

# Technical report on the High-level side event on ‘Building momentum for routine immunization recovery in Africa’

convened on the margins of the 36th Ordinary Session of the AU Assembly of Heads of State and Government



convened by

The Government of the Republic of Sierra Leone

The African Union (AU) Commission for Health, Humanitarian Affairs, and Social Development (AUC HHS)

and

The World Health Organization (WHO)

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# 1. Background

## 1.1 Context

At the 2012 World Health Assembly (WHA), all 194 Member States – including those in the African Region – endorsed the Global Vaccine Action Plan<sup>1</sup> (GVAP) 2011–2020 and committed to obtaining 90% national immunization coverage by 2020. To achieve this goal, the African Region adopted the ‘Regional Strategic Plan for Immunization 2014–2020(RSPI),<sup>2</sup>’ which set ambitious targets, including eradicating polio and eliminating measles, rubella and maternal and neonatal tetanus by 2020. The 2016 Addis Ababa Declaration on Immunization<sup>3</sup> – a historic pledge endorsed by Heads of State and Government at the 28<sup>th</sup> African Union Summit – further aimed at increasing political will to achieve these global and regional goals. Subsequently, in February 2016, ministers from 45 Member States attended the Ministerial Conference on Immunization in Africa, organized by the World Health Organization (WHO) and reaffirmed their commitment to continue to invest in immunization programmes. The emanating 10 ADI commitments and road map called for an urgently needed increase in resources, improvements in research and development and negotiation with manufacturers to improve price transparency, ensure affordability and guarantee uninterrupted supply of vaccines – all to strengthen immunization programmes.

Routine childhood vaccination was among the essential health services disrupted by the COVID-19 pandemic. In 2021, the world saw the worst continued decline in routine immunization in 30 years. Within the African continent, this has led to increasing outbreaks of vaccine-preventable diseases. For example, 33 outbreaks of measles were reported in 27 African countries in 2022. New polio cases have not only re-emerged in African countries that had not experienced the virus in decades but have also crossed the borders of the United Kingdom, the United

States and Israel, sending a message that neglecting routine immunization puts children and communities everywhere around the globe at risk of epidemics of vaccine-preventable diseases and represents a global risk.

The unprecedented pressure exerted by the COVID-19 pandemic on immunization supply chains, primary health care (PHC) systems, the health-care workforce, and national budgets has further exacerbated the decline in immunization rates in 20 countries, which now account for three-quarters of the world’s zero-dose children. Nine of these countries are in Africa: Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Madagascar, Mozambique, Nigeria, and the United Republic of Tanzania. In 2021, these nine countries accounted for 43% of zero-dose children recorded in the 20 priority countries (6.1 million out of 14.2 million), and for 79% of zero-dose children in the African Region. This is a child health and survival crisis which could translate into high child morbidity and mortality in Africa and around the world.

The COVID-19 pandemic has reminded the world of the power of vaccines to fight disease, save lives, improve livelihoods and create a healthier, safer, and more prosperous future. Despite this knowledge, the benefits of immunization are unevenly shared: immunization coverage varies considerably among and within countries. Some populations – often the poorest, most marginalized and most vulnerable, in fragile contexts torn apart by conflict and affected by climate change – have poor access to immunization services. Each year, approximately 20 million infants do not receive a full course of basic vaccines and many more miss out on newer vaccines. Of these, over 13 million receive no vaccine at all through immunization programmes – the “zero-dose” children. The cumulative total number of children who

have not received a single dose of routine vaccines in the past three years is estimated at over 50 million worldwide, including over 21 million in the African Region. It is further estimated that immunization coverage will not return to 2019 levels before 2027 unless there is renewed political will and immediate, intensified

efforts. Without urgent concerted action and programme adaptations, vaccine-preventable diseases will continue to claim too many young lives.

1 Global Vaccine Action Plan 2011-2020. (<https://apps.who.int/iris/rest/bitstreams/110564/retrieve>)

2 WHO AFRO Regional Strategic Plan for Immunization. ([https://www.afro.who.int/sites/default/files/2017-06/oms-ivb-rvap-afro-en-20150408\\_final\\_sent140317\\_0.pdf](https://www.afro.who.int/sites/default/files/2017-06/oms-ivb-rvap-afro-en-20150408_final_sent140317_0.pdf))

3 2016 Addis Ababa Declaration on Immunization (<https://www.afro.who.int/sites/default/files/2017-12/Addis%20Declaration%20on%20Immunization.pdf>)

Moving forward, strong immunization systems will be needed to ensure that people everywhere are protected against COVID-19 and other diseases. The World Health Assembly, with the support of countries and partners, has endorsed a new global vision and strategy, called the Immunization Agenda 2030 (IA2030), to address these challenges over the next decade and save over 50 million lives. IA2030 envisions a world where everyone, everywhere, at every age, fully benefits from vaccines to improve health and well-being. It aims to maintain hard-won gains in immunization, recover from the disruptions caused by COVID-19, and achieve even more – by leaving no one behind, in any situation or at any stage of life.

To renew the continental focus on immunization, the Republic of Sierra Leone, in collaboration with the World Health Organization, the African Union Commission for Health, Humanitarian Affairs and Social Development convened a side event on the margins of the 36<sup>th</sup> Ordinary Session of the African Union Assembly of Heads of State and Government in February 2023. The high-level event further sought to position immunization as a key contributor to people's fundamental right to the enjoyment of the highest attainable standard of physical and mental health and also as a critical investment towards realizing the aspirations of Agenda 2063 and the 2030 SDG Agenda for a healthier, safer and more prosperous Africa for all.

## 1.2 Objectives

The main objective of the ninety-minute, high-level side event was to galvanize continental political commitment from Heads of State and Government to accelerate IA2030 approaches to 'catch-up, recover and get back' to the trajectory of reaching the IA2030

goals and to renew the focus on the 2016 Addis Ababa Declaration and Strategic Objective 2 of the AU Africa Health Strategy (2016–2030) aimed at reducing morbidity and ending preventable mortality from communicable and noncommunicable diseases and other health conditions in Africa by sustaining and scaling up expanded programmes on immunization.

Culminating in a cornerstone declaration aimed at closing the immunization gap, the side event rallied Member States around the following core objectives:

1. rekindle the political will of Africa's leaders to keep universal access to immunization at the forefront of national recovery efforts intended to achieve long-term health, economic and development goals;
2. renew the political commitment to support investment in strengthening surveillance to detect outbreaks quickly, respond with urgency, and immunize all children who are not yet protected from vaccine-preventable diseases in Africa; and
3. drive the urgent integration of polio functions, assets, innovations and lessons to accelerate last-mile polio eradication action and boost routine immunization capacities on the continent.

## 2. Deliberations

### 2.1 Welcome remarks

#### 2.1.1 His Excellency (H.E.) Dr Julius Maada Bio, President of Sierra Leone

H.E. Dr Julius Maada Bio delivered a speech in which he stressed the importance of achieving universal and national immunization targets as essential steps towards universal health coverage (UHC). He noted that progress made towards these targets is a major driver in achieving UHC. However, recent declines in immunization coverage highlight the importance of enhancing community vaccine acceptance campaigns and the need for strong routine immunization systems. H.E. Dr Julius Maada Bio further highlighted the introduction of new vaccines such as the pneumococcal conjugate vaccine (PCV) and measles, mumps, and rubella vaccine (MMR), which are being incorporated into routine immunization programmes. Additionally, he highlighted the introduction of the human papillomavirus (HPV) vaccine to combat cervical cancer by 2030 and a malaria vaccine to reduce deaths due to the disease. In response to the challenges of the COVID-19 pandemic, H.E. Dr Julius Maada Bio noted that COVID-19 vaccination is being incorporated into routine immunization programmes in Sierra Leone. He stressed the importance of integration into routine immunization systems, ensuring vaccine supply, and committing funds to both routine vaccination and new vaccines such as the malaria vaccine. He emphasized that investment in immunization is highly cost-effective and called for national immunization policies that work with multiple stakeholders to improve coverage and ensure country ownership and budgetary allocation by governments. In his concluding remarks, H.E. Dr Julius Maada Bio pledged to continue working with his peers of the AU Assembly to implement the AU's continental and global commitments on immunization.

#### 2.1.2 Professor Julio Rakatonirina, speaking on behalf of the Commissioner for Health, Humanitarian Affairs and Social Development – Her Excellency Ambassador Minata Samate Cessouma

Professor Julio Rakatonirina highlighted that the fight against vaccine-preventable diseases through routine immunization must be a top priority in Africa. He pointed out that one of the biggest challenges facing routine vaccination efforts on the continent is the lack of timely vaccination, which has a devastating impact, particularly on the health outcomes of children under five. With the COVID-19 pandemic adding yet another layer of complexity, Professor Rakatonirina insisted that the need for routine vaccination is more important now than ever before. Professor Rakatonirina urged all partners to support countries in strengthening their routine immunization systems and making a renewed political commitment to improving vaccination rates in African countries. Moreover, Professor Rakatonirina emphasized that routine vaccination contributes to the development of African countries by combating vaccine-preventable diseases. Professor Rakatonirina called on Member States to strengthen support for routine immunization in all health facilities, so that each child can benefit from vaccination. In the wake of rapidly increasing and complex challenges such as armed conflict and climate change, which disrupt routine immunization, Professor Rakatonirina stressed the importance of introducing new and innovative strategies to reach all vaccination-eligible children. These include finding new ways to reach zero-dose children wherever they are and updating existing strategies. Professor Rakatonirina stressed that timely vaccination is the path to the implementation of the Africa Health Strategy 2016-2030 and reminded the audience that with a strong commitment to vaccination, it is possible to ensure that no child is left behind in the fight against vaccine-preventable diseases in Africa.

### 2.1.3 Dr Moeti, WHO Regional Director for Africa

Dr Moeti praised Sierra Leone's leadership in improving population health indicators and emphasized that vaccination is a powerful and cost-effective public health tool that saves lives. However, routine child immunization had stagnated before the COVID-19 pandemic, leading to an increase in the number of children missing out on immunization. The recent measles outbreak in 31 countries in Africa also highlighted the importance of vaccination. Despite these challenges, the WHO African Region was certified as 'polio-free' in 2020. Dr Moeti outlined the focus for 2023 as ending polio in all its forms, which requires reaching under-immunized children. To build momentum, she called for identifying, vaccinating, and accounting for priority populations, engaging civil society organizations, protecting every child through vaccination, ending outbreaks of vaccine-preventable diseases, sustaining polio progress, and maintaining political will. Dr Moeti urged Member States to work together and prioritize immunization efforts to achieve a future where all children have access to life-saving vaccines.

### 2.1.4 Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean

Dr Ahmed emphasized the critical importance of vaccination to prevent deaths from vaccine-preventable diseases. He noted that 48 million children have missed their dose of DTP (diphtheria, tetanus, pertussis), which underscores the need to prioritize and invest in national immunization programmes. Dr Al-Mandhari suggested using strategies such as the IA2030 and the WHO Polio Eradication Strategy 2022–2026 to improve immunization rates and prevent diseases like polio from taking advantage of gaps in immunization coverage. He emphasized the critical role of leadership from Heads of State and Ministers of Health in the effective implementation of immunization policies and programmes. Dr Al-Mandhari concluded by emphasizing the nobility of saving lives through investing in and prioritizing national immunization programmes.



WHO Regional Director for Africa, Dr Matshidiso Moeti



### 2.1.5 Dr Berkley, Gavi Chief Executive Officer

Dr Berkley emphasized the critical importance of expanding vaccination access in Africa and reaching more children who have not yet received any doses. He called for a focus on under-vaccinated and zero-dose children and collaboration with the African Union to support and build capacity for regional vaccine manufacturing. Dr Berkley also stressed the importance of building strong, resilient primary health-care systems to support these efforts. By doing so, he believes that more children will have access to life-saving vaccines and we can ultimately work towards eradicating vaccine-preventable diseases.

## 2.2 Panel discussion

During the panel discussion, **Dr Chris Elias, President of the Global Development Program at the Gates Foundation**, highlighted key lessons learned from polio eradication efforts that can inform efforts to achieve IA2030 and recover from the COVID-19 pandemic. These include the importance of comprehensive surveillance, high-quality certification standards, environmental surveillance, and effective campaign strategies.

He emphasized the need for coordinated partnerships and data to inform policy decisions. Dr Elias also highlighted the important role of the private sector in improving immunization delivery systems, particularly in reaching children in challenging environments and in spurring innovation.

**Dr Felicite Tchibindat, UNICEF Deputy Regional Director for West and Central Africa**, emphasized the importance of routine vaccination as a priority for continental health security. She called for integrated approaches that address issues such as sanitation and education and reach all children, especially those in communities experiencing multiple deprivations. Dr Tchibindat reminded the audience of the 2.2 million children who missed out on routine vaccinations during the COVID-19 pandemic, leading to increasing outbreaks of vaccine-preventable diseases. She called on the AU leadership to prioritize catch-up efforts and make immunization the backbone of public health, in line with Agenda 2063 and the SDGs. Dr Tchibindat highlighted UNICEF's flagship report on immunization and emphasized the need for accountability, solidarity, and urgency to ensure that immunization is prioritized as the backbone of public health in Africa.



UNICEF Deputy Regional Director for West and Central Africa, Dr Felicite Tchibindat

## 2.3 Remarks by Member States

### 2.3.1 Minister of Health, The Federal Democratic Republic of Ethiopia

Her Excellency Lia Tadese, the Minister of Health of the Federal Democratic Republic of Ethiopia, highlighted that the decline in immunization coverage had already begun before the COVID-19 pandemic, which worsened the situation. The Minister recommended prioritizing immunization catch-up strategies, including strengthening health systems, investing in primary health care, and building regulatory and vaccine manufacturing capacity. Additionally, she stressed the importance of increasing domestic financing, utilizing local evidence to identify missed children, and implementing innovative interventions while maintaining high political commitment and partner synergy.



Minister of Health, Federal Democratic Republic of Ethiopia, Dr Lia Tadese

### 2.3.2 Representative of the Minister of Health, Republic of Uganda

The Ministry of Health of the Republic of Uganda has committed to achieving high immunization coverage by implementing comprehensive approaches that involve leveraging private sector resources, collaborating with civil society organizations, cultural and religious leaders, and implementing health financing and reform through national health insurance schemes. The Ugandan government is also strengthening budgeting and financing systems, ensuring funds flow at national and subnational levels, and improving accountability practices. The government is reforming the health workforce at all levels, integrating immunization into all programmes, and engaging health workers and other leaders in the vaccination process. Uganda is taking a multifaceted approach to ensure that routine immunization services continue despite the challenges posed by COVID-19.

### 2.3.3 Minister of Health, Republic of Rwanda

The Honourable Minister of Health of the Republic of Rwanda acknowledged the challenges that have led to a decline in immunization coverage rates in Africa, including in Rwanda. The Minister emphasized the importance of rebuilding trust between systems and communities by raising awareness on immunization. The Minister also mentioned the decentralization of vaccination programmes and the use of community health workers as best practices in bolstering immunization coverage. The Minister shared the example of the successful roll-out of the HPV vaccine in Rwanda over the last decade using a combination of different vaccination strategies. In addition, the Minister noted the importance of supporting vaccine manufacturing for children and called on WHO to align the speed of approval and regulatory processes for vaccines with the lessons learned from mRNA technology.

### 2.3.4 Minister of Health, Republic of Namibia

The Honourable Minister of Health of the Republic of Namibia shared efforts to improve vaccination coverage and address vaccine-preventable diseases (VPDs) in the country. Namibia had achieved vaccination coverage targets prior to the COVID-19 pandemic, but population mobility and pandemic-related impacts on health-care services led to a decline in measles and rubella vaccination coverage. The Prime Minister of Namibia launched a massive vaccination campaign for VPDs on 3 August 2022. Lessons learned from this campaign included addressing vaccine hesitancy, increasing outreach points, and conducting house-to-house campaigns. Public participation in the

campaign and the integration of the Expanded Programme on Immunization (EPI) as a standing government programme fully funded by the government were mentioned as good practices to promote sustainability. The Namibian government is taking steps to improve vaccination coverage and address VPDs in the country.

### 2.3.5 Minister of Health, Republic of Zambia

The Honourable Minister of Health of the Republic of Zambia emphasized that Zambia's immunization agenda aligns with the Immunization Agenda 2030 (IA2030) under primary health care (PHC). The government stressed the value of partnerships with civil society organizations (CSOs) and public-private partnerships (PPPs) in ensuring equitable access to vaccines. These collaborations have enabled the immunization schedule to be expanded to 14 routine vaccines, including vaccines for cervical cancer, cholera, and COVID-19. Despite achieving and sustaining polio-free status and tetanus immunization targets, challenges remain, including low coverage and an increased number of zero-dose and missed children. The COVID-19 pandemic and outbreaks of measles, cholera, and polio have caused a shift in attention. The Honourable Minister recommended increasing domestic investment in vaccine acquisition, exploring the inclusion of National Health Financing (NHF) benefits packages, decentralizing, strengthening cold chain capacity and infrastructure, leveraging COVID-19 investments, and exploring partnerships in local manufacturing. The global shortage of key vaccines was also raised as a concern, and the Honourable Minister welcomed support for the declaration.

### 2.3.6 Minister of Health, United Republic of Tanzania

The Minister of Health of the Republic of Tanzania noted that while Tanzania has made steady gains in health care over the years, challenges in strengthening primary health care, an inadequate supply chain, a shortage of health workers, a limited national budget, and the impact of the COVID-19 pandemic have caused setbacks. Sporadic outbreaks of vaccine-preventable diseases have also been observed in some districts of Tanzania. With the support of GAVI and UNICEF, an ambitious zero-dose catch-up strategy has been developed to address the issue of missed vaccinations. The Minister has requested support from partners to reach every child, with crucial involvement from FBOs, CSOs, and the private sector. The Declaration will be adopted because it is consistent with the sector strategy.

### 2.3.7 Minister of Health, Republic of South Sudan

The Minister of Health of the Republic of South Sudan highlighted that South Sudan is a fragile, conflict-vulnerable nation and has been recovering from conflicts and many disease outbreaks. The country is currently battling outbreaks of measles, yellow fever, cholera, and hepatitis B, and vaccination coverage is inadequate. The health budget in South Sudan is very low, and the Abuja Declaration to allocate 15% of domestic financing to health has not been respected. The Minister appealed for co-financing and supported the Declaration, emphasizing that implementation should transcend rhetoric.

### 2.3.8 Minister of Health, Republic of Cabo Verde

The Minister of Health of the Republic of Cabo Verde attached great importance to routine immunization in Africa and saw it as a path to prosperity. The Minister supported the Commissioner's statement and emphasized that Cabo Verde has strengthened its health systems, seeing progress in many areas of health indicators. Despite the challenges presented by the pandemic, it provided an opportunity to transform and strengthen health systems. The Minister recommended committing capacities for research and development (R&D) in Africa and improving innovation to attain the Sustainable Development Goals (SDGs).

### 2.3.9 Director of International Cooperation, Ministry of Health, Republic of Tunisia

The Director of International Cooperation at the Ministry of Health of the Republic of Tunisia, serving as a representative of the Republic of Tunisia, expressed support for the Declaration and highlighted the country's achievements in combating Polio. Tunisia has a well-established primary health care (PHC) system and offers free health-care services with accessible vaccination services in every town. The country's priority has been to build its vaccine production capacity to reduce dependence on imported vaccines, resulting in a successful reduction in infant mortality rates.

### 2.3.10 Minister of Health, Democratic Republic of Congo (DRC)

The Minister of Health of the Democratic Republic of Congo (DRC) shared that the country has made significant efforts towards routine immunization, including the eradication of tetanus in 2019 and the establishment of independent immunization programmes. While the DRC benefited from GAVI support, the country faced setbacks when the COVID-19 pandemic struck. In

2022, the DRC had the highest number of zero-dose children, with over 2 million children missing out on vaccinations due to the pandemic, which also disrupted the surveillance system.

To address the challenges, the government of the DRC implemented a recovery plan that prioritized routine immunization and adopted the Kinshasa Declaration. The plan included innovative strategies to increase vaccination coverage, collaboration with partners, and building facilities in Kinshasa. The DRC improved coverage by targeting the population, with 50% of provinces introducing the second dose. The country's priorities included improving routine immunization, organizing catch-up campaigns for over 2 million children, launching a Marshall Plan aimed at immunizing all children, targeting zero-dose and under-vaccinated children, developing a national vaccination strategy, integrating COVID-19 vaccination into routine immunization, strengthening primary health care (PHC), conducting integrated campaigns against measles, and responding to epidemic-prone VPDs such as Ebola, yellow fever, and measles.

## 2.4 Partners' Interventions

### 2.4.1 Professor Khaled Dabees, Chief Executive Officer, Africa Business Care Technology

Professor Khaled Dabees, Chief Executive Officer of Africa Business Care Technology, highlighted the role of the private sector in some countries' immunization programme, alongside the public sector. He cited Egypt as an example of a country that has successfully involved the private sector in its immunization programme, which has helped it to meet its immunization targets. He emphasized the importance of providing incentives to the private sector to encourage it to participate in the immunization programme.

### 2.4.2 Dr Corine Karema, Chief Executive Officer, Roll Back Malaria

Dr Corine Karema, Chief Executive Officer of Roll Back Malaria (RBM), affirmed RBM's support to the Declaration. She reiterated that vaccine-preventable diseases, including malaria, have a significant impact on many children, who are considered the future of the continent. The RBM partnership is committed to engaging and collaborating with all partners, and malaria control can be used as a pathway to preventing vaccine-preventable diseases.

### 2.4.3 Thoko Pooley, Executive Director, Uniting to Combat Neglected Tropical Diseases Coalition

Ms Thoko Pooley, Executive Director of Uniting to Combat Neglected Tropical Diseases Coalition, affirmed the Coalition's full support for the Declaration and recognized the importance of neglected tropical diseases (NTDs) prevention in saving children's lives. She emphasized the opportunities for collaboration and leveraging existing community platforms and structures to combine efforts to combat NTDs and ensure routine immunization. The coalition endorsed the Declaration and emphasized the importance of making integration work, noting that NTDs were severely affected during the pandemic, highlighting the need for efficient resource utilization. The focus must be on reaching the hard-to-reach populations to ensure equitable access to health-care services.



Executive Director of Uniting to Combat Neglected Tropical Diseases Coalition, Ms Thoko Pooley

## 2.5 Presentation and adoption of the draft Declaration

H.E. Dr Julius Maada Bio presented the draft Declaration and called for its adoption by Member States. He recognized that routine immunization coverage has been steadily declining, resulting in outbreaks of vaccine-preventable diseases and that coordinated and determined efforts are needed to achieve universal coverage levels. He noted that the African Region has made tremendous gains in averting childhood deaths through the introduction of new vaccines and the elimination of old diseases, and that there is commitment to health security with a view to achieving universal health coverage. He affirmed that 2023 is the year of recovery from the impact of COVID-19 and emphasized the importance to deliver on our commitments and achieve the goals set out in the Declaration.

H.E. the Ambassador of the Republic of Sierra Leone to Ethiopia concluded the event by highlighting that the Government of the Republic of Sierra Leone has made significant investments in health care and has transformed its health system, thus demonstrating strong leadership. Other African countries can learn from Sierra Leone's example and replicate its successes in improving health outcomes.

## 2.6 The Declaration's action points

### 2.6.1 Priority actions for Member States

- Revitalize the momentum for all populations to have universal access to immunization to reduce mortality, morbidity, and disability, and consequently help Member States to achieve their health SDGs and economic and development goals.
- Increase and sustain domestic investments and funding allocations, including diversifying financing mechanisms to meet the cost of traditional vaccines, fulfil new vaccine financing requirements, and provide adequate financial, logistical, and human resources to support the operational implementation of routine immunization programmes.
- Urgently address persistent bottlenecks in vaccine and health-care delivery systems, especially in the poorest, vulnerable, and most marginalized communities, including strengthening data collection, collation, reporting and use of digital tools at all levels, as well as effective, and efficient logistics management systems, and integrated procurement supply chain management systems.
- Increase the effectiveness and efficiency of immunization delivery systems as an integral part of building and sustaining resilient primary health-care systems.
- Attain and maintain high-quality surveillance for all vaccine-preventable diseases to monitor progress towards eradication, elimination, and control goals, as well as to early detect and promptly respond to outbreaks.
- Deliver on the promise of a polio-free Africa by eradicating all forms of polioviruses and implement integration and transition plans to allow health programmes to preserve the gains made in Member States and benefit from the knowledge and expertise the polio programme has generated through the eradication initiative.
- Develop and capacitate African research and development (R and D) to enhance innovations in novel vaccines and develop new approaches for immunization implementation and uptake.
- Build political will, and work with communities, especially women and young people, civil society organizations, traditional and religious leaders, health professional associations and parliamentarians, for the right of every child, every mother, and every community to have universal access to life-saving vaccines, and by extension the best possible chance for a healthy future.
- Formulate national policies to extend the benefits of immunization beyond early childhood for at-risk populations throughout their lives in order to protect the most vulnerable populations and the national health system.
- Promote and build continental, regional, and local manufacturing capacities of vaccines and other public health countermeasures, and strengthen national regulatory authorities through the African Vaccine Regulatory Forum (AVAREF) and the African Medicines Agency (AMA).

### 2.6.2 Priority actions for AU HHS, UNICEF, WHO, and other partners

- Support the implementation of this Declaration, and intensify efforts to mobilize resources and secure new investments to strengthen national immunization programmes to achieve the IA2030 goals and overall health-care delivery systems in Member States.
- Manufacturers to facilitate access to available and new vaccines at affordable prices, ensure price transparency, develop price databases and support technology transfer to African companies.
- GAVI, the Vaccine Alliance to consider fragile, conflict-affected and vulnerable (FCV) settings as eligible recipients of GAVI support for vaccines and operational costs.
- The Commission, Africa CDC, RECs, AUDA-NEPAD, UNICEF, and WHO to support Member States to strengthen their capacities and share best practices and experiences, and help them to establish mechanisms for rigorous monitoring of progress towards these commitments.
- The Commission, in collaboration with WHO, to report on the progress in implementing this Declaration to the Heads of State and Government Summit in 2025.

# 3. Conclusion and the way forward

## 3.1 Assessment of objectives

Based on the interventions shared during the event, all the expected objectives were achieved overall.

Regarding the first objective, the political will of Africa's leaders to keep universal access to immunization at the forefront of national recovery efforts was well articulated by several high-level representatives from at least ten African countries who expressed their commitment to improving vaccination coverage and strengthening their primary health-care systems. However, the level of commitment and concrete plans for investment and action vary among the countries represented and around the continent.

The second objective, to renew political commitment to support investments in strengthening surveillance and responding to outbreaks, was also achieved. The importance of surveillance and outbreak response was emphasized by several speakers, and some countries, such as the DRC, shared their experiences in implementing recovery plans that prioritize routine immunization and strengthen surveillance systems. However, the countries represented and the continent still need specific commitments and investment in surveillance and outbreak response.

With regard to the third objective, to integrate polio functions, assets, innovations, and lessons to boost routine immunization capacities on the continent, some progress was made. Tunisia's success in reducing infant mortality through a well-developed primary health-care system and free access to vaccines was highlighted as a potential model for other countries. Moreover, several speakers, including the Executive Director of the Uniting to Combat Neglected Tropical Diseases Coalition, stressed the need for innovative approaches and collaboration among partners.

However, specific plans and commitments for integrating polio functions, assets, and innovations were not extensively discussed during the event.

The event served as a significant milestone in re-energizing the required commitment and investment from African leaders and partners towards reinforcing routine immunization programmes and surveillance systems, and expediting the attainment of universal access to vaccines while boosting routine immunization capacities. It also emphasized the importance of local vaccine manufacturing.

## 3.2 Next Steps

- The African Union Commission will submit the **'Building momentum for routine immunization recovery in Africa'** Declaration to the upcoming AWA statutory meeting to be held between late October and early November 2023.
- WHO, in close collaboration with the AUC HHS, and relevant partners such as UNICEF, will jointly define an implementation road map to 2030 to domesticate the draft Declaration. This road map will be linked to the *Addis Ababa Declaration on Immunization* road map.
- WHO will continue to support Member States in building and strengthening their capacity in routine immunization with a focus on the nine 'zero-dose' target countries: **Nigeria, Ethiopia, the Democratic Republic of Congo, Chad, Cameroon, Angola, Madagascar, Mozambique and the United Republic of Tanzania.**

## 4. ANNEXES

### **African Union Heads of State and Government Declaration 'Building momentum for routine immunization recovery in Africa'**

**We**, the African Union (AU) Heads of State and Government attending the High-level side event on “*Building momentum for routine immunization recovery in Africa*”, held on 19 February 2023 in Addis Ababa, Ethiopia during the 36<sup>th</sup> Ordinary Session of the Assembly of the Union.

**Recalling** previous declarations, resolutions, and frameworks, including, inter alia:

- The African Heads of State and Government endorsement of the Pharmaceutical Manufacturing Plan as the framework for African people to have access to essential, quality, safe and effective medical products, and technologies (2012),
- The Immunize Africa 2020 Abuja Declaration endorsed by African Heads of State and Government (2014),
- The Heads of State and Government Declaration on Polio Eradication in Africa: “Our Historic Legacy to Future Generations” (2015),
- The World Health Assembly resolution (WHA68.6) on the Global Vaccine Action Plan (2015),
- The Addis Ababa Declaration on universal immunization coverage as the cornerstone for health and development in Africa (2016),
- The Declaration of Astana Global Conference on Primary Health Care – From Alma-Ata towards universal health coverage and the Sustainable Development Goals (2018),
- The Agreement establishing the African Continental Free Trade Agreement (2018),
- The framework for implementation of the Immunization Agenda 2030 in the WHO African Region (AFR/RC71/7, 2021),
- The framework for humanitarian-development-peace nexus (HDPNx) for health of WHO/EMRO (2021),
- The Declaration of the 15th Extraordinary African Union Humanitarian Summit and Pledging Conference (Malabo, 2022,),



**Committed** to increasing domestic and external investments in immunization programmes in Africa and consequently to promote, provide, and protect health as well as to empower, partner, and perform health for all the people in Africa;

**Acknowledging** that socioeconomic growth in Africa is dependent on a healthy population; and that resilient health systems are required for strong immunization programmes that help to achieve universal health coverage;

**Reaffirming** that eradicating, eliminating, and reducing vaccine-preventable diseases will improve overall health and well-being, empower future generations, and allow every person to achieve their full potential;

**Recognizing** that the target for universal access to immunization by 2020, as endorsed under the Global Vaccination Action Plan (GVAP) was not achieved;

**Cognizant** that a global immunization strategy – the Immunization Agenda 2030 (IA2030) was endorsed by the Seventy-third World Health Assembly – decision WHA73(9);

**Noting** that the COVID-19 pandemic has caused deepfelt devastation to the lives and livelihoods of communities, put health systems under enormous pressure, extensively disrupted essential health services, including routine immunization resulting in outbreaks of vaccine-preventable diseases;

**Convinced** that there is an urgent need to revitalize routine immunization programmes and to establish a coordinated continental mechanism to prepare for and effectively respond to vaccine-preventable disease outbreaks;

**Commending** the Commission and its organs, WHO, and other relevant partners for convening this high-level side event;

**Resolve and commit our Governments to:**

- (1) revitalize the momentum for all populations to have universal access to immunization to reduce mortality, morbidity, and disability, and consequently help Member States to achieve their health SDGs and economic and development goal;
- (2) increase and sustain domestic investments and funding allocations, including diversifying financing mechanisms to meet the cost of traditional vaccines, fulfil new vaccine financing requirements, and provide adequate financial, logistical, and human resources to support the operational implementation of routine immunization programmes;
- (3) urgently address persistent bottlenecks in vaccine and health-care delivery systems, especially in the poorest, vulnerable, and most marginalized communities, including strengthening data collection, collation, reporting and use of digital tools at all levels, effective, and efficient logistics management systems and integrated procurement supply chain management systems;
- (4) increase the effectiveness and efficiency of immunization delivery systems as an integral part of building and sustaining resilient primary health-care systems;
- (5) attain and maintain high-quality surveillance for all vaccine-preventable diseases to monitor progress towards eradication, elimination, and control goals, as well as to swiftly detect and promptly respond to outbreaks;
- (6) deliver on the promise of a polio-free Africa by eradicating all forms of polioviruses and implementing integration and transition plans to allow health programmes to preserve the gains in Member States and to benefit from the knowledge and expertise the polio programme has generated through the eradication initiative;
- (7) develop and capacitate African research and development to enhance innovations in novel vaccines and new approaches for immunization implementation and uptake;
- (8) build political will, and work with communities, especially women and young people, civil society organizations, traditional and religious leaders, health professional associations, and parliamentarians, for the right of every child, every mother, and every community to have universal access to life-saving vaccines, and by extension the best possible chance for a healthy future;
- (9) formulate national policies to expand the benefits of immunization beyond early childhood for at-risk populations throughout their lives in order to protect the most vulnerable populations and the national health system; and
- (10) promote and build continental, regional, and local manufacturing capacities of vaccines and other public health countermeasures and strengthen national regulatory authorities through the African Vaccine Regulatory Forum (AVAREF) and the African Medicines Agency (AMA).

**Invite:**

- (1) All partners, including the African Development Bank, regional economic communities, and regional health organizations, to support the implementation of this Declaration, and to intensify their efforts to mobilize resources and secure new investments to strengthen national immunization programmes to achieve the IA2030 goals and overall health-care delivery systems in the Member States.
- (2) Manufacturers to facilitate access to available and new vaccines at affordable prices, ensure price transparency and develop price databases and support technology transfer to African companies.
- (3) Gavi, the Vaccine Alliance to consider fragile, conflict-affected and vulnerable (FCV) settings as eligible recipients of Gavi support for vaccines and operational costs.
- (4) The Commission, Africa CDC, RECs, AUDA-NEPAD, UNICEF, and WHO to support Member States to strengthen their capacities and share best practices and experiences, and help them to establish mechanisms for rigorous monitoring of progress towards these commitments.
- (5) The Commission, in collaboration with WHO, to report on the progress in implementing this Declaration to the Heads of State and Government Summit in 2025.

**Thank** his Excellency Dr Julius Maada Bio, the President of Sierra Leone for championing this Declaration.

**Declared** in Addis Ababa, Ethiopia, on this 19<sup>th</sup> day of February 2023.



**‘Building momentum for routine immunization recovery in Africa’**  
**High-level side event on the margins of the 36th Ordinary Session of the AU**  
**Assembly of Heads of State and Government**

**19 February 2023, 12:00–13:30**

**Moderator: Minister of Health of the Republic of Sierra Leone, Honourable  
 Dr Austin Demby**

## AGENDA

12:00–12:05 pm	Welcome remarks <b>Honourable Dr Austin Demby</b>
12:05–12:10 pm	Opening statement by the Head of State of the Republic of Sierra Leone <b>His Excellency Dr Julius Maada Bio</b>
12:10–12:15 pm	Statement from the African Union Commission Chairperson <b>His Excellency Moussa Faki Mahamat</b>
12:15–12:20 pm	Remarks by the AUC Commissioner for Health, Humanitarian Affairs, and Social Development <b>Her Excellency Ambassador Cessouma Minata Samate</b>
12:20–12:25 pm	Statement from WHO Regional Director for Africa <b>Dr Matshidiso Moeti</b>
12:25–12:28 pm	Video message from WHO Regional Director for Eastern Mediterranean <b>Dr Ahmed Al-Mandhari</b>
12:28–12:30 pm	Video message from <b>Dr Seth Berkley, CEO</b> of Gavi, the Vaccine Alliance
12:30–12:50 pm	<p><b>Panel discussion on the State of Immunization and the Immunization ‘Catch-Up’ Plan for Africa towards SDG 2030 and Agenda 2063</b></p> <p><b>Panellists</b>            Dr Chris Elias  <b>President, Global Development Program – Gates Foundation</b>            Honourable Dr Jane Ruth Aceng Ocerro <b>Minister of Health, Republic of Uganda</b> Honourable Dr Maryam Mohamed Hussein  <b>Minister of Health, Federal Republic of Somalia</b>            Dr Felicite Tchibindat  <b>UNICEF Deputy Regional Director for West and Central Africa</b></p>
12:50–13:10 pm	Comments from Heads of State and Government

13:10–13:20 pm	Presentation and adoption of the draft declaration on immunization recovery to 2030 <b>His Excellency Dr Julius Maada Bio</b>
13:20–13:25 pm	Closing remarks and vote of thanks Embassy of the Republic of Sierra Leone to the Federal Republic of Ethiopia and Permanent Mission to the AU and UNECA <b>His Excellency Ambassador Adekunle King</b>
13:25–13:30 pm	<b>Group Photograph</b>

**\*\*Refreshments will be served\*\***

Regional Director's TPs at the High-level Side Event  
 36th Ordinary Session of the AU Assembly of  
 Heads of State and Government  
 'Building Momentum for Routine Immunization  
 Recovery in Africa'  
 19 February 2023  
 Addis Ababa  
 12:00-13:30 pm

- (In case of presence) Your Excellency Azali Assoumani, **Chairperson of the African Union,**
- Your Excellency Dr Julius Maada Bio, **President of the Republic of Sierra Leone,**
- Excellency Moussa Faki Mahamat, **African Union Commission Chairperson,**
- Excellency Dr Humphrey Demby, **Minister of Health, Republic of Sierra Leone,**
- Honourable Dr Jane Ruth Aceng Ocero, **Minister of Health, Republic of Uganda,**
- Honourable Dr Maryam Mohamed Hussein, **Minister of Health, Federal Republic of Somalia,**
- Excellency Ambassador Cessouma Minata Samate, **AUC Commissioner for Health, Humanitarian Affairs and Social Development,**
- Excellency Ambassador Adekunle King, **Ambassador of the Republic of Sierra Leone to the Federal Republic of Ethiopia and Permanent Mission to the AU and UNECA,**
- Dr Chris Elias, **Global Development Program President, the Gates Foundation,**
- Dr Felicite Tchibindat, **UNICEF Deputy Regional Director for West and Central Africa,**
- Partners, colleagues, brothers and sisters,
- **Thank you, President Bio,** for your pertinent opening remarks. I am equally thankful to **Ambassador Samate and the African Union Commission for Health, Humanitarian Affairs and Social Development** for our **continued partnership in improving people's health.**
- I would like to acknowledge the tremendous progress that today's chief convenor, Sierra Leone, has made in its health response. Since turning the corner on a dark past, **the country's financial commitment toward health is significantly higher than the average of some neighbouring countries,** and many health indicators have improved. Since 2018, it has made health care free for pregnant women and children and understands the impact of gender inequality on health. Its story inspires us to realize that routine immunization **recovery** in Africa is **possible.**
- Excellencies and friends, before the COVID-19 pandemic, progress on the continent's routine childhood immunization programme had stagnated. COVID-19 stopped any small gains in their tracks.

- **Here** are the **challenges to the continent's** immunization programmes:
- I see an increase in African children who have not received any routine vaccination **from 7.7 million in 2020 to nearly 12 million in 2022**. Nine African countries are the main contributors to this group.
- Routine immunization rates have declined across the board. What this means is that there is a **recurrence of outbreaks, mainly measles and yellow fever**. Thirty-one African countries currently have an outbreak of a vaccine-preventable disease and 17 of these are facing more than one outbreak.
- I see a decline in the increase in government spending on routine immunization **from US\$ 4.8 per live birth in 2010 to US\$ 5.6 per live birth in 2015**, and now down to **US\$ 4.1 per live birth in 2021**.
- Excellencies and friends, in 2020, Africa achieved a **historic public health success**: the certification of the eradication of wild polioviruses on the continent. Last year, however, we were reminded of the fragility of this progress by the detection of wild poliovirus in southern Africa. And outbreaks of poliovirus variant type 2 continue to spread to other parts of the continent.
- This year is the **global target year for ending all remaining forms of poliovirus** transmission worldwide.
- Our focus must be **razor-sharp**: we must reach the remaining un- or under-immunized children in just a handful of subnational geographies, which together now account for almost 90% of all new polio cases worldwide. We must adapt our operations, working across the broader complex humanitarian emergency response being implemented in those areas.
- It is not despair that drives me to paint this immunization portrait. **I paint it in hope – because, like the story of Sierra Leone, recovery is possible**.
- With the **lessons learnt from the pandemic and the political will** to put immunization back on track, **there is an opportunity to position immunization as a key contributor** to the right to health and one of the **best health investments that money can buy**.
- We must increase domestic financing investment for child survival interventions, cervical cancer prevention and local, regional, and continental manufacturing of vaccines and other public countermeasures.
- Excellencies, dear friends, to build momentum for immunization recovery in Africa, **I see four key areas where we can, and must, make significant progress**:
  - 1) **identifying, vaccinating, and accounting for all priority people**, including engaging communities, civil society, and addressing vaccine hesitancy;
  - 2) **protecting every child and contributing to** the fundamental right to health and well-being by vaccinating every child on the continent;
  - 3) **ending outbreaks of vaccine-preventable diseases**; and
  - 4) **sustaining polio-free status through government investment** in strengthening disease surveillance and quality reactive vaccinations.
- Excellencies, dear friends, **I have the assurance that if we do the above, if we maintain political will**, deliver on commitments and seize the opportunities of the moment, we will get back on track with immunization, **just as Sierra Leone is doing**.
- Thank you.

[ = 5 mins]

## Attendance list

1. Number of people who filled out the attendance sheet – 55
2. Organizations represented
  - a. Ministries of Health – Democratic Republic of the Congo, Rwanda, South Sudan, Kenya, Uganda, Tunisia, Ethiopia, Niger
  - b. Embassies – Kenya
  - c. AUC
  - d. Africa CDC
  - e. Rotary NPPC – Ethiopia
  - f. WHO
  - g. Gavi, the Vaccine Alliance
  - h. GHS – Senegal
  - i. GHS – France
  - j. ALMA
  - k. OCHA
  - l. UNHCR
  - m. SADC
  - n. IOM
  - o. KPM – Rwanda
  - p. African Development Bank (AFDB)
  - q. Nutrition International
  - r. Africa Business – Egypt
  - s. Capital Newspaper – Ethiopia
  - t. Ethiopian Broadcasting Service (EBS)
  - u. China Global Television Network (CGTN – Kenya)
3. Countries Represented
  - a. Ethiopia
  - b. Senegal
  - c. France
  - d. Rwanda
  - e. Zimbabwe
  - f. Guinea-Bissau
  - g. Nigeria
  - h. Zambia
  - i. Sierra Leone
  - j. Switzerland
  - k. Niger
  - l. Egypt
  - m. Kenya
  - n. Tunisia
  - o. Uganda
  - p. South Sudan
  - q. Botswana
  - r. Ghana
  - s. DRC
  - t. United Republic of Tanzania

# Building momentum for Routine immunization Recovery in Africa







## **36th Ordinary Session of the AU Assembly of Heads of State and Government**

**High-level side event on 'Building momentum for routine immunization  
recovery in Africa'**

**convened by**

**The World Health Organization (WHO),  
The Government of the Republic of Sierra Leone  
The African Union (AU) Commission for Health, Humanitarian Affairs and  
Social Development (AUC HHS)**

**19th February 2023**

**Addis Ababa Ethiopia**

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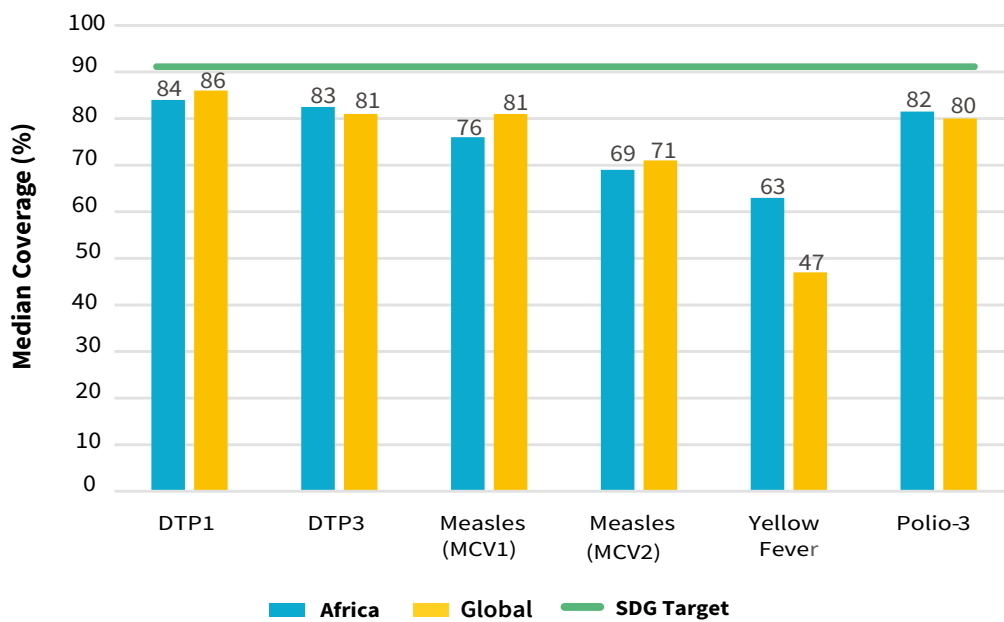


# Vaccines save lives and stabilize health systems

- Immunization is a global health and development success story, saving between 2 to 3 million lives every year.
- Immunization is a key component of primary health care and one of the best health investments money can buy.
- Vaccination is a major public health countermeasure to contain vaccine-preventable infectious disease epidemics. Consequently, vaccines are indispensable in global health security and are a vital tool in combating antimicrobial resistance.
- Despite tremendous progress, vaccination coverage has stalled in recent years and has been declining since 2020. Disruptions to essential services caused by the COVID-19 pandemic over the past two or three years have exacerbated the situation, with 25 million children missing out on vaccination in 2021 worldwide, 6 million more than in 2019 – the highest number since 2009.
- In this brief, key information on the performance of vaccination programmes in Africa is provided using a few priority vaccine-preventable diseases, namely diphtheria, tetanus and pertussis (DTP3), poliomyelitis, measles, and yellow fever.



# Immunization coverage for priority vaccine-preventable diseases (VPDs) (2021) in Africa

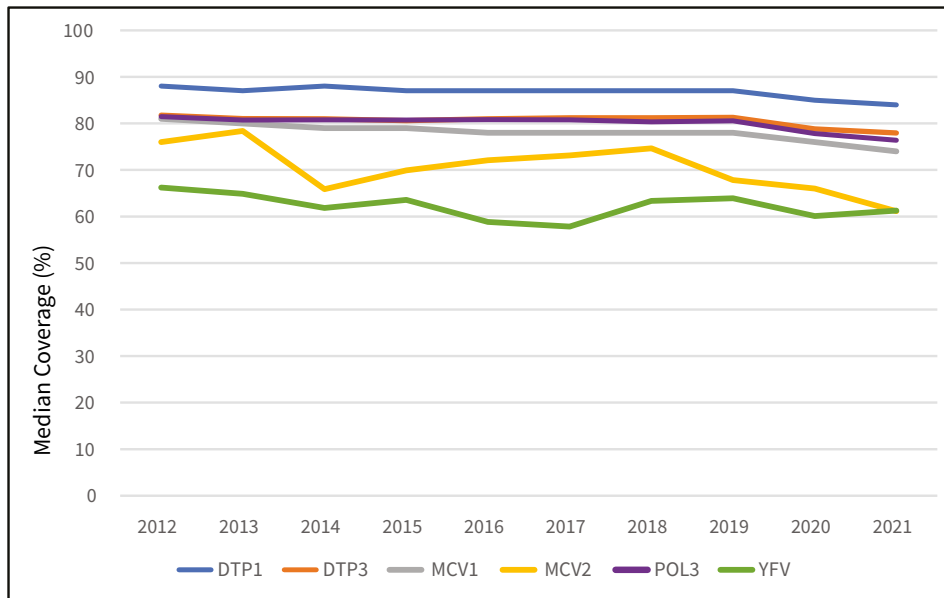


Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

- Africa has not yet achieved SDG target 3.b.1 for vaccination coverage for most VPDs.
- In Africa, the median vaccination coverage in 2021 for yellow fever is 63% (range 7–88%), the second dose of measles is 69% (range 1–99%) and the first dose of measles is 76% (range 36–99%).
- Median vaccination coverage in Africa in 2021 for DTP1 is 84% (range 51–99%), for DTP3 83% (range 42–99%), and poliovirus type 3 81.5% (range 23–99%).



# Trends in immunization coverage for priority VPDs in Africa, 2012–2021



Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

- Over the last 10 years, vaccination coverage for vaccine-preventable diseases has stagnated in Africa.
- Since 2020, there has been a declining trend in coverage for DTP1, DTP3, measles, poliovirus type 3 and yellow fever in Africa.
- A notable decline is observed in 2020 and 2021, attributed to the effect of the Covid-19 pandemic.



# VPDs are the leading cause of infectious disease epidemics in Africa, January 2023

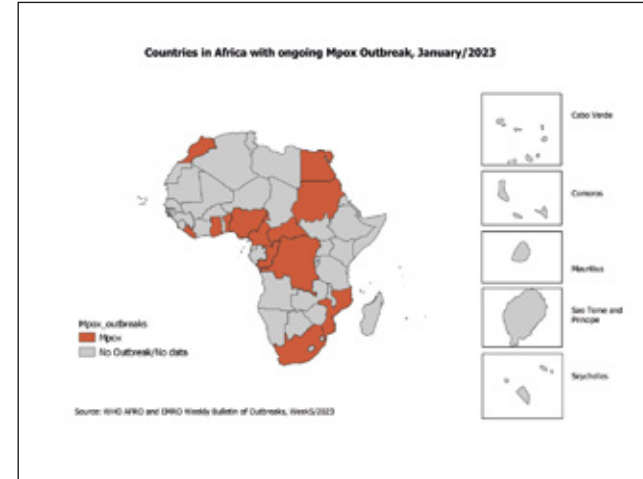
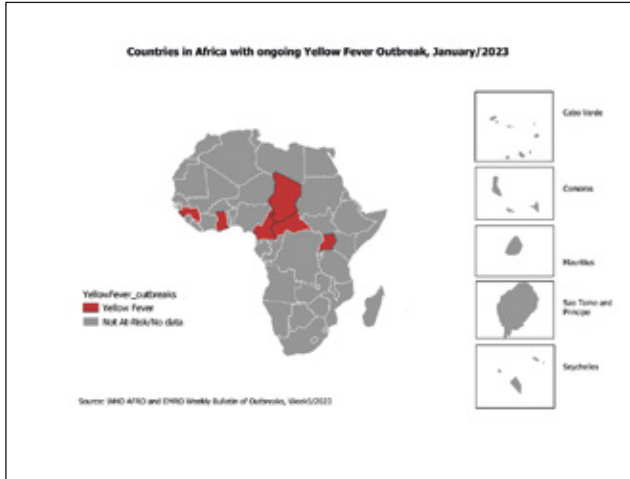
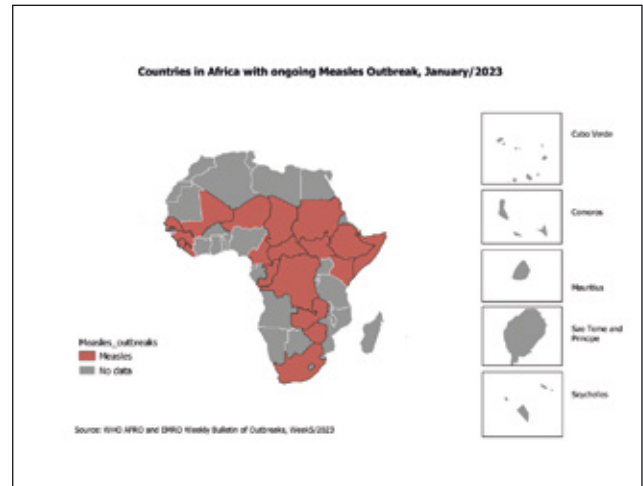
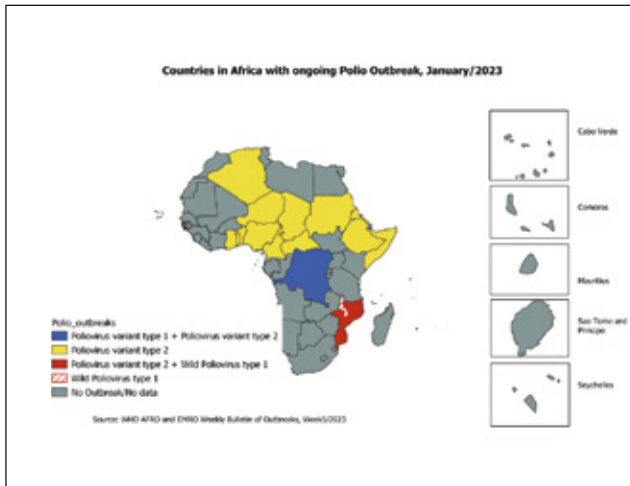
- VPDs are responsible for 93% of ongoing infectious disease outbreaks in Africa.
- Currently, there are ongoing outbreaks of VPDs in thirty-one (31) countries in Africa with (seventeen) 17 countries having more than one VPD outbreak.
- There are epidemics of measles in 20 countries, poliomyelitis in 18 countries, mpox in 13 countries and cholera in 11 countries.

Ongoing VPD event	Number of affected countries	Ongoing VPD Event	Number of affected countries
Measles	20	Wild Poliovirus type 1	2
Poliovirus variant type 2	15	Hepatitis E	1
Mpox	13	Meningitis	1
Cholera	11	Poliovirus variant type 1	1
Yellow Fever	6	Suspected meningitis	1
Dengue	4	Typhoid fever	1
Malaria	2		

Source: WHO/AFRO and EMRO Weekly Bulletin on Outbreaks, Week5/January 2023

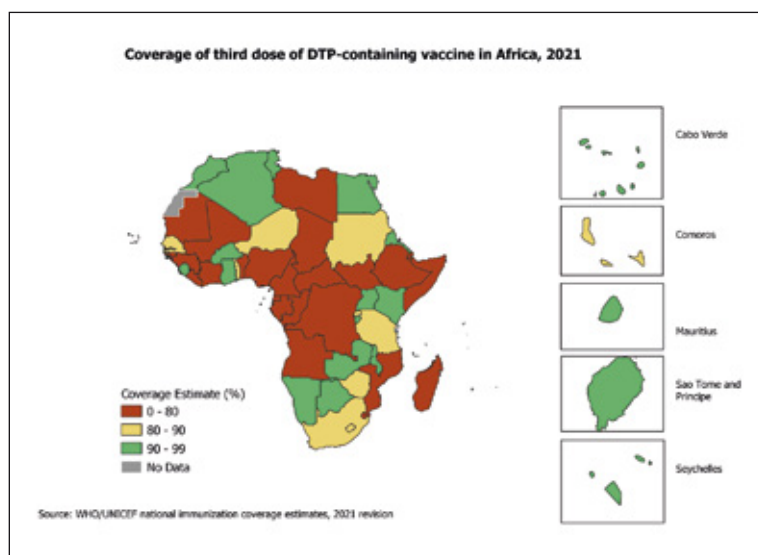
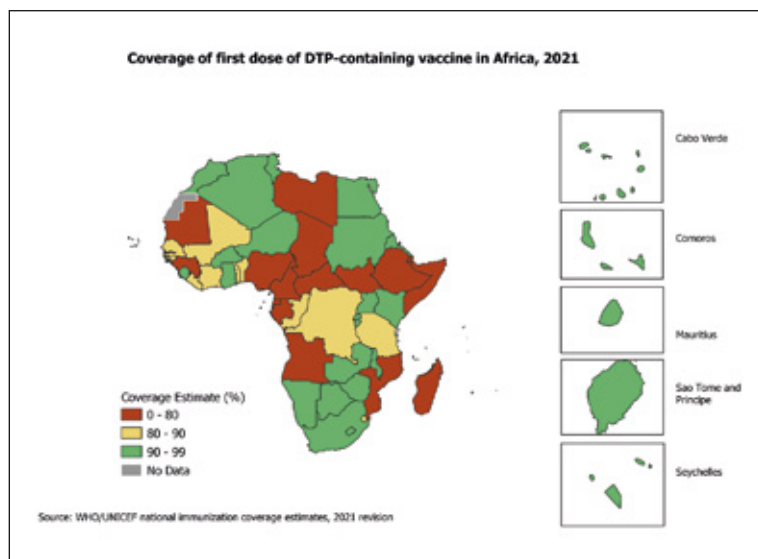


# Ongoing epidemics of VPDs in Africa, January 2023





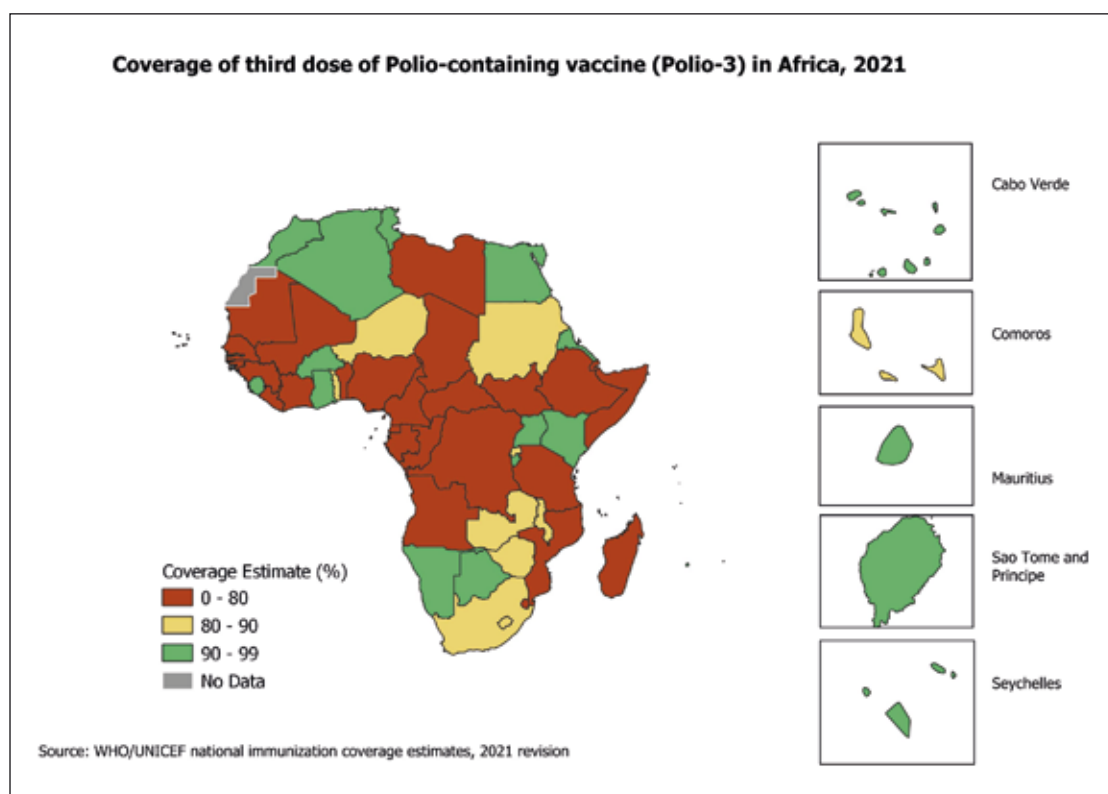
# Disparities in DPT-1 and DTP-3 coverage in Africa, 2021



- In 2021, 26 and 19 countries in Africa had achieved and some surpassed the vaccination coverage target of 90% for both the first and third doses of DTP-containing vaccine, respectively.
- The median drop-out rate at the national level for the first and third doses of DTP-containing vaccine is about 5% (range 0–24%) in Africa.
- Most countries with the lowest rates for both DTP1 and DTP3 vaccination coverage were in the WHO African Region.
- Two (2) fragile, complex and vulnerable (FCV) countries (CAR and Somalia) had the least coverage for both the first and third doses of DTP-containing vaccine.



## Despite the continent being declared ‘polio-free’ in 2020, most countries in the WHO African Region are yet to attain the vaccination target.



- Despite the continent being declared ‘polio-free’ in 2020, most countries in the WHO African Region are yet to attain the vaccination target.
- Seventeen (17) countries in Africa have attained the polio vaccination target of 90% (see map).
- Five (5) countries in Africa have less than a 50% coverage rate for polio.
- Since 2021, a resurgence in this disabling and life-threatening disease is being observed in Malawi and Mozambique.





# First-dose of DTP Scorecard

## Trends in the coverage of the first dose of DTP-containing vaccine in Africa (2012–2021)

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AFRICA	88	87	88	87	87	87	87	87	85	84
Algeria	99	99	99	99	96	95	96	96	96	96
Angola	66	67	69	72	74	68	74	67	61	57
Benin	89	86	84	82	84	84	84	84	83	84
Botswana	98	98	98	98	98	98	98	98	98	98
Burkina Faso	94	94	95	95	95	95	95	95	95	95
Burundi	98	98	98	97	97	94	94	97	98	96
Cabo Verde	98	93	99	97	96	97	99	96	93	93
Cameroon	94	95	90	86	83	83	76	75	77	76
Central African Republic	66	35	60	57	54	54	54	54	54	54
Chad	57	58	63	59	55	55	61	65	69	73
Comoros	91	90	93	96	96	96	96	96	93	95
Congo	90	90	95	85	76	75	79	82	77	81
Côte d'Ivoire	93	83	92	96	98	93	95	92	84	85
Democratic Republic of the Congo	78	78	81	81	81	82	82	84	83	81
Djibouti	85	87	93	90	74	83	91	90	76	70
Egypt	94	97	96	94	96	95	96	96	95	97
Equatorial Guinea	68	73	77	64	77	77	77	77	77	77
Eritrea	97	97	97	98	97	97	97	97	97	97
Eswatini	97	99	99	96	96	96	96	96	87	86
Ethiopia	74	67	73	74	75	76	77	76	76	70
Gabon	86	80	77	87	83	81	78	77	69	76
Gambia	99	99	98	99	99	93	94	93	88	82
Ghana	92	94	99	97	94	99	97	97	94	99
Guinea	70	64	58	64	62	62	62	62	62	62
Guinea Bissau	94	93	92	91	90	91	92	86	87	81
Kenya	98	95	97	96	96	93	97	97	94	99
Lesotho	98	98	94	89	92	92	92	92	92	92
Liberia	91	91	74	77	83	89	91	86	82	81
Libya	99	98	96	98	98	99	74	74	74	74
Madagascar	78	76	77	71	74	71	73	76	73	65
Malawi	99	96	97	93	89	93	96	97	95	95
Mali	75	69	73	78	82	82	82	82	75	82
Mauritania	95	95	95	87	87	86	86	88	80	75
Mauritius	99	99	97	98	97	96	98	97	94	93
Morocco	99	99	99	99	99	99	99	99	99	99
Mozambique	92	93	93	93	92	92	91	91	83	67
Namibia	89	94	92	98	90	94	94	92	97	97
Niger	87	89	95	93	92	95	91	92	93	94
Nigeria	51	50	48	49	62	65	67	68	70	70
Rwanda	99	99	99	99	99	99	98	99	91	90
São Tomé and Príncipe	98	99	98	98	97	96	97	97	97	97
Senegal	96	96	94	94	96	97	96	97	93	87
Seychelles	98	99	99	99	98	98	99	99	99	99
Sierra Leone	98	98	88	95	97	98	97	95	93	94
Somalia	52	52	52	52	52	52	52	52	52	52
South Africa	72	81	88	91	88	85	84	87	88	91
South Sudan	76	67	62	55	58	55	51	51	51	51
Sudan	97	97	98	97	97	98	97	97	96	94
Togo	94	94	89	88	89	88	88	90	87	88
Tunisia	99	99	98	98	99	99	98	98	99	99
Uganda	92	92	93	97	99	99	97	96	94	97
United Republic of Tanzania	99	99	99	97	95	93	91	91	88	82
Sahrawi Arab Democratic Republic	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Zambia	86	86	96	97	96	95	94	94	88	94
Zimbabwe	99	98	98	94	94	94	94	94	93	93

Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

### Summary Notes:

- Coverage of the first dose of DTP-containing vaccine in Africa reduced from 88% in 2012 to 84% in 2021.
- Most countries in Africa have consistently achieved above the target for the first dose of DTP-containing vaccine over the past decade between 2012 and 2021.
- Ten countries in Africa have consistently achieved less than 80% vaccination coverage for the first dose of DTP-containing vaccine in the last decade.

#### Legend

Coverage Estimate

- 0 - 80
- 80 - 90
- 90 - 99
- No data

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# Measles (MCV1) Scorecard

# Trends in the coverage of the first dose of measles-containing vaccine (MCV1) in Africa

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AFRICA	81	80	79	79	78	78	78	78	76	74
Algeria	95	95	95	95	94	88	80	80	80	80
Angola	65	59	56	51	45	42	50	51	44	36
Benin	74	68	65	67	68	68	68	68	65	68
Botswana	97	97	97	97	97	97	97	97	87	97
Burkina Faso	87	82	88	88	88	88	88	88	88	88
Burundi	93	98	94	93	93	90	88	92	90	90
Cabo Verde	91	91	93	92	93	96	99	98	95	95
Cameroon	82	83	78	74	71	65	59	60	62	62
Central African Republic	48	25	47	46	45	41	41	41	41	41
Chad	63	57	45	46	37	37	42	41	47	55
Comoros	85	85	86	90	90	90	90	90	89	82
Congo	80	80	80	80	67	70	75	73	68	68
Côte d'Ivoire	74	69	59	67	73	70	75	73	66	68
Democratic Republic of the Congo	69	68	69	65	63	65	64	65	62	55
Djibouti	83	80	71	74	75	81	86	83	62	50
Egypt	93	96	93	92	95	94	94	95	94	96
Equatorial Guinea	49	51	53	50	53	53	53	53	53	53
Eritrea	98	94	90	97	95	93	93	93	93	93
Eswatini	88	96	97	89	89	89	85	81	76	80
Ethiopia	62	55	54	56	57	59	55	58	60	54
Gabon	71	70	61	68	64	63	59	62	53	64
Gambia	95	96	96	97	97	90	91	85	82	79
Ghana	88	89	92	89	89	95	92	92	88	94
Guinea	58	54	50	47	47	47	47	47	47	47
Guinea Bissau	81	81	81	80	80	66	79	79	72	63
Kenya	93	94	95	96	96	89	89	89	88	89
Lesotho	91	90	92	93	90	90	90	90	90	90
Liberia	80	74	58	64	70	75	74	68	61	58
Libya	98	96	93	98	97	94	73	73	73	73
Madagascar	62	64	66	60	62	55	52	55	50	39
Malawi	90	88	85	87	81	83	87	92	90	90
Mali	67	62	61	66	70	70	70	70	62	70
Mauritania	75	80	75	70	73	75	78	75	70	63
Mauritius	99	99	98	99	92	89	99	99	89	77
Morocco	99	99	99	99	99	99	99	99	99	99
Mozambique	85	86	87	87	87	87	87	87	81	84
Namibia	76	82	83	85	75	80	82	80	90	90
Niger	75	80	80	85	76	82	77	79	79	80
Nigeria	42	43	44	42	47	54	56	57	59	59
Rwanda	97	95	97	96	95	97	99	96	94	87
São Tomé and Príncipe	92	91	92	93	93	90	95	95	86	77
Senegal	83	84	80	80	93	90	86	89	88	87
Seychelles	98	97	99	98	97	99	96	99	97	94
Sierra Leone	86	85	80	78	85	80	87	93	87	87
Somalia	46	46	46	46	46	46	46	46	46	46
South Africa	79	78	84	86	84	81	81	83	84	87
South Sudan	60	58	55	53	51	50	49	49	49	49
Sudan	85	85	86	87	86	90	88	90	86	81
Togo	72	72	77	75	73	77	71	75	69	70
Tunisia	96	94	98	98	96	98	96	98	98	95
Uganda	80	83	85	79	79	83	86	87	89	90
United Republic of Tanzania	97	99	97	95	83	90	88	88	84	76
Sahrawi Arab Democratic Republic	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Zambia	82	80	85	90	97	96	94	93	96	90
Zimbabwe	97	93	92	86	95	90	88	85	85	85

Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

## Summary Notes:

- Coverage of the first dose of measles-containing vaccine reduced from 81% in 2012 to 74% in 2021 in Africa.
- Africa has not attained the vaccination target for the first dose of measles-containing vaccine in any given year in the last decade between 2012 and 2021.
- Six countries in Africa (Cabo Verde, Eritrea, Lesotho, Morocco, Seychelles, Tunisia) have consistently achieved the target in the last decade.
- Sixteen countries in Africa have consistently achieved less than 80% for vaccination coverage of the first dose of measles-containing vaccine

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**Legend**  
Coverage Estimate (%)

- 0 - 80
- 80 - 90
- 90 - 99
- No data



# Measles (MCV2) Scorecard

# Trends in the coverage of the first dose of measles-containing vaccine (MCV2) in Africa

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AFRICA	76	78	66	70	72	73	75	68	66	61
Algeria	95	93	99	99	96	92	77	77	77	77
Angola				26	26	30	35	45	41	32
Benin										
Botswana		83	85	80	74	74	74	76	66	70
Burkina Faso			17	50	59	65	71	71	71	71
Burundi		51	60	65	72	75	77	80	83	85
Cabo Verde	94	89	79	95	92	85	88	91	86	86
Cameroon									28	35
Central African Republic										
Chad										
Comoros										19
Congo								9	29	31
Côte d'Ivoire										1
Democratic Republic of the Congo										
Djibouti	82	82	82	82	81	81	81	81	60	48
Egypt	92	96	93	92	96	94	94	94	94	96
Equatorial Guinea										17
Eritrea				88	88	88	85	85	85	85
Eswatini	52	89	89	83	76	70	75	75	70	69
Ethiopia								41	46	46
Gabon										
Gambia	56	53	73	81	79	68	71	61	64	67
Ghana	52	54	67	63	75	83	83	83	79	83
Guinea										
Guinea Bissau										
Kenya				28	32	35	45	49	53	57
Lesotho	82	82	82	82	82	82	82	82	82	82
Liberia								13	30	35
Libya	97	95	92	97	96	94	72	72	72	72
Madagascar									14	24
Malawi				8	61	67	72	75	75	74
Mali								4	26	33
Mauritania										
Mauritius	90	85	85	96	92	95	99	99	87	64
Morocco			54	95	99	99	99	99	99	99
Mozambique					36	45	58	64	62	70
Namibia						32	50	56	63	63
Niger			3	16	31	46	48	58	60	66
Nigeria								9	36	36
Rwanda				87	90	95	96	92	91	85
São Tomé and Príncipe			71	76	76	76	76	81	75	69
Senegal			13	54	57	59	62	68	69	75
Seychelles	99	97	98	98	99	99	97	99	99	86
Sierra Leone				60	50	55	64	72	67	67
Somalia										4
South Africa	53	50	55	59	69	78	75	79	76	82
South Sudan										
Sudan	24	57	61	69	69	72	72	74	68	63
Togo								53	46	50
Tunisia	96	98	95	98	97	97	99	97	96	98
Uganda										
United Republic of Tanzania			29	53	63	67	68	72	67	62
Sahrawi Arab Democratic Republic										
Zambia			33	47	58	64	65	66	74	81
Zimbabwe					63	78	78	75	74	74

Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

- Coverage of the second dose of the measles-containing vaccine reduced from 76% in 2012 to 61% in 2021 in Africa.
- Coverage of the second dose of measles-containing vaccine has remained consistently low in the last decade between 2012 and 2021 for most countries in Africa.
- Only two countries in Africa (Tunisia and Egypt) have consistently achieved the target in the last decade. Seychelles, despite maintaining the above the target, witnessed a decline in coverage in 2021.
- There is an indication of a lack of data in many countries on the second dose of the measles-containing vaccine coverage which may be due to poor reporting.

**Legend**  
Coverage Estimate (%)

- 0 - 80
- 80 - 90
- 90 - 99
- No data

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## Summary Notes:



# Third-dose of Polio 3 Scorecard

# Trends in the coverage of the third dose of polio-containing vaccine (polio3) in Africa (2012–2021)

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AFRICA	81	81	81	81	81	81	80	81	78	76
Algeria	95	95	95	95	91	91	91	91	91	91
Angola	54	48	55	62	58	52	61	56	51	43
Benin	80	73	71	72	75	75	75	75	73	75
Botswana	96	96	96	96	96	96	96	96	96	96
Burkina Faso	90	89	91	91	91	91	91	91	91	91
Burundi	96	96	95	94	94	91	90	93	93	94
Cabo Verde	94	93	95	93	95	96	98	97	94	94
Cameroon	85	88	84	77	75	74	68	68	70	70
Central African Republic	47	23	50	51	52	46	46	46	46	46
Chad	51	46	44	52	44	44	41	47	52	58
Comoros	85	85	87	92	92	94	94	88	81	89
Congo	68	85	90	80	71	69	75	78	73	75
Côte d'Ivoire	83	74	71	77	81	82	84	80	67	73
Democratic Republic of the Congo	69	71	72	69	66	71	72	74	72	65
Djibouti	81	82	78	84	68	76	84	85	70	59
Egypt	93	97	94	93	95	94	95	95	95	96
Equatorial Guinea	58	57	55	37	55	55	55	55	55	55
Eritrea	94	94	94	95	95	95	95	95	95	95
Eswatini	92	98	98	84	90	90	90	89	82	61
Ethiopia	70	70	68	75	69	68	70	71	74	68
Gabon	80	77	68	79	74	74	64	70	62	69
Gambia	98	96	97	96	95	92	93	88	89	89
Ghana	91	91	94	88	95	94	98	97	92	98
Guinea	56	49	42	47	48	48	48	48	48	48
Guinea Bissau	87	86	84	83	81	79	82	60	63	23
Kenya	94	94	93	83	88	81	92	91	89	91
Lesotho	93	90	88	85	87	87	87	87	87	87
Liberia	80	80	62	65	73	79	79	69	67	64
Libya	98	96	94	97	97	96	73	73	73	73
Madagascar	71	72	71	68	72	69	68	66	64	52
Malawi	95	89	87	88	83	87	91	94	93	89
Mali	65	57	62	67	72	72	72	72	65	72
Mauritania	80	80	81	67	69	70	72	75	71	66
Mauritius	98	98	98	98	96	95	98	97	94	93
Morocco	99	99	99	99	99	99	99	99	99	99
Mozambique	81	84	88	88	88	88	88	88	73	67
Namibia	84	89	88	92	84	83	84	84	92	92
Niger	71	62	79	83	82	85	79	81	81	82
Nigeria	42	41	40	42	53	55	54	54	53	53
Rwanda	98	98	98	99	99	98	97	98	91	88
São Tomé and Príncipe	96	97	95	96	96	95	95	95	94	93
Senegal	83	89	85	85	92	91	85	89	84	78
Seychelles	98	98	99	97	96	97	99	99	97	94
Sierra Leone	91	92	83	86	84	90	93	95	90	90
Somalia	47	47	47	47	47	47	47	47	47	47
South Africa	69	79	85	85	85	84	82	85	84	86
South Sudan	67	56	52	52	45	48	50	50	50	50
Sudan	92	93	94	93	93	95	93	93	90	85
Togo	84	84	82	82	81	76	58	78	80	81
Tunisia	97	98	98	98	98	98	97	98	97	97
Uganda	79	78	78	85	88	90	88	92	88	91
United Republic of Tanzania	90	91	97	93	89	89	82	89	65	70
Sahrawi Arab Democratic Republic	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Zambia	70	74	78	90	91	92	90	89	83	87
Zimbabwe	95	95	92	88	90	89	89	90	86	86

Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

## Summary Notes:

- Coverage of the third dose of polio-containing vaccine (Polio3) in Africa reduced from 81% in 2012 to 76% in 2021.
- Eleven countries in Africa have consistently surpassed the vaccination target for the third dose of polio-containing vaccine (Polio3) in the last decade between 2012 and 2021.
- Twelve countries in Africa have consistently achieved less than 80% coverage for the third dose of polio-containing vaccine (Polio3) in the last decade.

**Legend**  
Coverage Estimate (%)

- 0 - 80
- 80 - 90
- 90 - 99
- No data

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# Third-dose of DTP Scorecard

# Trends in the coverage of the third dose of DTP-containing vaccine in Africa (201–2021)

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AFRICA	82	81	81	81	81	81	81	81	79	78
Algeria	95	95	95	95	91	91	91	91	91	91
Angola	53	54	55	59	59	56	63	57	51	45
Benin	80	77	74	74	76	76	76	76	72	76
Botswana	95	95	95	95	95	95	95	95	95	95
Burkina Faso	90	88	91	91	91	91	91	91	91	91
Burundi	96	96	95	94	94	91	90	93	93	94
Cabo Verde	94	93	95	93	96	96	98	96	93	93
Cameroon	85	89	83	78	75	74	67	67	69	69
Central African Republic	47	23	45	43	42	42	42	42	42	42
Chad	40	39	36	42	41	41	46	50	52	58
Comoros	86	87	87	91	91	91	91	91	87	85
Congo	85	85	90	80	71	69	75	79	73	77
Côte d'Ivoire	82	75	73	79	87	83	84	81	75	76
Democratic Republic of the Congo	71	71	73	70	70	71	71	73	70	65
Djibouti	81	82	78	84	68	76	84	85	70	59
Egypt	93	97	94	93	95	94	95	95	94	96
Equatorial Guinea	54	53	53	40	53	53	53	53	53	53
Eritrea	94	94	94	95	95	95	95	95	95	95
Eswatini	95	98	98	90	90	90	90	90	83	77
Ethiopia	62	59	61	63	66	68	67	68	71	65
Gabon	82	79	70	80	75	75	70	70	63	75
Gambia	98	97	96	97	95	92	93	88	85	82
Ghana	92	90	98	88	93	99	97	97	94	98
Guinea	57	50	44	47	47	47	47	47	47	47
Guinea Bissau	87	87	86	86	85	79	82	78	74	67
Kenya	94	87	92	89	89	82	92	91	89	91
Lesotho	95	93	88	83	87	87	87	87	87	87
Liberia	80	80	63	65	73	80	80	70	65	66
Libya	98	96	94	97	97	96	73	73	73	73
Madagascar	68	70	68	62	68	65	65	68	66	55
Malawi	96	89	91	88	84	88	92	95	94	93
Mali	65	64	66	71	76	77	77	77	70	77
Mauritania	80	80	81	73	74	76	77	80	72	68
Mauritius	98	98	97	97	96	94	97	96	93	92
Morocco	99	99	99	99	99	99	99	99	99	99
Mozambique	81	85	88	88	88	88	88	88	79	61
Namibia	84	89	88	92	85	88	89	87	93	93
Niger	71	73	81	84	80	85	79	81	81	82
Nigeria	42	43	43	42	53	55	55	56	56	56
Rwanda	98	98	98	98	98	98	97	98	91	88
São Tomé and Príncipe	96	97	95	96	96	95	95	95	96	97
Senegal	91	92	89	89	93	93	92	95	91	85
Seychelles	98	98	99	97	96	97	99	99	97	94
Sierra Leone	91	92	83	86	84	90	93	95	91	92
Somalia	42	42	42	42	42	42	42	42	42	42
South Africa	71	81	85	85	85	84	82	85	84	86
South Sudan	63	53	50	46	45	47	49	49	49	49
Sudan	92	93	94	93	93	95	93	93	90	84
Togo	84	84	84	82	82	83	81	84	82	83
Tunisia	97	98	98	98	98	98	97	98	97	97
Uganda	83	84	85	89	93	94	93	93	89	91
United Republic of Tanzania	92	91	97	96	92	90	89	89	86	81
Sahrawi Arab Democratic Republic	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Zambia	78	79	86	90	95	94	90	88	84	91
Zimbabwe	95	95	91	87	90	89	89	90	86	86

Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

- Coverage of the third dose of DTP-containing vaccine in Africa reduced from 82% in 2012 to 78% in 2021.
- Few countries in Africa have consistently achieved above the target for the third dose of DTP-containing vaccine in the last decade between 2012 and 2021.
- Twelve countries in Africa have consistently achieved less than 80% vaccination coverage for the third dose of DTP-containing vaccine in the last decade.

**Legend**  
Coverage Estimate (%)

- 0 - 80
- 80 - 90
- 90 - 99
- No data

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## Summary Notes:



# Yellow Fever Scorecard

# Trends in the coverage of yellow fever- containing vaccine in Africa

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AFRICA	66	65	62	64	59	58	63	64	60	61
Angola	36	21	48	43	24	28	45	45	30	31
Benin	69	70	63	63	64	70	71	71	67	71
Burkina Faso	87	88	88	88	49	47	85	85	85	85
Cameroon	80	83	77	70	68	62	58	56	57	54
Central African Republic	48	24	47	47	46	41	41	41	41	41
Chad	51	44	34	41	29	29	35	35	35	45
Congo	62	80	80	80	59	63	66	71	69	67
Côte d'Ivoire	73	61	52	54	62	68	73	70	64	65
Democratic Republic of Congo	63	54	56	64	56	62	65	65	63	56
Equatorial Guinea						2	53	53	53	53
Gabon	71	69	60	68	64	63	59	61	52	64
Gambia	95	97	96	97	84	90	91	87	83	78
Ghana	88	87	92	88	88	86	91	92	88	94
Guinea	56	51	45	44	40	40	40	40	40	40
Guinea Bissau	75	75	53	75	80	72	80	79	71	63
Kenya	2	2	1	1	1	1	1	2	7	7
Liberia	78	73	54	56	64	72	70	65	49	49
Mali	63	60	59	64	68	66	66	66	58	66
Niger	73	75	79	84	76	82	78	83	67	80
Nigeria	24	47	41	42	47	54	57	60	63	63
São Tomé and Príncipe	92	91								
Senegal	80	83	80	80	77	79	79	82	88	86
Sierra Leone	85	85	80	78	80	80	85	90	86	85
Togo	72	72	75	71	68	73	68	71	66	66

Source: WHO-UNICEF Estimate of National Immunization Coverage (WUENIC), 2021 revision

- Coverage of yellow fever-containing vaccine, for countries at risk and where the vaccine has been included in the routine immunization schedule, has remained relatively low in Africa over the past decade.
- Only Ghana, Gambia, Sierra Leone and São Tomé and Príncipe have in some years in the last decade achieved the vaccination target.
- Kenya introduced yellow fever-containing vaccine into the RI schedule in ONLY 4 counties, so this is not representative of national coverage.

#### Legend

Coverage Estimate (%)

- 0 - 80
- 80 - 90
- 90 - 99
- No data

## Summary Notes:

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