

# Advancing routine immunization in Africa through a shared vision and national ownership

## Inaugural WHO Partners Forum Case Study

### Challenge

Although Africa has made tremendous progress in improving access to immunization in recent years, one in five African children still lack access to all the vaccines recommended by WHO. Every year, more than 30 million children under the age of five in Africa become ill from vaccine-preventable diseases (VPDs); of these, more than half a million die, representing 58% of global deaths from VPDs. This threatens not only the health of children and families, but also the economic growth and equity in African societies.

In fact, illness and deaths resulting from VPDs cost sub-Saharan Africa US\$ 13 billion each year, money that could be channelled towards strengthening health systems and building economies. Curbing four major VPDs—measles, rubella, rotavirus, and pneumococcal diseases—could save more than 1.9 million lives in Africa, avert 167 million VPD cases, and generate US\$ 58 billion in economic benefits by

2030. Further, it is estimated that every one dollar invested in routine immunization results in a return on investment of US\$ 44.

Weak health systems in many parts of the continent and the changing funding landscape for immunization compound these challenges. Funding transitions by the Global Polio Eradication Initiative (GPEI) and Gavi, the Vaccine Alliance, require a plan to mitigate the consequences of an imminent and drastic reduction in resources.

### Solution

WHO's Africa Regional Strategic Plan for Immunization 2014-2020 (RSPI) aims to achieve universal immunization coverage and a reduction in mortality and morbidity from VPDs by the end of 2020. The plan was developed in line



with the Global Vaccine Action Plan (GVAP) 2011-2020, which aims to prevent millions of deaths by 2020. Under WHO's leadership, both GVAP and RSPI have brought together ministries of health, donors, NGOs and other key partners, such as Gavi and UNICEF, to coordinate and collaborate within a common plan. Importantly, African countries themselves committed to increasing their own domestic resources to achieve universal and equitable access to immunisation on the continent.

GVAP and RSPI have contributed to an innovative partnership approach that is country-led and has demonstrated measurable impact. They contribute to broader efforts to achieve universal health coverage (UHC), in line with the Sustainable Development Goals (SDGs).

RSPI convened a broad coalition of stakeholders, including governments, health professionals, academia, vaccine manufacturers, global agencies, development partners, civil society, media and the private sector. WHO also involved stakeholders that had rarely been engaged, including religious leaders, parliamentarians and community-based organizations. Global and regional strategies were put in place to monitor financing indicators aimed at encouraging increased domestic financing for immunization. Another strategic shift was an emphasis on nationally owned immunization programmes rather than globally driven immunization goals.

## Impact

In 2017, 20 African countries achieved the coverage target of >90% for the diphtheria-tetanus-pertussis vaccine, an increase from 16 countries in 2010. In the Democratic Republic of the Congo, coverage increased from 60% in 2010 to 81% in 2017, and in Ethiopia, from 61% to 73% during the same period. The African region has met or exceeded its 2017 targets for the introduction of the pneumococcal conjugate vaccine (40 countries) and rotavirus vaccine (34 countries). In addition, since 2010, more than 300 million people were immunised in 21 African countries considered at high risk of meningitis outbreaks. This has virtually eliminated devastating epidemics of the disease.

The RSPI has also brought additional financial impact to immunisation. In great part thanks to the programme, the African region has seen a 130% increase in government expenditure on immunization since 2010. In addition, 43 of the 47 countries in the region have a line item in their

national budgets for vaccines and immunization for the period 2014-2016. Thirty-three of the targeted 35 countries conducted a vaccine supply management assessment and improved their supply chains between 2014 and 2017, which has increased efficiency and reduced wastage. And there has also been an expansion of health services, including immunization, by civil society organizations.

But progress on routine immunization has been uneven, with immunization coverage stagnate at 72%, exposing populations to preventable diseases and outbreaks. Underlying causes include gaps in country ownership, insecurity, low reliability of data and its practical use, and weak health systems aggravated by disease outbreaks, such as Ebola.

In 2018, WHO launched a business case for immunization activities in Africa, which outlines WHO support to encourage increased country ownership of immunization programmes, as well as a tailored approach to provide governments with the necessary technical and capacity building support. Through its evidence-based work, WHO will commit its resources where most needed and enhance immunization services for vulnerable populations.

## Conclusion

Success in the WHO African region are critical to the success of global immunization gains. WHO's leadership has been instrumental in convening a wide range of stakeholders around a shared vision, encouraging national ownership and significantly increasing domestic resources for immunization. Although this approach has resulted in substantial progress, much remains to be done. In the 2018-2030 period, WHO will further tailor its support to governments, aiming to accelerate national ownership to ensure that all countries in Africa have stronger and sustainable immunization systems.