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**PROGRESS REPORT ON THE REGIONAL FRAMEWORK FOR IMPLEMENTING THE  
GLOBAL STRATEGY TO ELIMINATE YELLOW FEVER EPIDEMICS (EYE), 2017–2026  
IN THE AFRICAN REGION**

**Information Document**

**CONTENTS**

	<b>Paragraphs</b>
BACKGROUND .....	1–4
PROGRESS MADE/ACTIONS TAKEN/ISSUES AND CHALLENGES .....	5–9
NEXT STEPS .....	10–12
ANNEX.....	<b>Page</b> 4

## BACKGROUND

1. Yellow fever (YF) remains a public health challenge in Africa.<sup>1</sup> In 2005, outbreaks in West Africa led to the launch of the YF Initiative.<sup>2</sup> The 2016 yellow fever outbreak in Angola and the Democratic Republic of the Congo and the threat of international spread led to the development of the global strategy to Eliminate Yellow fever Epidemics (EYE) 2017–2026,<sup>3</sup> with objectives to protect at-risk populations, prevent international spread and rapidly contain outbreaks. An external mid-term evaluation of the global EYE strategy was undertaken in 2022, and several recommendations were made (see Annex).

2. The African regional framework<sup>4</sup> for implementing the global EYE strategy<sup>5</sup> was adopted in 2017 during the Sixty-seventh session of the Regional Committee. By the end of 2026, preventive mass vaccination campaigns (PMVCs) would have been completed by all 27 high-risk countries<sup>6</sup> and at least 440 million people vaccinated against yellow fever.

3. The milestones to be reached by the end of 2022 were: initiation of implementation of the framework by all high-risk countries; establishment of three YF regional reference laboratories with fully functional confirmation capacity; introduction of YF vaccination into routine immunization programmes; completion of PMVCs in Angola, Democratic Republic of the Congo and Ghana; and initiation in six more countries;<sup>7</sup> and establishment of diagnostic capacity to confirm YF in all high-risk countries.

4. This report presents the progress made in implementing and achieving the milestones of the “Regional framework for implementing the global EYE strategy”. This is the first progress report covering the period from 2017 to 2023.

## PROGRESS MADE/ACTION TAKEN

5. All the 27 high-risk Member States have initiated implementation of the regional framework, albeit at different levels. At least 377 million (86%) people in high-risk Member States in the African Region had been vaccinated against YF by the end of 2023. The supply of vaccines for Gavi-eligible countries has increased by about 75%. An emergency YF vaccine stockpile has been maintained at 6 million doses since 2016, ensuring vaccine availability for outbreak response.

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<sup>1</sup> WHO, Meeting of the Strategic Advisory Group of Experts on Immunization, April 2013 – conclusions and recommendations, World Health Organization Weekly Epidemiological Record, 88(20): 201–216, 2013.

<sup>2</sup> The Yellow Fever Initiative. (<https://health21initiative.org/wp-content/uploads/2017/08/2015-WHO-Yellow-Fever-Initiative.pdf>, accessed on 10 January 2024)

<sup>3</sup> A Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017 – 2026 (<https://iris.who.int/bitstream/handle/10665/272408/9789241513661-eng.pdf>, accessed 10 January 2024)

<sup>4</sup> Framework for implementing the Global strategy to eliminate yellow fever epidemics (EYE), 2017–2026 in the African Region. ([https://www.afro.who.int/sites/default/files/2017-07/AFR-RC67-8%20Framework%20for%20Imp%20Global%20Str%20Yellow%20Fever\\_0.pdf](https://www.afro.who.int/sites/default/files/2017-07/AFR-RC67-8%20Framework%20for%20Imp%20Global%20Str%20Yellow%20Fever_0.pdf), accessed 10 January 2024)

<sup>5</sup> A Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017 – 2026 (<https://iris.who.int/bitstream/handle/10665/272408/9789241513661-eng.pdf>, accessed 10 January 2024)

<sup>6</sup> Angola, Benin, Burkina Faso, Cameroon, Chad, Central African Republic, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, South Sudan, Sudan, Togo and Uganda

<sup>7</sup> Democratic Republic of the Congo, Nigeria, Uganda, Guinea Bissau, Ethiopia and South Sudan

6. All three regional YF reference laboratories<sup>8</sup> with fully functional confirmation capacity have been set up. The establishment of laboratory diagnostic capacity for YF (serology testing by IgM Antibody Capture Enzyme Linked Immunosorbent Assay (MAC ELISA)) has been achieved in 29 national laboratories across 24 high-risk countries.<sup>9</sup> However, only 12 of these laboratories in 10 high-risk countries<sup>10</sup> have so far been accredited in accordance with WHO recommendations. By the end of 2023, 12 national laboratories in 12 countries<sup>11</sup> were routinely conducting yellow fever molecular testing, although only one laboratory, the Nigeria National Reference Laboratory in Abuja, has so far been fully accredited.

7. Twenty-five<sup>12</sup> of the 27 high-risk Member States (93%) have introduced YF vaccination into their routine vaccination schedule. The two outstanding countries are Ethiopia and South Sudan. There were six Member States<sup>13</sup> with routine YF vaccination coverage of at least 80% in 2019, but this fell to four in 2022.<sup>14</sup>

8. Sixteen of the high-risk Member States (59%) have completed their PMVCs;<sup>15</sup> the remaining countries<sup>16</sup> will continue implementation until 2026. Chad, Democratic Republic of the Congo, Nigeria and Uganda are implementing multi-year PMVCs; Ethiopia, Guinea Bissau and Niger are planning their PMVCs, while Equatorial Guinea, Gabon, Kenya and South Sudan,<sup>17</sup> are yet to initiate theirs.

## ISSUES AND CHALLENGES

9. The implementation of the regional framework has been constrained by limited financial resources and weak health systems. Other challenges include insufficient surveillance and outbreak response delays and weak vaccination coverage due to competing priorities or insufficient coordination across programme areas (polio, measles, COVID-19) at all levels, and the overall limited Member State engagement in and ownership of the EYE strategy governance. The suboptimal YF vaccination coverage relates largely to the challenges of weak health systems.

## NEXT STEPS

<sup>8</sup> Centre Pasteur du Cameroun, Yaoundé; Institut Pasteur de Dakar, Senegal; Uganda Virus Research Institute, Entebbe.

<sup>9</sup> Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Ghana, Guinea, Kenya, Liberia, Mali, Niger, Nigeria (six laboratories), Congo, Senegal, Sierra Leone, South Sudan, Sudan, Togo and Uganda.

<sup>10</sup> Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Mali, Nigeria (three laboratories), Senegal, Togo and Uganda.

<sup>11</sup> Angola, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Nigeria, Congo and Uganda

<sup>12</sup> Angola, Benin, Burkina Faso, Cameroon, Chad, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Sudan, Togo, and Uganda,

<sup>13</sup> Burkina Faso, Gambia, Ghana, Niger, Senegal and Sierra Leone

<sup>14</sup> Burkina Faso, Ghana, Niger and Senegal.

<sup>15</sup> PMVCs completed

(a) Under the Yellow Fever Initiative (2006–2014): Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Gambia, Guinea, Liberia, Mali, Senegal, Sierra Leone and Togo.

(b) Under the EYE strategy (2017–2022): Angola, Congo, Ghana and Sudan.

<sup>16</sup> PMVCs planned to be continued or launched in 2023 and 2024: Chad, Democratic Republic of the Congo, Niger, Nigeria and Uganda. PMVCs planned to be launched after 2024: Ethiopia, Equatorial Guinea, Gabon, Guinea Bissau, Kenya\* (\* a subnational YF risk assessment will be conducted to determine the scope of PMVC and the routine immunization) and South Sudan

<sup>17</sup> A subnational YF risk assessment will be conducted in Kenya to determine the scope of PMVC and routine immunization)

10. Member States should:
  - (a) Develop and implement a national strategic plan to eliminate YF epidemics by 2026.
  - (b) Take ownership and show strong leadership of the EYE strategy to accelerate its implementation in the Region.
  - (c) Continue to mobilize appropriate resources and engage communities in the development and implementation of their national EYE strategy plans, and YF outbreak preparedness and response plans.
  - (d) Implement innovative and evidence-driven interventions to improve routine immunization coverage and reach unreached and vulnerable populations through routine and supplementary immunization services.
11. WHO and partners should:
  - (a) Advocate for South Sudan to take the decision to introduce the YF vaccine into its routine immunization schedule and conduct PMVCs, and for Kenya to expand the scope of routine immunization and conduct PMVC in hitherto unreached areas.
  - (b) Advocate for implementing the recommendations of the EYE strategy mid-term evaluation by the relevant stakeholders.
12. The Regional Committee is invited to take note of this progress report.

## ANNEX

### EYE mid-term evaluation recommendations

#### **Recommendation 1:**

Address critical human resource shortages for effective implementation of the EYE strategy by reviewing human resource requirements at all levels (global, regional and country) based on mid-term implementation experience and engage in joint (WHO, UNICEF, Gavi) resource mobilization efforts.

Implementation of the EYE strategy is ensured, at the regional level, by two staff members, one in the Vaccine-Preventable Diseases Unit in the UCN Cluster, and another in the EPR Cluster. It would be important to have focal points (people dedicated only to yellow fever) at least in priority countries (Nigeria, Democratic Republic of the Congo, Ethiopia) for local support in order to consider yellow fever among country priorities and convey the messages of the EYE strategy in national forums.

#### **Recommendation 2:**

Relaunch the EYE strategy for increased political will, renewed attention to yellow fever at all levels and overall attention to Global Health Security by developing strong business cases, organizing high-level events and disseminating advocacy and communication materials more broadly.

Involve the entire WHO platform in advocacy to elicit the political will of governments in the implementation of the EYE strategy. Instruct the WHO Representatives to consider the EYE strategy among the priorities of the countries and involve the Ministers of Health and the ICCs in the implementation of the strategy. Seize the opportunities offered by all the meetings organized by the Region (programmes, clusters, Regional Director, etc.) to convey the message of the EYE strategy.

#### **Recommendation 3:**

Expand and diversify the EYE governance structure (coordination and decision-making bodies) and the EYE partnership for improved ownership, effectiveness and efficiency.

EYE strategy Programme Management Group and Leadership Group (EYE PMG and LG)

#### **Recommendation 4:**

Scale up the use of subnational risk assessments, conduct immunization gap analyses, implementation research for hard-to-reach communities and develop tailored outreach strategies to improve targeting of underserved, high-risk and vulnerable populations.

Risk assessments are systematically carried out at the subnational level in all countries preparing mass vaccination campaigns, using the tool recently developed by the EYE strategy, in order to give priority to areas where the risk is high compared to other areas.

**Recommendation 5:**

Improve integration and synergies for maximum impact by embedding relevant yellow fever activities into IA2030 structures and capitalizing on broader vaccine-preventable disease surveillance and vaccination efforts, while at the same time increasing linkages to vector control programmes and mapping other opportunities for multisectoral approaches.

At the regional level, strengthen collaboration for synergy with partners (UNICEF, CDC, Africa CDC, WAHO and others) and the EYE strategy working groups for effective support in each area of work to ensure efficiency.

**Recommendation 6:**

Develop clear mitigation plans to address vaccine supply risks and continue to improve supply chains for faster detection and response to outbreaks.

(EYE PMG)

**Recommendation 7:**

Revise the EYE monitoring and evaluation framework and its monitoring approach before mid-2023 and address new research findings to guide and adapt implementation.

(Ongoing with the EYE secretariat)

**Recommendation 8:**

Urgently prioritize key interventions for the next two years of EYE implementation to develop a realistic and appropriate biennial workplan for EYE (2023-2024) with appropriate intermediary milestones.

Four countries (Democratic Republic of the Congo, Chad, Niger and Cameroon) have reviewed their plans, and developed new national plans for the implementation of the EYE strategy over the period from 2023 to 2026, validated and dedicated by the ministries of health. Advocacy is recommended so that all 27 countries targeted by the strategy have national implementation plans validated.

**Recommendation 9:**

Develop a three-year “EYE transition and sustainability framework” for the period 2024–2026 to prepare for the end of the EYE strategy by 2026.

(EYE secretariat)