Recommendations from the 17th - 18th Task Force on Immunization (TFI) Meetings held in Addis Ababa, Ethiopia, 20th - 21st April 2010 and Ouagadougou, Burkina Faso, 3rd - 4th December 2010

During the 17th TFI meeting held from 20th to 21st April 2010 in Addis Ababa, Ethiopia, detailed discussions were held covering the following topics and key recommendations were made;

**Key topics covered**

1. Polio eradication in AFR
2. Reduction of un/under-immunized children in AFR
3. Introduction of the conjugate MenA vaccine
4. African Vaccination Week

**Key recommendations:**

1. **Polio Eradication in the African Region**

   - The TFI commended the significant progress made in reducing the number of WPV cases in Nigeria as well as efforts to stop transmission in the Horn of Africa. Despite these encouraging results, TFI recognized that the progress made towards polio eradication was still fragile largely due to the continuing low routine immunization coverage in most African countries.
   - TFI noted with great concern the continued transmission of WPV in Senegal, Mauritania and Chad, as well as the danger this poses to its neighboring countries (Niger, Nigeria, Sudan, Central African Republic and Cameroon).
   - TFI also noted that in addition to low routine immunization, the continued circulation of WPV in the region was related to weak health
service infrastructure, limited resources to support immunization in these countries and sub optimal quality of SIA’s.

**TFI recommended:**

1. In order to achieve the polio eradication targets, WHO/AFRO hold high level advocacy meetings with authorities in countries that still have circulating WPV and/or are deemed to be at high risk for importing or exporting WPV. These countries are: Angola; Chad; DRC; Mauritania and Senegal. The suggested activity above should also include advocacy for improving routine immunization.

2. In order to maintain and sustain the Polio achievements, it is essential to continue high quality SIA’s (at least 2 rounds over and above planned interventions) for the next 3 years in most countries in the region. At the same time every effort should be directed towards improving and strengthening routine immunization in all the countries.

3. The example of the involvement of the political, traditional and religious leadership in Nigeria should act as a source of inspiration to other countries in the region. This experience should be documented and disseminated to other countries, in order to help them devise country specific implementation strategies within their national context.

**2. Reduction of un/under-immunized children**

- TFI noted with concern that routine immunisation coverage rates have stagnated at around 80% in the African Region for the last three years. Moreover there were still around 5.2 million DPT3 under immunized children in 2009.
TFI also noted with concern that among the top ten countries with large numbers of un/under immunised children, Ethiopia, Angola, Kenya, Cameroon and Cote d’Ivoire, have recorded increased numbers of un/under vaccinated children, in 2009 compared to 2008. In addition, TFI noted that Nigeria, the most populous country of the region recorded some progress in improving routine immunization in 2009 compared to 2008 although more effort is needed to ensure reduction of under/un immunized children.

TFI noted that all countries of the Region especially those with large populations will have to make considerable efforts in order to attain the regional goal of reducing the number of un/under immunised children by 50% by the end of 2010 and 75% by the end of 2011.

The TFI Recommended that:

4. Conclusions of the recent literature reviews presented at the SAGE meetings and studies conducted in countries in the African region on the causes of un/under immunised should be urgently and widely disseminated to member states.

5. WHO/AFRO and partners should provide technical assistance to all countries with sub optimal performance, to perform situation analysis by mid June 2010.

6. WHO/AFRO and partners should assist countries in putting in place data quality verification mechanisms previously recommended by TFI, particularly those countries reporting striking improvements in performance.

3. Introduction of the conjugate MenA vaccine

The TFI noted with concern that Meningitis epidemics due to Meningococcal Serotype A continues to occur across the meningitis
belt in Africa extending from Ethiopia in Eastern Africa to Senegal in Western Africa.

- Furthermore, the TFI noted that in 2009, a total of 83,774 cases and 4,747 deaths were reported to WHO with Neisseria meningitidis serogroup A accounting for 53% of these cases.
- TFI appreciated the work of the Meningitis Vaccine Project, which has resulted in the development and evaluation of a new Men A conjugate vaccine as well as the licensing of this product in India and the ongoing WHO prequalification process.
- The TFI noted that the vaccine focuses on Meningitis Serogroup A and that available data show that it is efficacious, safe with higher immunogenicity compared to polysaccharide vaccine. The low cost of this vaccine ($0.4 per dose) was appreciated.
- The TFI acknowledged the proposed phased introduction of this vaccine in Burkina Faso targeting age groups 1-29 years and urged strengthening of pharmacovigilance in this country should be part of priority activities

The TFI recommended that:

7. The Men A conjugate Vaccine be urgently introduced in the first group of countries (Burkina Faso, Niger and Mali) immediately after prequalification status is obtained.
8. The Men A conjugate vaccine introduction should thereafter be accelerated in the remaining meningitis belt countries
9. WHO should support countries to strengthen epidemiological and laboratory based surveillance for bacterial meningitis in pre and post introduction phase.
10. WHO and partners should continue advocating for the transfer of production technology to vaccine manufacturers in developing countries.
4. African Vaccination Week

- The TFI acknowledged earlier recommendations on the establishment of Immunisation week in the African region.
- The TFI noted the establishment of similar initiatives in other WHO regions such as PAHO, EURO and EMRO and the pending discussion and possible resolution of the WHA on the implementation of a global immunisation week in 2011.
- TFI also recognised the potential benefit of the African Immunization Week in enhancing immunisation demand and utilisation of services in the region.
- TFI recognised the need for harmonisation and collaboration between AFRO and EMRO for conducting an all-Africa immunization week.

The TFI recommended that:

11. An all-Africa Immunization Week be established not later than the end of 2011 to serve as a platform to advocate and broaden awareness about vaccine preventable diseases and immunisation services in Africa so as to increase provision and utilisation as well as to mobilise more resource for immunisation activities.

During the 18\textsuperscript{th} TFI meeting; Ouagadougou, Burkina Faso, 3\textsuperscript{rd}-4\textsuperscript{th} December 2010 the following key topics were discussed in detail and recommendations made:

1. Viral Hepatitis Infection Control in the African Region.
2. Interruption of Endemic & Re-established WPV Transmission in Africa
3. African Vaccination Week.
4. Reduction of un/under-immunized children by 50% by end-2010
5. MenA conjugate vaccine introduction

1. **Viral Hepatitis Infection Control in the African Region**
   - The TFI noted with concern that Viral hepatitis infections constitute a major global as well as regional public health problem.
   - The TFI also noted that to date efforts for the prevention and control of viral hepatitis have been fragmented;
   - The TFI acknowledged WHO AFRO efforts in developing a comprehensive strategy for viral hepatitis infection prevention and control. The document, “Strategies for the control of viral hepatitis infection in the WHO African Region” was reviewed and endorsed by TFI.

   **The TFI recommended that:**

   1. WHO AFRO and member states should identify appropriate strategy to integrate viral hepatitis infection control within the broader health system context.
   2. WHO AFRO and partners should initiate wide scale mobilization of financial resources within the country and among external partners to meet additional costs of HepB mono vaccine and other related costs.

2. **Interruption of WPV Transmission in Africa**
   - The TFI commended the progress made in Chad and the commended the progress in Nigeria as well as in the importation countries. However, the TFI noted with concern the outbreaks in 2010 in Angola and the DRC, and the confirmation of an orphan virus in Uganda linked to WPV circulation in Kenya in 2009. TFI further noted with concern the massive outbreak of wild polio virus type 1 in Congo Brazzaville affecting mostly adults.
The TFI commended the efforts to ensure high political commitment in Angola to address the outbreak and to strengthen routine immunization, but noted with concern that a similar commitment is not evident in the DRC.

The TFI acknowledged the involvement of civil societies (traditional, religious and other leaders) in the successful campaigns in Nigeria and Angola.

The TFI Recommended that:

3. AFRO pursues every effort to encourage the DRC to have the highest level of political commitment towards polio eradication, in order to stop polio transmission by 2011
4. AFRO make every effort to sustain the political commitment in Nigeria and Chad, and to continue advocacy efforts in Western Africa countries.
5. AFRO develop a document that outlines the risk factors for outbreaks, to enable better prediction of their occurrence and rapid response.
6. Civil societies be fully engaged in all countries to advocate for polio eradication in the region.

3. African Vaccination Week

- TFI noted that African Immunization Week (AIW) initiative has been discussed during the recent African Regional Meeting of the Ministers of Health; and the resolution was adopted.
- WHO AFRO organized a planning workshop in Ghana in September 2010 to elaborate the concept paper and develop tools for implementation. In addition, TFI noted plans were underway to initiate the AIW in April 2011.
- TFI noted that 38 countries in the region were already conducting child health weeks. It was expected that the AIW will complement
such activities and can be used to mobilize more resources for immunization and raise awareness on immunization.

**TFI Recommended that:**

7. In view of the short time remaining to inaugurate the AIW: WHO AFRO intensify efforts to mobilize required resources, (human, financial and logistics).

4. **Reduction of un/under-immunized children**
   - TFI noted with concern that routine immunization in Africa has not improved substantially and coverage has even decreased in many countries.
   - TFI also noted that among the 10 countries with largest number of immunized in the region there has been some improvement in 70% of the countries, while in 3 countries coverage has decreased.
   - TFI also noted that Ethiopia is using a successful innovative approach to reach under/un immunized children

**TFI recommended:**

8. AFRO review the TFI the recommendations on routine immunization made in Harare in 2009 and implement them fully.
9. AFRO documents innovative best practices for increasing routine immunisation coverage such as the P4P/PBF, the community extension workers and other country based initiatives.
10. Strengthen the commitment to Primary Health Care and to extend the reach of services using innovative methods such as those used in Ethiopia to register and involve the community in a structured manner.
11. AFRO assist countries to link with both local and international research institutions to conduct research in the area of operational and systems to provide evidence based approach to improve service delivery.

12. Annual African Immunization Week be used to strengthen routine immunization.

5. MenA conjugate vaccine introduction

- TFI noted with satisfaction that WHO AFRO has assisted countries with registration and licensure of MenAfriVac vaccine and has prepared a strategy for the roll out of the vaccine in the Meningitis belt countries, to generate good public health standards.
- TFI appreciated the ongoing efforts of WHO AFRO in strengthening pharmacovigilance in Burkina Faso, Mali and Niger.
- TFI recognized that for the vaccine to be introduced in all countries in the meningitis belt, additional financial resources are needed.

The TFI Recommended that:

13. Impact assessment for phase 1 be conducted in one country where the vaccine introduction has commenced.

14. The pharmacovigilance system established in Burkina Faso be replicated in other countries targeted for vaccine introduction in 2011.

15. Countries with support from WHO AFRO and partners mobilize financial resources to cover preventive meningitis campaigns in the meningitis belt.