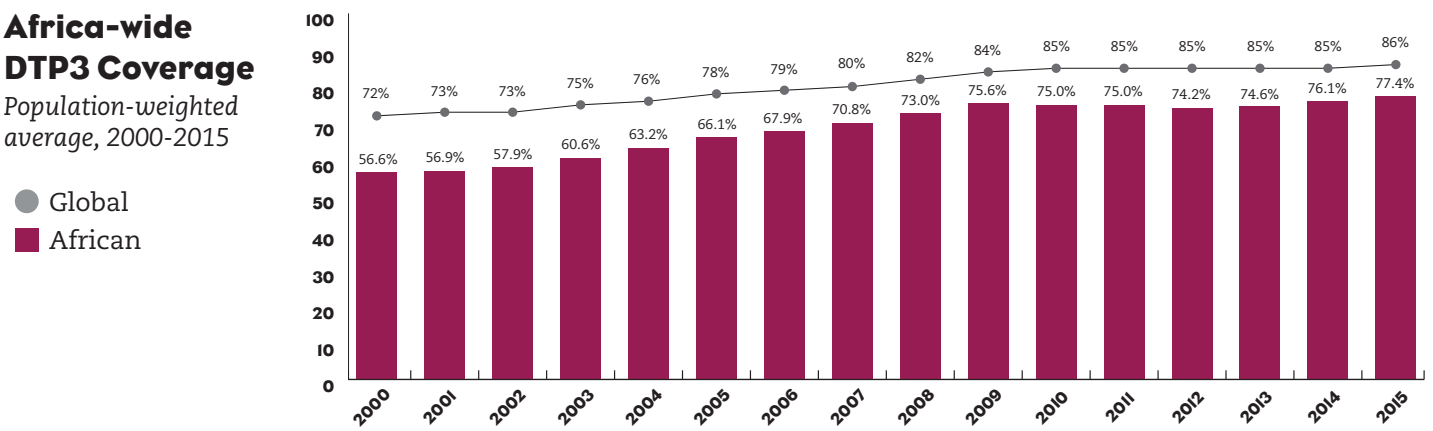


Photo: Bill & Melinda Gates Foundation/Warren Sare

INTRODUCTION

Historic Commitment to Immunization in Africa

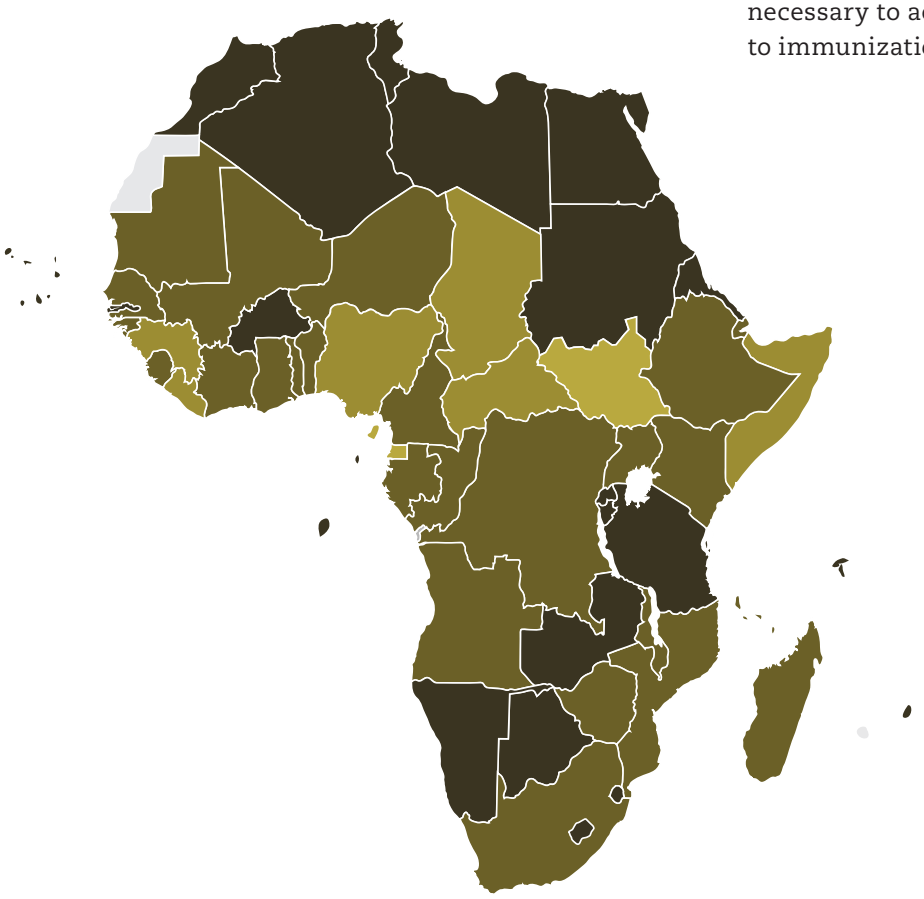
Momentum around increasing access to immunization in Africa is at an all-time high.

On January 31, 2017, Heads of State from across Africa endorsed the ADI, a historic and timely pledge to ensure that everyone in Africa — regardless of who they are or where they live — receives the full benefits of immunization. The endorsement was made at the 28th AU Summit in Addis Ababa, Ethiopia. The ADI was initially drafted and signed in February 2016 at MCIA by Ministers of Health and other high-level representatives from 47 countries across Africa. In addition, three statements of support were issued at MCIA by civil society organizations, religious leaders from across faiths, and parliamentarians to support countries in the implementation of the ADI.

Immunization is among the most effective public health interventions. Vaccines have contributed to a substantial reduction in child deaths in Africa. Immunization was the fundamental strategy for the eradication of smallpox — one of the greatest achievements in public health — and polio is now on the brink of eradication, due in large part to the power of vaccines.

Universal access to immunization is a cornerstone for advancing health and development, driving economic growth, and allowing every person to achieve their full potential. Ensuring universal access to immunization will contribute to attaining the SDGs and other global development efforts, including the African Union Agenda 2063 – a strategic framework for the socio-economic transformation of the continent over the next 50 years.

During the World Health Assembly (WHA) in 2012, 194 Member States, including all AU members, endorsed the GVAP, a framework to prevent millions of deaths by 2020 through more equitable access to vaccines around the world. This vision for immunization remains at the heart of the ADI. Unfortunately, progress toward the GVAP goals in Africa is largely off track. One in five children still does not receive basic immunization, and huge inequities in coverage persist within countries. To realize the full potential of immunization in Africa, it is necessary to accelerate action toward universal access to immunization.



2015 DTP3 Coverage by Country

Key

- >90%
- 60-89.9%
- 40-59.9%
- <40%
- Not Applicable

Source: WHO UNICEF Estimates of National Immunization Coverage (WUENIC) 2015, released July 2016.

A Roadmap for Accelerating Action

The ADI includes ten commitments that will shape the future of immunization in Africa.

The roadmap was developed in close collaboration with WHO AFRO, WHO EMRO, the AUC, and immunization partners.

There are other existing efforts aimed at improving immunization in Africa and around the world, including WHO AFRO's Regional Strategic Plan for Immunization (RSPI), WHO EMRO's Vaccine Action Plan (EMVAP), Global Routine Immunization Strategies and Practices (GRISP), and the Polio Eradication and Endgame Strategic Plan. The ADI roadmap is intended to complement these efforts, not replace or supersede them. Throughout this roadmap, particular attention has been paid to ensuring efforts are aligned and harmonized. Links to relevant strategic documents are provided where appropriate.

The GVAP's specific targets include:

GOAL	BY 2015	BY 2020
Vaccination coverage	90% national coverage and 80% in every district for DTP3 vaccine	90% national coverage and 80% in every district for all vaccines in national programme
New and under-utilized vaccines	Introduction of one or more new or underutilized vaccines in at least 90 low- and middle-income countries	Introduction of one or more new or underutilized vaccines in all low- and middle-income countries
Polio	No new cases of polio after 2014 ("interruption of transmission")	Certification of polio eradication
Global and regional elimination targets	Globally eliminate neonatal tetanus Eliminate measles in at least four WHO regions Eliminate rubella in at least two WHO regions	Measles and rubella eliminated in at least five WHO regions
Millennium Development Goal (MDG) 4	Reduce under-five mortality by two-thirds from 1990	Exceed the MDG 4 target for reducing child mortality

Goal

The goal of this roadmap is to support Member States in achieving the ADI commitments by accelerating progress toward reaching the goals of the GVAP, RSPI, and EMVAP. It provides Member States with specific activities that can be incorporated into existing efforts to improve immunization. The roadmap sets forth three overarching strategies:

1. **Generate and sustain political commitment and funding for immunization through advocacy and communications.**
2. **Address gaps in immunization and work with key partners to overcome barriers to access and utilization of immunization services.**
3. **Monitor progress to drive impact and ensure accountability.**

STRATEGY OVERVIEW	APPROACHES
 **Generate and sustain political commitment and funding for immunization through evidence-based advocacy and communications activities**	• Develop effective messages • Identify, develop and engage immunization champions, particularly national and sub-national leaders • Engage in advocacy and communications activities at the community level
 **Address gaps in immunization and work with key partners to overcome barriers to access and utilization of immunization services at the national and local levels**	• Focus on improving access and equity • Improve immunization program monitoring and vaccine-preventable disease surveillance • Efficiently manage resources and prepare for upcoming transitions and their impact on immunization programs and programmatic sustainability • Expand and invest in Africa-based research, development and production of vaccines
 **Monitor progress to drive impact and ensure accountability and progress toward achieving universal access to immunization**	• Evaluate current monitoring frameworks to identify successes and gaps • Conduct regular reviews to assess immunization program ownership at the national level • Oversee the ADI's regional accountability framework • Report annually on a core set of ADI indicators

Addis Declaration on Immunization Commitments

1. Keeping universal access to immunization at the forefront of our efforts to reduce child mortality, morbidity, and disability, and in doing so helping our countries achieve their long-term health, economic, and development goals.
2. Increasing and sustaining our domestic investments and funding allocations, including innovative financing mechanisms, to meet the cost of traditional vaccines, fulfill our new vaccine financing requirements, and providing financial support for the operational implementation of immunization activities by Expanded Programme on Immunization programs.
3. Addressing the persistent barriers in our vaccine and healthcare delivery systems, especially in the poorest, vulnerable, and most marginalized communities, including the strengthening of data collection, reporting, and use at all levels, as well as building effective and efficient supply chains and integrated procurement systems.
4. Increasing the effectiveness and efficiency, as well as changing the approaches as needed, of our immunization delivery systems as an integrated part of strong and sustainable primary healthcare systems.
5. Attaining and maintaining high quality surveillance for targeted vaccine preventable diseases.
6. Monitoring progress toward achieving the goals of the global and regional immunization plans.
7. Ensuring polio legacy transition plans are in place by end-2016 that will allow future health programs to benefit from the knowledge and expertise the polio program has generated through the eradication initiative.
8. Developing a capacitated African research sector to enhance immunization implementation and uptake.
9. Building broad political will, working with communities, civil society organizations, traditional and religious leaders, health professional associations, and parliamentarians, for the right of every child and every community to have universal access to life-saving vaccines and by extension the best possible chance for a healthy future.
10. Promoting and investing in regional capacity for the development and production of vaccines in line with the African Union Pharmaceutical Manufacturing Plan, including the strengthening of national regulatory authorities.

STRATEGY 1

GENERATE AND SUSTAIN POLITICAL COMMITMENT AND FUNDING FOR IMMUNIZATION THROUGH ADVOCACY AND COMMUNICATIONS

The Need for Advocacy and Communications Efforts

Through the ADI, Member States have committed to keep immunization at the forefront of national and regional efforts to improve health and to expand investments in immunization as a part of strengthening health systems.

Achieving these commitments will become particularly important in the years ahead. Immunization funding from the polio eradication effort will ramp down by 2020. Countries supported by Gavi will take on a greater share of vaccine costs as their national incomes grow. Once their gross national income (GNI) per capita exceeds the Gavi eligibility threshold of US$ 1,580, they will gradually phase out of Gavi support and become fully self-financing.

Evidence-based advocacy and communications strategies can play a key role in ensuring that political will and funding for existing and new vaccines remain sufficient. For example, national policymakers can play a key role in advocating for the implementation of the ADI and expansion of universal access to immunization among their in-country and regional peers, as well as on the international stage. These efforts can be complemented by advocacy from global, regional, and national partners. Sub-national advocacy and communications activities can also drive support and build demand for vaccination throughout the health system and within local communities, as well as hold local governments and service providers accountable.

Approach 1: Develop Effective Messages

The right messaging delivered to target stakeholders can effect changes in beliefs, behaviors, and policies. Past experience has indicated that immunization messages are most effective when they are tailored to a specific

Challenges

The following are some of the challenges Member States will need to overcome to achieve the ADI commitments:

- Persistent gaps between funding, policy, and technical commitments and implementation of these commitments.
- Uncertainty and changes around available program funding due to shifting donor support and competing health and development priorities at the global, national, and sub-national levels.
- Lack of monitoring progress.
- Rapidly changing political environment at all levels.
- Competing health and development priorities.
- Ambitious goals with tight timelines for meeting global, regional, and national targets.
- Poor understanding of the importance of effective advocacy and communications.
- Limited community participation and engagement in immunization program planning, implementation, and monitoring.

Opportunities

Several factors have created an enabling environment for effective immunization advocacy in Africa, including:

- Expanding body of evidence demonstrating the positive health and economic benefits of immunization in Africa.
- Growing awareness and leadership around the importance of immunization, particularly as new vaccines are introduced on the African continent, such as the pneumococcal conjugate, rotavirus, and human papillomavirus (HPV) vaccines.
- Increasingly engaged and informed media across the continent interested in covering health and development issues.

stakeholder or population. For example, messaging on immunization directed at a policymaker will vary significantly from messaging directed at a community leader. As such, messaging should be adjusted to reflect the stakeholder's or population's current understanding of the issue and include the points that will be most persuasive to them (e.g., health impact, return on investment, equity, etc.).

All messaging should be supported by strong and accurate evidence. Data can help demonstrate the value of immunization and give legitimacy to messages. Different types of data can be used to communicate to various stakeholders or populations. For example, Ministries of Health often require data on disease burden, vaccine effectiveness, service delivery, and lives saved. Ministries of Finance, however, are persuaded by information about the economic implications of investing in immunization. Additionally, social data on cultural barriers, as well as knowledge and attitudes toward immunization, can help policymakers identify which programs should be targeted at specific communities.

Member States have an important role to play both in advising on messages that would resonate with leaders and in ensuring these messages reach a broad audience. At the national level, messaging should tie immunization to broader health and development efforts, including child survival. It should also consider the current climate — focusing on what is perceived as relevant or newsworthy — and place the onus for addressing challenges and barriers to universal access to immunization on the appropriate stakeholders. Messaging should also be tailored for specific milestones (e.g., global and national immunization weeks, relevant meetings, program successes, major immunization drives/campaigns) to create awareness, highlight progress and challenges, and sustain momentum.

Proposed Activities

- **Identify Successful and Unsuccessful Messages Based on Audience:** An important first step for Member States will be to identify successful and unsuccessful messages by audience from previous experience. Reviewing existing immunization messaging and determining baseline levels of immunization knowledge and perceptions will help set the groundwork for future message development. A 'one size fits all' approach to messaging is unlikely to work within countries; messages will need to be tailored for specific regions and communities based on their specific beliefs and barriers to access.

- **Conduct Message Testing Surveys:** Small surveys could be used to test current or new messages to understand how messages are perceived by various stakeholders and which resonate the most strongly. Some immunization partners are already conducting message testing surveys and workshops across Africa. Member States are encouraged to coordinate with partners and share findings from message testing efforts to ensure maximum efficiency and effectiveness.

- **Incorporate Data into Messaging:** Data should serve as the foundation for all advocacy and communications messaging. Data points highlighting the health and economic impact of vaccines, as well as ongoing programmatic challenges, will give messages legitimacy and increase their likelihood of inspiring policy and programmatic changes.

Approach 2: Identify, Develop, and Engage Immunization Champions, Particularly National and Sub-National Leaders

The importance of engaging key stakeholders in immunization activities is underscored in global and regional vaccine action plans. Champions — highly influential stakeholders who actively push for policy and programmatic changes — can have a profound impact on immunization in Africa. They can use their voices and networks to engage others, both domestically and across national borders, to build broad support for improved health and immunization. The GVAP outlines the roles that all stakeholders — from the individual to global agencies — should play to achieve the goal of universal access to immunization *(see GVAP Annex 2: Stakeholder Responsibilities)*.

Political leaders can be strong immunization advocates and have the power to reinforce the government's dedication to improving immunization. They also have convening power and can bring together key stakeholders to galvanize momentum at the regional, national, and

Photo: World Health Organization/J Pudlowski

sub-national levels around implementing the ADI. Heads of State can play an important role by publicly making supportive statements and ensuring increased funding for health and immunization. Ministers of Health and Finance, heads of government agencies, and local governments can also be strong advocates, and the extent to which they prioritize health and immunization will largely determine the level of funding that will be available. Parliamentarians must also be engaged to build broad support for immunization. Some countries around the world have built parliamentarian coalitions for immunization and/or child survival, which can serve as strong advocacy bodies in the legislative sphere.

Beyond political leaders, however, it is also important to engage influential members of civil society and local communities. Member States should make a concerted effort to leverage the support of religious and community leaders, civil society organizations, and other local champions. Their voices can be used to help ensure that the ADI commitments are translated into action and results at the national and sub-national levels.

Proposed Activities

- **Understand Stakeholders and Their Roles:** An important first step of any advocacy strategy is to conduct a landscape analysis of the important immunization stakeholders to gain an understanding of each one's role and influence. This will help determine the best way to engage each stakeholder. During the landscape analysis, it will also be helpful to identify other stakeholders who could serve as new immunization champions.

- **Engage and Communicate with Key Stakeholders:** To build champions, foster collaboration, and achieve impact, it is important to create opportunities to interact and communicate with key immunization stakeholders. Symposia, panel discussions, and stakeholder events and meetings can be organized to raise awareness of and generate support for immunization. For example, a health minister in one country who is a strong advocate for immunization can invite other ministers to gather for a side meeting alongside a regional or global conference and encourage them to become champions for immunization in Africa.

- **Equip Stakeholders with Immunization Facts and Figures:** National and sub-national stakeholders and champions must have up-to-date information on immunization policies and programs so that they can effectively communicate at the national level and/or among their local constituencies. Data from both national and sub-national levels can help highlight inequalities between populations and geographies and inform policy and advocacy efforts. Data on vaccine safety and health benefits can help counter vaccine hesitancy.

- **Encourage Leadership Participation in Public Immunization Activities:** To demonstrate their commitment to immunization, national and sub-national leaders can participate in various public immunization activities, particularly around awareness days (e.g., African Vaccination Week). These activities include immunizing their children, administering oral vaccines, observing immunization campaigns, visiting areas with low coverage, and publicly reporting on progress. Such events should be broadly publicized to help build leaders' reputations as immunization champions and bolster public awareness of and support for immunization.

- **Communicate Through the Media:** Stakeholder voices can be used in the media to bring attention to the importance of immunization – and the media can also be a powerful tool to generate awareness and support among key stakeholders. Activities include writing opinion articles in leading national and regional newspapers, speaking on popular radio or television programs, conducting press events/briefings/trainings, and reaching out to media around key milestones. Working with the media proactively to provide accurate, timely information and connect them with immunization experts can help steer public opinion, especially around new vaccine introductions.

Approach 3: Engage in Advocacy and Communications Activities at the Community Level

It is necessary to build support for immunization at the community level. These activities can be tailored to contribute to changing individual and community health behaviors, ultimately generating demand for routine immunization, improving uptake of existing immunization services, and raising awareness about new vaccines.

Advocacy and communications activities at the community level should be informed by strong evidence, including social data. These activities can help to ensure that individuals and communities understand the importance of immunization and dispel any myths and correct misinformation. Tactics may also differ between urban and rural areas, as members of those communities often receive health services differently.

Community and religious leaders can play an important role as influential members of the community, both in terms of advocating to local governments to increase access to immunization, as well as generating demand within communities. The support for immunization from community leaders and other locally relevant groups, such as community-based organizations, healthcare workers, education programs, youth groups, and women's groups will, in turn, help hold political leadership accountable for delivering on the promises made in the ADI.

Proposed Activities

- **Conduct Periodic Research to Understand Barriers to Immunization at the Community Level:** It will be important to gain a clear understanding of the concerns and hesitancies related to immunization at the community level, both in rural and urban areas. Research will be helpful to identify varying knowledge, attitudes, and social norms around immunization. This will help shape key messages and determine the best communications and advocacy strategies to appropriately address these barriers.

- **Conduct Landscape Analysis to Understand the Best Communications Tactics to Reach Each Community:** A critical next step is to identify which voices (e.g., religious leaders), media outlets, and other communications channels (e.g., community meetings) have the most influence within specific communities. Doing this will help shape the efforts for overcoming community barriers to immunization. Part of this analysis can also be to identify which stakeholder or population is reached by each communications channel to ensure messaging can be tailored appropriately.

- **Develop Tailored Advocacy and Communications Strategy:** Once influential media outlets and other preferred communications channels have been identified, a tailored advocacy and communications strategy should be developed. As part of this strategy, appropriate materials explaining the value of vaccines should be created. This will include identifying which traditional and digital media platforms are most likely to reach target stakeholders and/or populations and creating content for dissemination across these platforms. Other communications and social mobilization activities, such as community dialogues, public awareness days, and street theater, can also be utilized to generate awareness and demand at the community level. As previously mentioned, messages shared at the community level should be tailored to take local realities and beliefs into consideration.

- **Engage and Inform Local Media Outlets (e.g., Newspapers, Radio Stations):** Local media coverage of immunization can help provide much-needed immunization education and information at the community level. Given that the media can be a powerful tool, it is immensely important to ensure that journalists are equipped with accurate information. Tactics to engage and inform local media outlets could include media trainings, journalist and editor roundtables, and invitations or scholarships to attend events, such as conferences or meetings.

- **Leverage Local Champions:** Influential local champions, including national, sub-national, and community stakeholders, can use their voices to build support for immunization in local communities. Policymakers, religious leaders, health professionals, celebrities, and other community leaders can reach out to their communities to generate support for and uptake of routine immunization services. Tailored community dialogues employing local champions will also be crucial to facilitate productive discussions on immunization.

Photo: Bill & Melinda Gates Foundation/Frederic Courbet

STRATEGY 2

ADDRESS GAPS IN IMMUNIZATION AND WORK WITH KEY PARTNERS TO OVERCOME BARRIERS TO ACCESS AND UTILIZATION OF IMMUNIZATION SERVICES

National immunization coverage has improved dramatically in almost all countries in Africa in recent decades. As a result, millions of children now have access to life-saving vaccines. Cases of many vaccine-preventable diseases (VPDs), such as measles and meningitis, have fallen in many African countries. National and local immunization campaigns to raise awareness about the importance of immunization have undoubtedly contributed to these successes. However, progress in immunization coverage has stagnated, leaving too many without access to life-saving vaccines.

Immunization coverage in Africa has been improving since the **Expanded Programme on Immunization (EPI)** was established in 1976. However, achieving universal access to immunization by 2020, as envisioned by the GVAP, is largely off track in many African countries. The GVAP specifies two targets for immunization coverage: 90% national coverage and 80% coverage in every district or administrative equivalent with all EPI vaccines in national programs. The GVAP also stresses the importance of achieving equity by closing the access gap between countries' lowest and highest wealth quintiles.

Approach 1: Focus on Improving Access and Equity

Brief Situation Analysis

DTP3 coverage is a measure of the strength of routine immunization programs, as it requires reaching infants multiple times at appropriate age intervals. According to WHO and UNICEF estimates, immunization coverage of WHO AFRO countries — calculated by the percentage of children who received DTP3 — was 76% in 2015. This means that roughly 7.4 million infants did not receive DTP3. For the seven African countries in WHO EMRO in 2015, DTP3 coverage was greater than 90% in five countries, 84% in one country (Djibouti), and less than 50% in one country (Somalia).

National immunization coverage estimates can mask sub-national inequities. The proportion of districts with high DTP3 coverage is used to understand such geographic disparities. In 2015, only seven countries achieved the target of all districts reaching at least 80% DTP3 coverage. Among African countries, the median proportion was 75% of districts achieving at least 80% DTP3 coverage. Inequities within districts also exist, including by socioeconomic status, location (i.e., urban versus rural), maternal education, culture, and religion. This is particularly worrisome, as many of those at risk of VPDs are those who are out of reach of the health system, including immunization services.

Routine immunization programs are the primary channels through which vaccines are delivered, and improving these systems is the most effective and sustainable approach to increasing vaccine coverage. However, supplemental immunization activities (SIAs) are often used to provide immunization services in hard-to-reach communities, particularly as part of periodic intensification of routine immunization and eradication or elimination strategies. For example, such campaigns have been instrumental in ensuring high coverage for oral polio vaccines, which has helped to interrupt polio transmission in most countries in Africa. SIAs have also helped increase coverage for measles, tetanus, meningitis, and yellow fever vaccines across the continent, thus significantly reducing the burden of these diseases. SIAs largely rely on funding from countries, global donors, and respective disease control initiatives, such as the Global Polio Eradication Initiative (GPEI).

Remaining Gaps

Several factors hinder progress toward improving immunization coverage in Africa. In general, the barriers countries face around improved immunization

Photo: World Health Organization

are supply-side (e.g., planning, human and financial resources, delivery systems) and demand-side (e.g., community participation) challenges.

Many of the supply-side challenges stem from gaps in country ownership, lack of prioritization of immunization, competing development priorities, and insufficient investment in reaching marginalized and underserved communities. Taken together, these factors lead to weak health infrastructure, poor program management and planning, and a lack of integration, all of which contribute to missed opportunities for immunization.

One of the greatest supply-side obstacles is the lack of human resources — both in terms of quantity and qualifications — across Africa at all levels, from community health workers to mid-level program managers. In rural areas, in particular, there are challenges in ensuring sufficient numbers of workers to implement immunization programs. Additionally, stock outs, expired products, and damage during transit result in gaps in vaccine coverage. For example, many low- and lower-middle-income countries reported vaccine stock outs at the district level in 2014. Approximately 75% of countries in Africa have significant storage or transport capacity shortfalls at all levels.

On the demand side, low community awareness and limited acceptance of immunization programs in some communities remain major challenges for many Member States. While dedicated outreach to communities has helped in recent years, coverage gaps remain among populations in urban slums, remote communities, areas affected by insecurity, nomadic communities, and areas where some religious groups refuse immunization services.

Opportunities to Address Gaps

Several existing strategic plans provide immunization targets and rationale to Member States around equitably improving immunization coverage and achieving global and regional targets, including GVAP, RSPI, and EMVAP. In addition, GRISP includes a comprehensive framework of strategies and practices to improve routine immunization programs. The recommendations below are synthesized from these strategies. Specific operational plans should be consulted, along with relevant partners, for additional details on implementing the below activities.

Member States with Low Coverage (National DTP3 Coverage Below 90%):

Prioritize interventions to strengthen immunization systems as part of integrated and well-functioning health systems.

- Increase investments in human resource development.
- Strengthen immunization service infrastructure, delivery, access, and quality for existing and new vaccines, including appropriate funding to ensure vaccines reliably reach local health facilities.
- Improve quality and use of administrative data.
- Enhance and sustain multi-sectoral collaboration and partnerships.
- Focus on building data-driven supply chains to safely and reliably deliver potent vaccines to all people.

Member States with High Coverage (National DTP3 Coverage Exceeding 90%):

Work to sustain progress toward equitably improving immunization.

- Sustain funding for current immunization services and increase funding for introduction of new vaccines.
- Document and share best practices with partner organizations and other Member States.
- Focus on building data-driven supply chains to close gaps and safely and reliably deliver vaccines to all people.
- Ensure adequate human resources to schedule and deliver predictable services of acceptable quality.

To ensure that vaccine access is equitable, it is critical that Member States with unreached populations consider a range of activities that expand the immunization program geographically and by other factors (e.g., socioeconomic status, religion, ethnicity) to improve immunization coverage in hard-to-reach or marginalized communities. A strong model is the Reaching Every District (RED) approach, which aims to build district-level capacity to address immunization gaps, with an emphasis on planning and monitoring.

Key aspects of RED include:

- Improve program planning at the community level (e.g., microplanning).
- Work with communities to plan, implement, and monitor immunization services.
- Empower communities and individuals to act on their rights/responsibilities to sustain immunization delivery.
- Consider alternative delivery approaches (e.g., outreach or mobile services) for unreached communities.
- Conduct social research to improve the delivery of immunization services and the system's ability to meet the needs of diverse communities.
- Invest in strengthening health systems to ensure health services reach all communities.
- Ensure sufficient human resource capacity to implement immunization programs.

Finally, in Member States dealing with public health emergencies, including disease epidemics, national disasters, or conflicts, health and immunization programs should aim to provide critical health services, including immunization, to those at risk. This will require effective coordination with relevant stakeholders, including national emergency preparedness mechanisms and non-governmental organizations, to provide immunization as part of integrated health services.

Vaccine-Preventable Disease Surveillance

- **Case-based surveillance:** Active surveillance that aims to identify all suspected cases within a specified geographic area. Necessary when every possible case must be found and investigated.
- **VPD hospital-based sentinel site surveillance:** Active surveillance based at carefully identified hospitals with high probability of detecting disease and good laboratory facilities. Used to monitor trends and estimate disease burden.

Approach 2: Improve Immunization Program Monitoring and Vaccine-Preventable Disease Surveillance

Brief Situation Analysis

Immunization Program Monitoring

Immunization program data at the national level is systematically collected and reported in all African countries. This data is necessary for monitoring immunization program performance, conducting strategic planning, and taking corrective action when necessary. While the completeness, accuracy, and timeliness of data has improved recently, the quality of vaccine coverage estimates and other indicators remains a challenge in many countries. For example, vaccine coverage estimates vary depending on the source of data (e.g., administrative data versus surveys), making it difficult for program managers to utilize such data. In addition, quality coverage data are not available at the district and community levels in many countries, masking inequities between regions.

VPD Surveillance

Case-based surveillance systems for polio and measles have been established in every country in Africa. However, in most cases, districts and communities remain out of reach of these surveillance networks. Expansion of case-based surveillance to include other VPDs has not yet been achieved in many countries.

Similarly, most countries in Africa have established VPD hospital-based sentinel site surveillance for invasive

bacterial diseases and rotavirus diarrhea, and nearly all countries are implementing the Integrated Disease Surveillance and Response (IDSR) strategy. However, the quality and consistency of IDSR implementation at the district level in most countries is lacking, making full integration challenging.

Remaining Gaps

There are remaining gaps in immunization coverage monitoring and VPD surveillance systems in some countries, particularly at the sub-national level. Without access to high-quality vaccine coverage data at the district and community levels, immunization program managers are unable to identify and allocate resources toward addressing unimmunized communities and closing immunization gaps. Inadequate surveillance at these levels can lead to poor sensitivity of surveillance programs, as was highlighted recently with the detection of wild type poliovirus in Nigeria. The lack of reliable data to guide programmatic decisions at all levels is a major challenge in many countries in Africa.

Opportunities to Address Gaps

There are existing recommendations for implementing high-quality immunization system monitoring and VPD surveillance. These can be found in the GVAP, RSPI, EMVAP, IDSR, and International Health Regulations (IHR). The recommendations below are synthesized from these strategies and the Midterm Review of the GVAP. Operational plans should be consulted for specific details on implementing activities.

Improve Data Quality and Utilization:

Member States with poor data quality and where data are not routinely utilized should invest in strengthening and expanding their immunization monitoring.

- Improve quality of all administrative data concerning immunization at the national and sub-national levels.
- Promote accessibility, use, and analysis of data at all levels to improve program performance, decision-making, and planning.
- Build capacity in analyzing data and applying data to program management.
- Improve communication and coordination on data collection and utilization across levels, including between field offices, health centers, and central offices.
- Consider new approaches and technologies for immunization monitoring.

Strengthen Surveillance and Collaboration:

Member States will need to further integrate VPD surveillance programs with other existing regional and global health surveillance efforts. While many countries already have plans for integrating surveillance, additional efforts will be needed.

- Allocate necessary resources toward building and improving surveillance and laboratory capacity and consider new technologies for VPD surveillance.
- Strengthen community-based surveillance.
- Ensure eradication and elimination surveillance programs do not operate independently of VPD surveillance.

Timely information about immunization systems can guide policies and address program gaps. Both improved data quality and integration with other efforts are needed to strengthen immunization programs and achieve GVAP targets for national- and district-level coverage by 2020.

Strong disease surveillance systems are also necessary for measuring the impact of disease interventions, including vaccines. Under the GVAP's strategic objective to establish strong immunization systems as an integral part of well-functioning health systems, all African countries are encouraged to have case-based surveillance systems for polio, measles, and maternal and neonatal tetanus no later than 2018. In addition, most low- and middle-income countries should also have established high-quality, hospital-based sentinel site surveillance for VPDs and conducted laboratory accessibility and service quality assessments. All countries should have plans to incorporate VPD surveillance within broader disease surveillance strategies. Such robust surveillance systems will be necessary for achieving and sustaining polio eradication, eliminating measles and rubella, and controlling other VPDs across WHO regions.

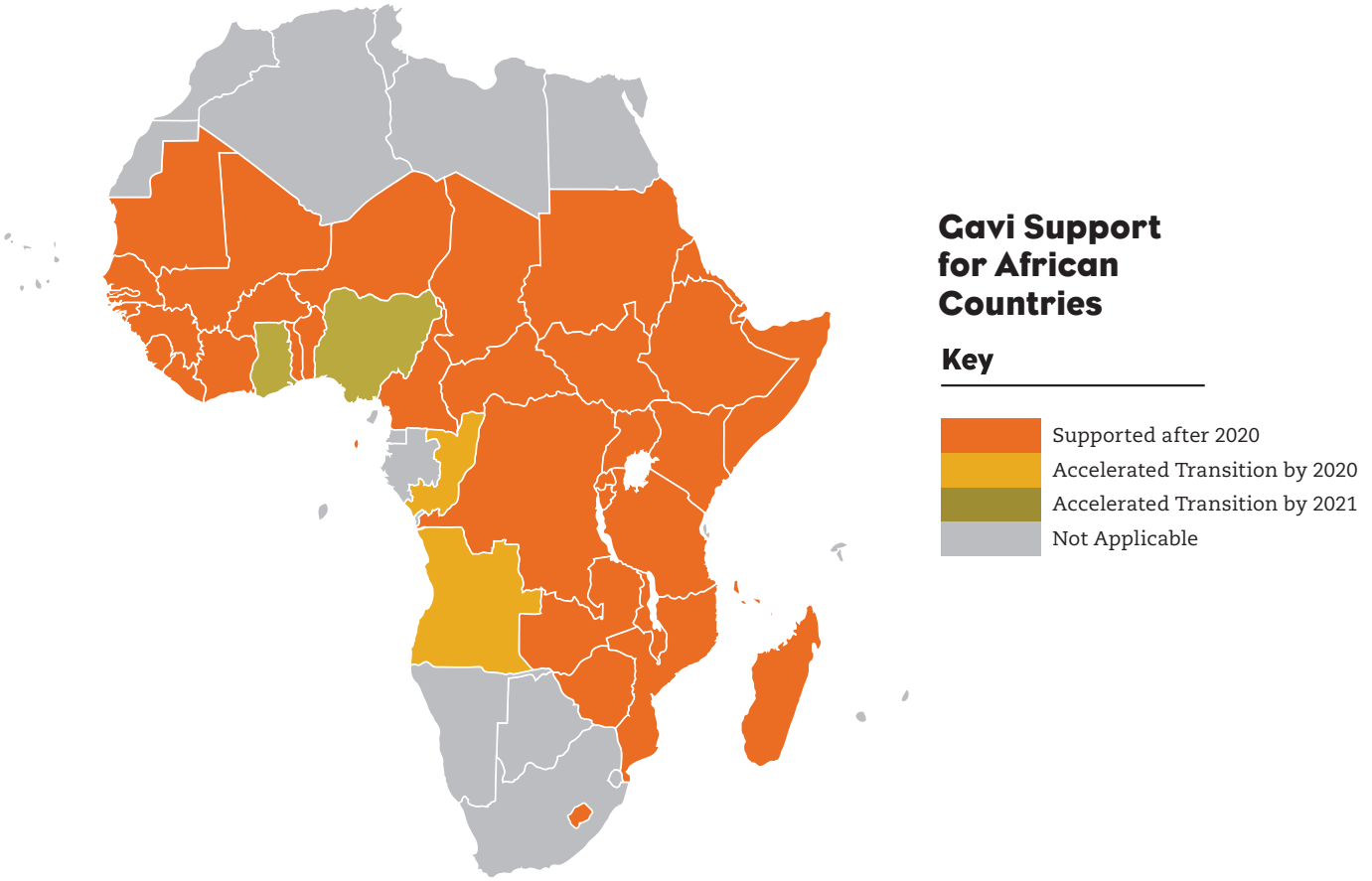
- Plan for shifts in funding for VPD surveillance programs.
- Develop and implement plans to incorporate VPD surveillance within the IDSR framework and build on the IHR core competencies.
- Establish stronger collaborations with the Africa Centers for Disease Control and Prevention.

Approach 3: Efficiently Manage Resources and Prepare for Upcoming Transitions and Their Impact on Immunization Programs and Programmatic Sustainability

Brief Situation Analysis

With the introduction of new vaccines — such as those that protect against pneumococcal disease and HPV — that are more expensive per dose than traditional vaccines the cost of national immunization programs is increasing. The price of the vaccines needed to fully vaccinate a single child is estimated to be between US$ 25 and $45, which could increase as even newer vaccines are introduced. However, this does not take into account non-vaccine costs related to generating demand for services among populations and managing and maintaining vaccine delivery infrastructure, outreach, supply chains, data systems, and VPD surveillance.

Over nearly three decades, the GPEI established a significant presence in Africa. This includes a large trained workforce on the continent, a standardized system for real-time surveillance, stronger vaccine supply chains, and robust processes for using data to hold individuals and systems accountable for results. In some cases, polio-funded infrastructure and personnel support health priorities beyond polio, such as routine immunization, measles/rubella elimination, and new vaccine introduction. Many of these resources are managed by implementing agencies and supported by approximately US$ 300 million in annual contributions currently coming to the African region through GPEI. This funding will gradually reduce over the next several years as global certification of polio eradication is achieved. Country governments, donors, implementing partners, and civil society must work together to avoid gaps in critical services and plan for a post-polio Africa. As part of this, countries should develop strategies for successfully transitioning key polio functions fully



into national health programs and, where appropriate, leveraging existing polio systems, functions, and other assets for other health purposes.

Additionally, two countries in Africa (Angola and Republic of Congo) are in the process of transitioning away from Gavi support because their gross national income (GNI) per capita crossed Gavi's 2017 eligibility threshold of US$ 1,580. Once a country crosses the threshold into Gavi's accelerated transition phase, they have one grace year when their co-financing rates remain the same as the previous year. This is followed by a five-year period during which co-financing rates are ramped up so that the country eventually completely finances the vaccines originally introduced with Gavi support. In the accelerated transition phase, these countries have the opportunity for one-time support for vaccines, such as HPV, that may not have been introduced previously. As a result, it is expected that government vaccine expenditures on vaccines will increase during this period.

On average, between 2010 and 2015, countries have increased government spending on routine immunization per live birth by 37% in WHO AFRO and by 17% in WHO EMRO. As countries in Africa continue to grow economically, they are encouraged to begin preparing early to take on more financial responsibility for their immunization systems. This requires increasing domestic investment in immunization and health systems, including through innovative financing mechanisms.

Remaining Gaps

While recent data indicate that governments have made some progress toward increasing expenditures on vaccines and immunization, the current level of investment will not be sufficient to cover the cost of fully immunizing all children. Further efforts are required to finance vaccine programs through government resources. Major challenges to achieving this goal include:

- **Appropriately Using and Managing Current Immunization Resources:** Many countries find it challenging to increase the immunization budget year after year. Efforts to fully execute the immunization budget and make the best use of resources to achieve coverage and other goals should become a greater focus of immunization programs.
- **Financing New Vaccines:** While some countries have begun procuring and paying for newer, more expensive vaccines, others are not yet financing the cost of traditional vaccines using national resources, even at current low costs. In 2014, eleven countries in WHO AFRO and three countries in EMRO fell into this category. In addition, government allocations in most middle-income countries that are not supported by Gavi are insufficient to introduce new vaccines.
- **Reporting Expenditures:** Reporting on government expenditures for vaccines and routine immunization is improving, but not all countries are reporting adequately. While the quality of reporting appears to be improving, there are still some gaps in global reporting on expenditures. Countries are encouraged to use results of the System of Health Accounts (SHA) to report immunization expenditures.
- **Polio Transition Planning:** No countries in Africa have yet prepared strategic plans that include financial commitments and policy proposals for transitioning essential polio program functions still needed by national immunization programs. Countries will need to develop and implement strategies for how to manage the polio transition process and improve the documentation of lessons learned during polio program efforts.

Member States need to carefully plan, budget, and track funds both for vaccine procurement and for the immunization program at all levels. This is particularly important for Gavi-eligible countries in the accelerated transition phase that will need to increase their co-financing commitments. To ensure a sustainable program, it is critical that countries start addressing the need for additional and better managed resources.

Opportunities to Address Gaps

GPEI, Gavi, WHO, and other partners are currently providing guidance and support to Member States around preparing for the polio transition and ensuring sustainable domestic financing and technical capacity for immunization programs.

All Member States:

All Member States will need to accelerate polio program transition planning ahead of the ramp-down of GPEI funding support. Guidance and tools to support the planning process are available in the GPEI transition guidelines.

- Appoint a governing body, chaired by the national government, as the main decision-making body on polio transition planning. This body should include a mechanism for involving GPEI partner agencies, donors, and civil society in the planning process.
- Link polio transition planning to other national health priorities and planning processes, such as the development of national comprehensive Multi-Year Plans for Immunization (cMYPs) and National Health Sector Strategic Plans. Polio transition planning should also be taken into account during World Bank Health Sector Assessments, Joint External Evaluations linked to the IHR, and Gavi Joint Appraisals.

- Outline the national government's capacity for mainstreaming essential polio functions fully into national health programs and interest in leveraging polio resources for ongoing health priorities. Clarify domestic commitments to enhancing government capacity to take on essential polio functions and financing the implementation of legacy transition plans.
- Provide leadership for the process by tracking progress and advocating with donors, partners, and key stakeholders.
- Aim to sustainably finance immunization programs through a combination of additional resource mobilization and better management and use of currently available resources. As part of this, Member States should seek to procure vaccines at their lowest price and find other ways to become more efficient.

Member States at or Below US$ 1,045 GNI Per Capita:

Low-income Member States should aim to develop plans for fully financing low-cost routine vaccines and providing adequate co-financing for new vaccines. In addition, financial support for training, supervision, and monitoring, as well as tracking outbreaks, should be sought from domestic sources, international funders, or other innovative financing mechanisms as required.

Member States Between US$ 1,045 and 1,580 GNI Per Capita:

Intermediate-income Member States are encouraged to increase their co-financing for vaccines in accordance with Gavi specifications. WHO's Strategic Advisory Group of Experts (SAGE) on Immunization committee prepared and endorsed a Middle Income Strategy that calls for immunization program sustainability to be perceived within a broader and more comprehensive context. Intermediate-income countries should focus on improving: 1) decision-making around vaccine introduction and other areas of immunization policy, 2) political commitments and domestic resources for immunization, 3) continued demand for vaccines and equity in the delivery of immunization services, and 4) access to affordable and timely supply.

Transitioning Member States (Above US$ 1,580 GNI Per Capita):

In addition to the recommendations for intermediate-income Member States, countries preparing to enter the accelerated transition phase should work closely with Gavi to develop plans for sustainable financing of their immunization programs. Countries would need to mobilize predictable resources to finance vaccines and immunization programs. Similar to intermediate-income Member States, countries in this group should focus on improving: 1) decision-making around vaccine introduction and other areas of immunization policy, 2) political commitments and domestic resources for immunization, 3) continued demand for vaccines and equity in the delivery of immunization services, and 4) access to affordable and timely supply.

Approach 4: Expand and Invest in Africa-Based Research, Development, and Production of Vaccines

Brief Situation Analysis

Increased vaccine research, development, and production capacity in Africa would improve the ability of Member States to address the diseases that disproportionately affect countries on the continent, particularly in the event of an outbreak or public health emergency. Capacity in Africa is currently extremely limited, and long-term investments are needed to build research and regulatory capacity and local manufacturing capabilities to serve the region.

Strong national regulatory authorities are necessary for research and clinical trial oversight, a key step toward developing research capacity in the region. Building regulatory capacity will help to encourage collaborations with private sector and other vaccine developers. Unfortunately, regulatory authorities in many African countries have limited ability to provide oversight for the development and approval of new vaccines that meet

The GVAP calls for global, regional, and national research and development for immunization, as measured by the technical capacity to implement clinical trials and perform operational research. In the long term, countries should also work toward developing the capacity to manufacture vaccines. Signatories to the ADI committed to strengthen national regulatory authorities and promote investments in the African research sector. Additional efforts — both from Member States and through regional coordination bodies — are needed in this area.

quality, safety, and efficacy standards. Strengthened regulatory capacity is particularly relevant to the development of new vaccines targeting diseases, such as Ebola, that are specifically relevant to countries in Africa.

Opportunities to Address Gaps

National Level:

Member States should engage regulators through Ministries of Health and through international collaborations to drive progress toward establishing more efficient regulatory systems and processes. Member States should cooperate and share lessons learned through their regional economic communities' regulatory harmonization initiatives. Long-term investments in higher education in life sciences will begin to close the capability gap, enabling in-country staffing for key regulatory, research and development, or manufacturing roles. To make near-term progress in building manufacturing capacity, Member States should encourage collaborations with for-profit or not-for-profit entities to develop in-country capabilities.

Regional/International Level:

At the regional level, regional economic communities can serve as a coordinating body for Member States when one or more countries seek to develop manufacturing capacity. Additionally, given the high cost and complexity of setting up manufacturing facilities, regional economic communities can also help Member States secure financial investments by facilitating discussions and negotiations between countries.

Internationally, Member States can collaborate with private vaccine manufacturers, non-governmental organizations, funding agencies, and others to strengthen local capacity toward the achievement of all aspects of this ADI commitment.

The following initiatives are working to strengthen capacity in Africa:

- The African Vaccine Regulatory Forum (AVAREF) was established by WHO in 2006 to build the capacities of regulatory agencies and ethics committees and to promote harmonization of practices in support of oversight of clinical trials in the region. AVAREF has already played a crucial role in the development of meningococcal and malaria vaccines, as well as therapies and vaccines targeted against Ebola. AVAREF now has a renewed mandate to work closely with AU's New Partnership for Africa's Development (NEPAD) to enhance the regulatory capacity of all African countries and ensure timely access to safe, efficacious, and quality-assured medical products.
- The Developing Countries Vaccine Manufacturers Network (DCVMN) is an international, public health-driven alliance of manufacturers working to increase the availability and enhance the quality of vaccines produced in emerging countries. Two African countries, Egypt and South Africa, are currently members of the DCVMN. The Network actively encourages collaboration between partners and multinational corporations and facilitates learning among members.

Current Vaccine Research, Development, and Production Capacity in Africa

Between 2012 and 2016, 23 African countries had registered vaccine clinical trials. In many of these countries, multiple trials were conducted. For example, 16 of these countries registered a total of 38 vaccine clinical trials between 2015 and 2016.

Only two national regulatory authorities in Africa (i.e., Egypt and Senegal) are recognized by WHO as applying stringent standards for quality, safety, and efficacy. This recognition is required in order for countries to manufacture prequalified vaccines for international markets, including UNICEF and Gavi purchase.

The Institut Pasteur de Dakar in Senegal is one of four facilities in the world that manufactures the Yellow Fever vaccine, and it manufactures the only WHO-prequalified vaccine from Africa. In addition, South Africa, Tunisia, Egypt, and Ethiopia manufacture vaccines primarily for their own national immunization programs.

Photo: Bill & Melinda Gates Foundation/Frederic Courbet

STRATEGY 3

MONITOR PROGRESS TO DRIVE IMPACT AND ENSURE ACCOUNTABILITY

Scope and Background

To ensure the success of the ADI, it will be necessary to track and monitor country progress toward immunization commitments. Global, regional, and national monitoring and accountability systems for immunization are already in place. The WHA resolution adopted by Member States in May 2012 called for GVAP progress reports to be prepared annually for review at the regional and global levels. The AUC has also established review processes for other disease areas. Additionally, WHO AFRO and WHO EMRO regional plans allow Member States and partners to report on progress. At MCIA, Member States addressed the importance of strengthening mechanisms for monitoring progress toward the fulfillment of the ADI and GVAP commitments. As a next step, it will be important to evaluate the successes of the current monitoring frameworks and identify gaps.

Annual Review Process

The AUC, WHO AFRO, and WHO EMRO will oversee the ADI's regional accountability framework. Specific responsibilities include: 1) collating and synthesizing data from Member States through existing reporting mechanisms, 2) documenting progress toward immunization indicators, 3) coordinating an independent review body comprising representatives from immunization partner organizations, 4) disseminating annual regional progress reports to all Member States, and 5) providing and/or coordinating technical assistance for Member States if necessary.

The AUC, WHO AFRO, and WHO EMRO will report annually on progress toward delivering on ADI commitments. A biennial high-level review, focusing on immunization program ownership at the national level, will be conducted in conjunction with existing AU review processes. Other ADI commitments will be reviewed in these years as well. Midterm reviews will be conducted in between high-level reviews and will focus on technical indicators.

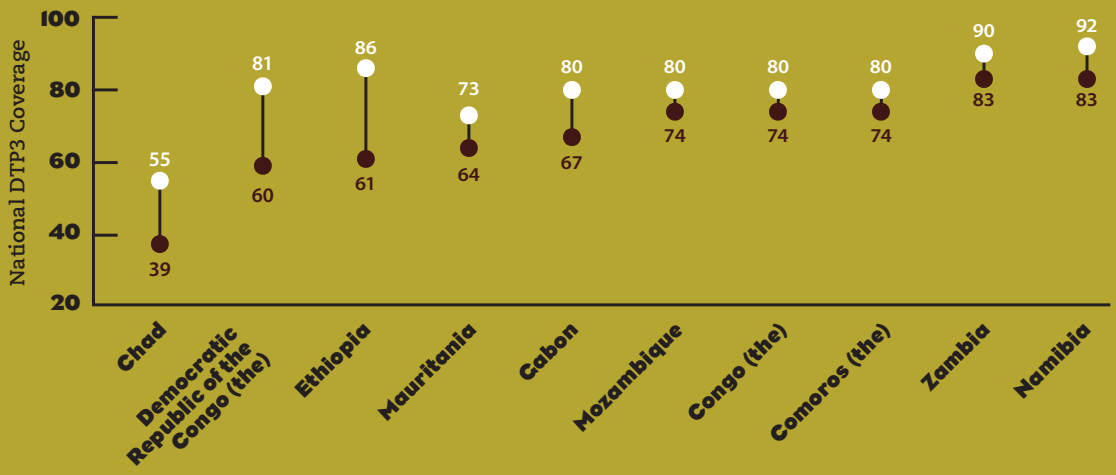
Data collected through other existing frameworks will contribute to each accountability review cycle. For example, vaccine coverage and other immunization program data may already be reported as part of the GVAP accountability framework through the Joint Reporting Form (JRF) process. These data are reported to the WHO and UNICEF Regional Offices, the GVAP secretariat, and the SAGE GVAP Decade of Vaccines Working Group for review on an annual basis and will continue to be published at the global level annually.

The African Regional Immunization Technical Advisory Group (RITAG), which monitors progress on immunization-related goals and advises on regional immunization policies and program, will also contribute to monitoring Member State progress on the ADI commitments and assess and report on progress and challenges at their biannual meetings.

The Accountability Framework and Its Indicators

The 10 ADI commitments and their associated accountability framework indicators and the sources of data are included below. These indicators were prepared by select Member States, WHO AFRO, WHO EMRO, AUC, and a working group comprising of several partner organizations from Africa and elsewhere. The GVAP secretariat also contributed to the development of the indicators.

Several African Countries Have Made Significant Increases in DTP3 Coverage Since 2010



No.	ADI Objective	Indicators	Sources
1.	**Keep universal access to immunization at the forefront of efforts to reduce child mortality, morbidity and disability,** and in doing so help countries achieve their long-term health, economic and development goals	• Number of countries that have established and have fully functional NITAGs • Number of countries where studies have been conducted to determine the current public knowledge and attitudes towards immunization • Number of countries that have developed communications plans for immunization that were informed by recent qualitative or quantitative studies into public perceptions towards immunization • Number of countries with specific legislation on immunization as a basic human right	Country reports Media monitoring Inventory of immunization research Review of country plans
2.	**Increase and sustain domestic investments and funding allocations** to meet the cost of traditional vaccines, fulfill new vaccine financing requirements; and provide financial support for operational implementation of immunization activities by EPI programs	• Incremental government expenditure on routine immunization, including vaccines • Government domestic funding for health as a percentage of GDP (>5% target)	JRF Africa Scorecard on Domestic Financing for Health
3.	**Address persistent barriers in vaccine and healthcare delivery systems,** especially in the poorest, vulnerable, and most marginalized communities, including the strengthening of data collection, reporting, and use at all levels as well as building effective and efficient supply chains and integrated procurement systems	• Proportion of districts or administrative units with ≤80% admin coverage for DPT3 and MCV1 • The percentage difference in DPT3 and MCV1 coverage between the highest and lowest wealth quintiles • Proportion of districts reporting stock out of any vaccine or devices lasting more than 2 weeks • Number of countries monitoring the impact of newly introduced vaccines on disease burden	JRF DHS/MICS JRF
4.	**Increase the effectiveness and efficiency of immunization delivery systems** as an integrated part of strong and sustainable primary health care systems	• Proportion of districts with <10% dropout rate between first dose (DTP1) and third dose (DTP3), and between DPT3 and MCV1 doses • Number of countries with sustained coverage ≥90% of DPT3 and MCV1 for three or more years • Proportion of districts or administrative units with minimum threshold of 4.45 skilled health workers per 1,000 people	JRF WUENIC Global Health Workforce Statistics

No.	ADI Objective	Indicators	Sources
5.	**Attain and maintain high quality surveillance** for targeted vaccine preventable diseases	• NP-AFP rates • Non-measles febrile rash illness rates • Number of countries that have developed and implemented strategic plans for integrating VPD surveillance within the broader IDSR strategy	Regional VPD surveillance databases Country and regional publications/ feedback bulletins
6.	**Monitor progress** toward achieving the goals of the global and regional immunization plans	Percent of countries that attain: • DTP3 and MCV1 objective of 90% national coverage and >80% in every district • Polio-free status • MNTE elimination • Measles elimination	WUENIC Reports from GPEI and verification / validation exercises
7.	**Ensure polio legacy transition plans are in place by end-2016** that will allow future health programs to benefit from the knowledge and expertise the polio program has generated through the eradication initiative	• Mapping of polio-funded assets/functions completed by end-2016 • Budgeted polio transition plans in place by Q2-2017	GPEI + IMB Transition
8.	**Develop a capacitated African research sector** to enhance immunization implementation and uptake	• Number of regional meetings with immunization research as theme • Countries with immunization research activities within their national plan	Funders database National Health Strategic Plans
9.	**Build broad political will** for the right of every child and every community to have universal access to life-saving vaccines, and by extension the best possible chance for a healthy future	• Number of African countries that commemorate World Immunization Week through national events with participation from Ministers/Heads of State; newspapers; articles/op-eds; release of national immunization scorecards; accelerated immunization activities, etc. • Top-5 digital influencers who are active on social media talking about immunization • Number of countries with active immunization champions from various backgrounds	Country reports
10.	**Promote and invest in regional capacity for the development and production of vaccines** in line with the African Union Pharmaceutical Manufacturing Plan including the strengthening of national regulatory authorities	• Number of NRAs that have licensed new vaccines • Licensure and launch of vaccine or vaccines against one or more high-burden diseases where vaccines are currently not available • Number of countries with a budget line for promotion of pre-clinical research capacity for vaccine development and testing	RECs Countries Annual surveys with NRAs JRF

Implementing the Roadmap with Support from Partners and the ADI Secretariat

Support from Partners

In the ADI, Member States called on immunization partners at all levels to support both the implementation of activities and efforts to mobilize resources and secure new investments to strengthen immunization systems. This roadmap is the first step in providing Member States with a framework for achieving the ADI commitments in collaboration with various partner organizations. Member States must also continue to work with civil society organizations, donors, local governments, and one another to fulfill the ADI.

Proposed ADI Secretariat

To further support Member States and immunization partners, WHO AFRO, WHO EMRO, and the AUC propose to establish an ADI Secretariat that will provide assistance and help monitor progress. The specific roles and responsibilities of the secretariat are in the process of being discussed and WHO AFRO, WHO EMRO, and the AUC will be working closely with Member States and immunization partners to refine its terms of reference.

A Promising Future for Immunization in Africa

Tremendous progress has been made to improve immunization coverage and introduce new vaccines in Africa. While many challenges remain — including the persistence of wildtype polio, the emergence of new infectious diseases, and challenges with delivering immunization services in conflict situations — there are reasons to be optimistic. Political will and government funding for immunization are growing. Communities and civil society are increasingly recognized for their critical role in shaping immunization systems and improving vaccine coverage by increasing demand and holding governments accountable. This roadmap is intended to build on this momentum and ensure that the historic commitments made in the ADI are seen to fruition. By working together to achieve immunization for all, we can help ensure a healthy future for Africa and support economic development across the continent.

Photo: Bill & Melinda Gates Foundation/Frederic Courbet

NATIONAL DTP3 COVERAGE ESTIMATES, 2010-2015

Above 90% | 80-90% | Below 80%

Country	2015	2014	2013	2012	2011	2010
Algeria	95	95	95	95	95	95
Angola	64	64	77	75	71	77
Benin	79	75	74	81	75	76
Botswana	95	95	95	95	95	95
Burkina Faso	91	91	88	90	91	91
Burundi	94	95	96	96	96	96
Cabo Verde	93	95	93	94	90	99
Cameroon	84	87	89	85	82	84
Central African Republic (the)	47	47	23	47	47	45
Chad	55	46	48	45	33	39
Comoros (the)	80	80	83	86	83	74
Congo (the)	80	90	85	79	80	74
Côte d'Ivoire	83	76	80	82	62	85
Democratic Republic of the Congo (the)	81	80	74	75	74	60
Djibouti	84	78	82	81	87	88
Egypt	93	94	97	93	96	97
Equatorial Guinea	16	20	3	24	41	44
Eritrea	95	94	94	94	96	90
Ethiopia	86	77	72	69	65	61
Gabon	80	70	79	82	75	67
Gambia (the)	97	96	97	98	96	97
Ghana	88	98	90	92	91	94
Guinea	51	51	63	62	63	64
Guinea-Bissau	80	80	80	80	80	80
Kenya	89	92	87	94	96	90
Lesotho	93	93	93	95	96	93
Liberia	52	50	76	80	77	70

Above 90% 80-90% Below 80%

Country	2015	2014	2013	2012	2011	2010
Libya	94	94	96	98	98	98
Madagascar	69	73	74	70	73	70
Malawi	88	91	89	96	97	93
Mali	68	77	71	68	66	73
Mauritania	73	84	80	80	75	64
Mauritius	97	97	98	98	98	99
Morocco	99	99	99	99	99	99
Mozambique	80	79	78	76	76	74
Namibia	92	88	89	84	82	83
Niger (the)	65	68	67	71	75	70
Nigeria	56	49	46	42	48	54
Rwanda	98	98	98	98	97	97
Sao Tome and Principe	96	95	97	96	96	98
Senegal	89	89	92	91	92	89
Seychelles	97	99	98	98	99	99
Sierra Leone	86	83	92	91	89	86
Somalia	42	42	42	42	41	45
South Africa	69	70	65	68	72	66
South Sudan	31	39	45	59	61	–
Sudan (the)	93	94	93	92	93	90
Swaziland	90	98	98	95	91	89
Togo	88	87	84	84	85	83
Tunisia	98	98	98	97	98	98
Uganda	78	78	78	78	82	80
United Republic of Tanzania	98	97	91	92	90	91
Zambia	90	86	79	78	81	83
Zimbabwe	87	91	95	95	93	89

Source: WHO UNICEF Estimates of National Immunization Coverage (WUENIC).

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ADDIS DECLARATION ON IMMUNIZATION

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