World Health Organization

photo: Frederic Courbet / Bill & Melinda Gates Foundation

MINISTERIAL CONFERENCE ON IMMUNIZATION IN AFRICA

Improving Immunization Coverage and Equity

Background

Countries around the world have committed to the Global Vaccine Action Plan (GVAP), a framework for universal access to immunization for every child, everywhere. The GVAP acknowledges that equitable access to immunization is a core component of the right to health.

Countries across Africa have also made similar commitments to immunization. The 64th session of the WHO Regional Committee for Africa in November 2014 passed a resolution endorsing the Regional Strategic Plan For Immunization 2014–2020 (AFR/RC64/R4). This Regional Plan aims to achieve universal immunization coverage within the WHO African Region.

To achieve this goal, the plan proposes to increase current vaccine coverage and sustain future high coverage through a variety of methods, including reaching under-served populations and reducing disparities in immunization within and between countries. The plan includes coverage and programmatic targets to be met by 2020, along with milestones towards these targets.

Similarly, the 62nd session of the WHO Regional Committee for Eastern Mediterranean Region (EMRO) in 2015 adopted the Eastern Mediterranean Vaccine Action Plan (EMVAP) for the period 2016-2020 (EM/RC62/R.1). The EMVAP focuses on ensuring equitable access to vaccines for all communities and individuals, especially those that are marginalized and are in hard-to-reach areas.

Situation Analysis

DTP3 and Measles Coverage in AFRO

According to WHO-UNICEF coverage estimates, immunization coverage in the WHO African Region—calculated by the percentage of children receiving three doses of Diphtheria-Tetanus-Pertussis (DTP3) vaccine—was 77% in 2014, of note:

- 18 countries have coverage of 90% or more
- Five countries have coverage levels of less than 60%

Similarly, in 2014, coverage with the first dose of measles vaccine (MCV1) for the Region was 73%, of note:

- 14 countries have coverage of 90% or more
- Seven countries have coverage levels of less than 60%

In 2014, the number of infants who did not receive the third dose of DTP vaccines in the WHO African Region was estimated to be 7.4 million out of an annual birth cohort of 32.7 million: approximately 23%. One third of these children are living in six countries: Ethiopia, Kenya, DR Congo, South Sudan, Nigeria and Guinea. In the same year, an estimated 8.8 million infants did not get the first dose of measles vaccines in the routine immunization schedule.

In 2014, 7.4 MILLION INFANTS in the WHO African Region DID NOT RECEIVE THE THIRD DOSE OF DTP VACCINE, out of an annual birth cohort of 32.7 million: approximately 23%.

ONE out of FIVE children does not receive basic life-saving immunizations (DTP3).

73% coverage of MCV1 in AFRO Region

14 countries achieving 90% or more coverage of MCV1 in AFRO Region

7 countries with measles vaccination coverage levels of less than 60% in AFRO Region

DTP3 and Measles Coverage in EMRO

In the seven African countries in the WHO Regional Office for the Eastern Mediterranean (EMRO), the immunization coverage with DTP3 in 2014 was 90% or more in five countries, and only one country had coverage levels of less than 60% for DTP3.

Similarly, coverage with MCV1 for the seven African EMRO countries was 90% or more in four countries, while only one country had MCV1 coverage level of less than 60%.

Five out of the seven EMRO countries in Africa reported achieving 80% and above DTP3 coverage in 90% of districts. In the case of Somalia and Djibouti, the districts achieving 80% or more DTP3 coverage were only 17% and 50% respectively.

Hep B, Hib, Pneumococcal and Rotavirus Vaccines

New and underutilised vaccines are also being introduced into national immunization schedules. As of December 2014, all countries in AFRO have introduced hepatitis B vaccine and *Haemophilus influenzae type b* vaccines.

Pneumococcal conjugate vaccines (PCV) have been introduced by 35[1] AFRO countries and rotavirus vaccines by 27[2] AFRO countries. The proportion of children that do not have access to pneumococcal vaccines is 11%, while the proportion of children that do not have access to rotavirus vaccine is 48%. The high percentage of individuals without rotavirus vaccines includes high-population countries such as Nigeria and DRC that have not yet introduced the vaccines.

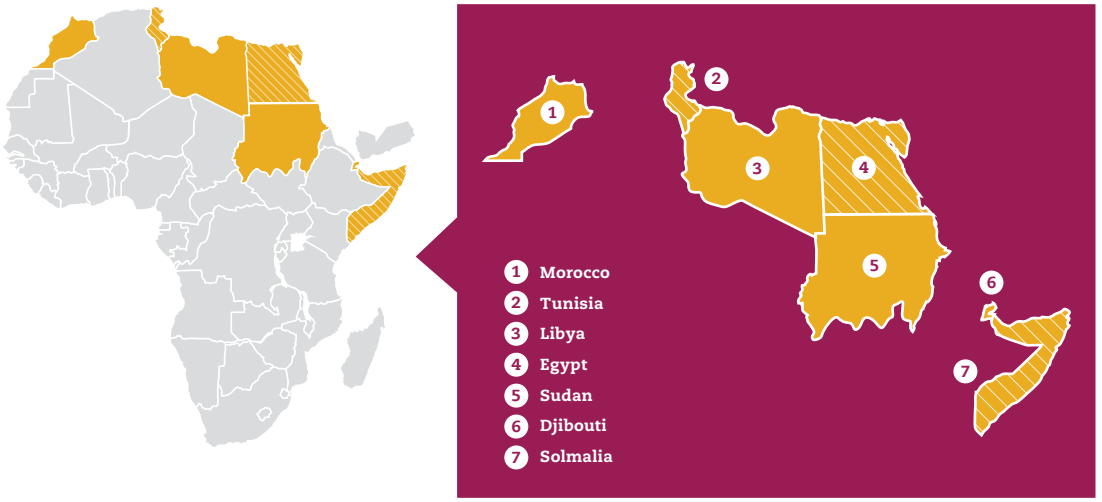
Recent studies on the rotavirus vaccine show that if the vaccine is used in all Gavi-eligible countries, it could prevent an estimated 180,000 deaths and avert 6 million clinic and hospital visits each year, thereby saving US$68 million annually in treatment costs.

Children whose parents have no education or are less wealthy are less likely to receive the vaccines they need than children from more-educated and higher income families.

Reports did not, however, indicate any significant differences in coverage between boys and girls.

[1]PCV: Angola, Benin, Botswana, Burundi, Burkina Faso, Cameroon, Central African Republic, Congo, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

[2]Rotavirus vaccines: Angola, Botswana, Burkina Faso, Burundi, Cameroon, Congo, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique Namibia, Niger, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Togo, Tanzania, Zambia and Zimbabwe.



Hepatitis B vaccine and Haemophilus influenzae type b vaccines have been introduced in all the seven African countries in the EMRO region.

Pneumococcal conjugate vaccine and rotavirus vaccine is yet to be introduced in three out of seven EMRO member states in Africa, namely Egypt, Somalia and Tunisia.

The major challenges Member States face to achieve equitable provision of immunization services and maintain high coverage rates include:

- Multiple developmental priorities
- Difficulties focusing immunization resources on specific low-coverage geographic areas/target groups
- Gaps in country ownership and political commitment for immunization
- Low community awareness and participation in immunization programs
- Inadequate human and financial resources
- Inadequate logistics capacity including weaknesses in vaccine management, and in providing services for hard to reach populations
- Failure to document and scale up successful practices
- High cost of new vaccines for non-Gavi eligible countries
- Challenges improving the quality and programmatic use of immunization monitoring data

Way Forward

To improve immunization coverage and equity, stakeholders including Member States, Civil Society, the UN, WHO and UNICEF as well as Gavi and academics should focus on the following key areas:

Member States should take the following steps to meet coverage targets in the regional vaccine action plans and scale up their support for these initiatives:

- Identify underserved/left out populations in all areas in order to improve service delivery, coverage and equity through tailored approaches.
- Update and implement comprehensive multi-year plans as well as integrated annual operational plans which focus on a set of high impact priority interventions that can be fully financed and adequately monitored.

Member states should also allocate adequate human and financial resources to the following goals:

- Introduce new vaccines
- Mobilize, involve and empower communities to effectively demand and utilize vaccination services.
- Enhance and sustain multi-sectoral collaboration and partnerships in the implementation of the strategies as well as the monitoring and evaluation of immunization programmes.

Civil society organizations should continue to engage in advocacy at the country, regional and global levels. The efforts should also involve domestic and international partnerships, with the aim to:

- Improve general health services
- Promote vaccines and immunization services
- Increase community demand in order to make sure every child is reached with vaccines

UN and other global agencies such as **WHO** and **UNICEF** should:

- Advocating for and leading the provision of technical support to promote country ownership of immunization
- Strengthening national capacity, regional infrastructure and delivery of immunization programmes
- Educating, empowering and engaging vulnerable groups and communities
- Building grassroots initiatives to track progress and hold governments and stakeholders accountable
- Contributing to improvement of monitoring and evaluation systems

Gavi should:

- Facilitate alignment of financial support among partners, taking into account the national priorities of the countries eligible for Gavi support
- Continue its efforts in market shaping to bring down vaccine prices

Academics should:

- Promote innovation in vaccine-related research
- Pursue a multidisciplinary research agenda
- Develop vaccines and technologies that optimize and maximize vaccine delivery.

MINISTERIAL CONFERENCE ON IMMUNIZATION IN AFRICA

www.ImmunizationinAfrica2016.org

@africavaxconf | #MCIA16