



AFRICA HEALTH  
ORGANISATION

# AFRICA VACCINATION MONTH

VACCINATION FIRST  
AHO PLAN OF ACTION  
ON IMMUNISATION

2020-2030

## Partners



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## Preface

The 2020-2030 Plan of Action presented here provides AHO with the rationale, guiding principles, strategic lines of action, objectives. This will launch interventions to fulfil the mission of the Decade of Vaccines: “to extend, by 2030 and beyond, the full benefit of immunization to all people, regardless of where they are born, who they are or where they live. Also, it proposes that countries take a more active role in the task of achieving universal health coverage and fostering actions to identify and address inequities in order to ensure that populations are protected from vaccine-preventable diseases

Despite these achievements, the high national vaccine coverage levels often mask inequalities within a country. For example, it has been noted that population groups that are unvaccinated or under-vaccinated are among the most underserved and poorest municipalities or areas with low vaccination coverage. Declining vaccination coverage has also been observed some countries as a result of the unwillingness or hesitancy of some population groups to be vaccinated as well as mistrust in immunization programs.

With a view to achieving equitable access to immunization, promoting the right to the enjoyment of the highest attainable standard of health including from the perspective of the right to health where nationally recognized, and to continue reducing morbidity and mortality from vaccine-preventable diseases, it is proposed that the Plan of Action on Immunization be adapted to the characteristics of the Region. It should be based on progress made with the Regional Immunization Vision and Strategy (2020-2030), and be aligned with the Strategic Plan

The Plan’s vision is the population of Africa is protected against vaccine-preventable diseases and the Members promote universal and equitable access to immunization services, with safe and affordable vaccines throughout the life cycle.” This approach will also permit the integration of immunization with other primary care services, such as prenatal care, adolescent sexual and reproductive health, the health of older adults, and prevention of chronic diseases (liver and cervical cancer).



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## **Introduction**

1. The immunization programs have significantly prevented, every year between 2006 and 2011, nearly 174,000 deaths of children under age 5 in Africa. This contribution reflects the continued commitment of governments, multiple partners and communities together with the unstinting dedication of health workers. AHO is dedicated to achieving the interruption of endemic transmission of measles, rubella, and congenital rubella syndrome (CRS). AHO is at the forefront of sustainable and equitable introduction of new vaccines.

2. Despite these achievements, the high national vaccine coverage levels often mask inequalities within a country. For example, it has been noted that population groups that are unvaccinated or under-vaccinated are among the most underserved and poorest municipalities or areas with low vaccination coverage. Declining vaccination coverage has also been observed in some countries as a result of the unwillingness or hesitancy of some population groups to be vaccinated as well as mistrust in immunization programs.

3. The 2020-2030 Plan of Action presented here provides AHO with the rationale, guiding principles, strategic lines of action, objectives. This will launch interventions to fulfil the mission of the Decade of Vaccines: “to extend, by 2030 and beyond, the full benefit of immunization to all people, regardless of where they are born, who they are or where they live. Also, it proposes that countries take a more active role in the task of achieving universal health coverage and fostering actions to identify and address inequities in order to ensure that populations are protected from vaccine-preventable diseases.

## **Background**

4. The subject of immunization has been addressed by AHO’s Vision and Immunization Strategy 2020-2030 was endorsed to sustain the achievements, complete the unfinished agenda, and tackle new challenges. This resolution also urged Member States to endorse national immunization programs as a public good.

5. AHO supports the Revolving Fund for Vaccine Procurement as a strategic technical cooperation mechanism to facilitate timely and equitable access to vaccines and supplies, and ratifies its principles and procedures.

8. AHO provides the strategic framework for achieving universal access to vaccines during this decade (2020-2030), since it will allow all individuals, regardless of race, religion, ideology, or economic or social status, to enjoy a life free of vaccine-preventable diseases. In order to achieve this vision in the Americas, challenges must still be addressed, such as the following: *a)* ensure universal access to vaccines; *b)* respond to increasing pressure from “anti-vaccine” groups; *c)* manage the high cost of new vaccines, which constitutes a barrier to equitable access; *d)* maintain immunization as a high political priority, as reflected in the sustained allocation of national resources; and *e)* manage the growing number of immunization partners, which requires coordination and improved

communication among partners and with the general population, to ensure the most efficient use of resources, among other things.

9. The purpose of the Plan of Action on Immunization for Africa is to adapt the context and cooperate with countries for the adoption of goals, strategies, and common activities, as well as facilitate dialogue, promote synergy with partners, and continue to strengthen NIPs in Africa.

### **Situation Analysis**

10. This situation analysis is presented according to the strategic lines of action established in the Immunization Vision and Strategy: *a)* sustain the achievements; *b)* complete the unfinished agenda; and *c)* tackle new challenges.

18. The Strategy for Universal Access to Health and Universal Health Coverage approved by the Health Congress establishes that universal access and universal coverage are the basis of an equitable health system. Currently, the governments have developed strategies to reach vulnerable populations and thus reduce inequities in vaccination. Fundamental to this endeavour has been the commitment of the communities themselves and the support of many partners. Nevertheless, in order to ensure equitable access to vaccines, it is essential to maintain these efforts and to develop further, both regionally and nationally, analyses of the causes of inequity, including those related to the social determinants of health.

19. Immunisation Week in Africa will become a global health initiative celebrated every year. The activities of Vaccination Week in strengthen the NIPs since their purpose is to reach vulnerable population groups, such as those with limited access to health services (residents of the urban periphery, rural and border areas, and indigenous communities).

20. The situation in Africa poses a great challenge. Given the fragile health situation, aggravated by disasters, the massive cholera outbreak, and an increasing number of unvaccinated persons as coverage goals are not met, there is a real risk of reintroduction or resurgence of those vaccine preventable diseases. Because of this, AHO has worked to bring other institutions and partners together to strengthen the NIP by integrating vaccination with other services being provided to vulnerable population groups.

### ***Tackle New Challenges***

21. The sustainable introduction of new and more expensive vaccines continues to be a challenge for NIPs throughout Africa. The ProVac Initiative has strengthened national capacities to make better informed, evidence-based decisions, by developing tools for economic analysis and forming

multidisciplinary teams to use them. Personnel from more than 30 countries have been trained to use these economic models; 14 national technical teams have received guidance to conduct 23 cost-effectiveness analyses; and 20 national technical advisory committees on immunization have been strengthened through collaboration .

22. Countries need to include rotavirus vaccine in their routine schedules, conjugate pneumococcal vaccine. Regarding the impact of the introduction of new vaccines, particularly rotavirus and pneumococcal conjugate vaccine, 10 studies both of effectiveness and of trend analysis have been conducted. This has facilitated evidence-based decision-making not only in this Region, but in other Regions of the world as well.

23. By the end of 2014, some countries had introduced the human papillomavirus vaccine (HPV) in their immunization programs. However, there is little data on real HPV vaccination coverage. Continued work is needed to integrate this vaccine into adolescent health care services.

24. Given the landscape for elimination and control of vaccine-preventable diseases and the use of new vaccines, coordination with the International Health Regulations and strengthening epidemiological surveillance and the laboratory network of Africa is essential. Laboratory and surveillance information must be integrated, and the quality and reliability of this data must be improved.

25. With the introduction of these vaccines and those which may potentially be incorporated into the national schedules in the future (such as dengue or malaria, among others), countries have to address new needs related to the cold chain and the supply chain. AHO has helped to strengthen national capacity for the following functions: *a)* conducting inventory control using software to manage stocks of vaccination supplies; *b)* assessing supply management operations at all administrative levels; and *c)* cold chain planning utilizing new tools.

26. AHO has progressed with the process of strengthening national regulatory authorities (NRAs) to control the quality, safety, and efficacy of vaccines used in the NIPs. To date, seven NRAs perform the six regulatory functions recommended. Similarly, the capacity of countries to conduct quality control on syringes and vaccine safety has been enhanced. AHO also supports the development of response capacity to events supposedly attributed to vaccination or immunization (ESAVI) through training for their detection, reporting and handling, data analysis, and the strengthening of advisory committees.

27. Having adequate and timely information on the target population in order to extend the benefits of vaccination to all people is another challenge the program faces. Therefore, the Member States, together with AHO, have promoted strategies to systematize the analysis and use of immunization data, assess its quality, and create computerized nominal vaccination registries, with a view to promoting timely vaccination and improving coverage. Furthermore, these registries can be linked to

mobile technologies in order to improve the efficiency of the registration processes and use of the information.

28. The Revolving Fund for Vaccine Procurement has facilitated the introduction of new vaccines, such as rotavirus vaccine, pneumococcal conjugate vaccine, and HPV vaccine and it continues to play a key role in ensuring an uninterrupted supply of affordable quality vaccines for national immunization programs. At the end of 2014, 41 countries and territories had acquired vaccines, syringes, and supplies through the Revolving Fund. Given the global vaccine market dynamics, the Revolving Fund has emerged as an example of a funding mechanism.

### **Proposal**

29. With a view to achieving equitable access to immunization, promoting the right to the enjoyment of the highest attainable standard of health including from the perspective of the right to health where nationally recognized, and to continue reducing morbidity and mortality from vaccine-preventable diseases, it is proposed that the Plan of Action on Immunization be adapted to the characteristics of the Region. It should be based on progress made with the Regional Immunization Vision and Strategy (2020-2030), and be aligned with the Strategic Plan

30. The Plan's vision is the population of Africa is protected against vaccine-preventable diseases and the Members promote universal and equitable access to immunization services, with safe and affordable vaccines throughout the life cycle." This approach will also permit the integration of immunization with other primary care services, such as prenatal care, adolescent sexual and reproductive health, the health of older adults, and prevention of chronic diseases (liver and cervical cancer).

31. The guiding principles of the Plan are equity, shared responsibility, solidarity, universality, sustainability, and quality. The conceptual framework, the general and strategic objectives,<sup>3</sup> indicators, and priority actions are set by the GVAP, adopted by the 65th World Health Assembly.

32. In addition, the Plan will help strengthen a culture of prevention and reduce inequalities by prioritizing the most disadvantaged groups. It will strengthen the public health services infrastructure, consolidate political commitment, and foster greater integration of and universal access to health services.

33. The Plan will propose a road map that Member States can follow, as appropriate and taking into account their context, needs, and priorities, during the coming years (2020-2030) for the design and implementation of immunization policies in four strategic lines of action: *a*) sustain the achievements; *b*) complete the unfinished agenda in order to prevent and control vaccine-preventable diseases; *c*) tackle new challenges in the introduction of vaccines and assess their impact; and *d*) strengthen health services for the effective vaccine administration.



34. In order to implement the Plan, the cooperation and contributions of all stakeholders and partners will be needed, particularly from national and local authorities, lawmakers, community leaders, ethno-racial associations, health workers, scientific societies, universities, nongovernmental organizations, and technical cooperation agencies. AHO will coordinate this cooperation initiative with leadership being provided by the ministries of health of the Region. In order to evaluate the progress of the Plan, it is proposed that seven general objectives and six strategic objectives be monitored.

35. The Plan is presented in accordance with the four lines of action indicated above. These proposed objectives, indicators, and priority actions take cognizance of the current progress of the immunization programs in Africa, as well as the lessons learned and opportunities for continued strengthening of these programs.

***Strategic Line of Action 1: Sustain the achievements***

36. Africa has been a pioneer in meeting goals for the elimination and control of vaccine-preventable diseases, and in developing innovative strategies to maintain these achievements. The creation of legislative frameworks to sustain the program, the establishment of immunization technical advisory committees, the formulation and implementation of action plans to ensure financing for these actions, and Immunisation Week in Africa, among other elements, have been essential strategies for progress. These should continue and be extended to all the countries.

<b>General (GO) and Strategic Objectives (SO)</b>	<b>Indicator</b>	<b>Baseline (2019)</b>	<b>Target (2020)</b>
<b>GO 1.1</b> Maintain the Region's status as polio-free	<b>GO 1.1.1</b> Number of countries and territories reporting cases of paralysis due to wild poliovirus or the circulation of vaccine-derived poliovirus (cVDPV) in the last year		
<b>GO 1.2</b> Maintain elimination of measles, rubella, and CRS	<b>GO 1.2.1</b> Number of countries and territories in which endemic transmission of measles or rubella virus has been reestablished		
<b>GO 1.3</b> Maintain achievements reached in vaccine-preventable disease control	<b>GO 1.3.1</b> Number of countries and territories that meet the indicators for monitoring the quality of epidemiological surveillance for selected vaccine-preventable diseases		

	<b>GO 1.3.2</b> Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours		
<b>SO 1.1</b> All countries make a commitment to vaccination as a priority for health and development	<b>SO 1.1.1</b> Number of countries and territories that have a legislative or regulatory basis for their immunization program		
	<b>SO 1.1.2</b> Number of countries and territories having an immunization technical advisory committee that meets the WHO's criteria for good operation		
	<b>SO 1.1.3</b> Number of countries and territories that have a current annual immunization plan of action that includes operational and financial plans		
<b>SO 1.2</b> Individuals and communities understand the value of the vaccines	<b>SO 1.2.1</b> Number of countries and territories that report having monitored public satisfaction with vaccination during the Vaccination Week in the Americas or other activities		

***Strategic Line of Action 2: Complete the unfinished agenda in order to prevent and control vaccine-preventable diseases***

37. The gaps in vaccination coverage within each country pose a challenge for achieving equity. This strategic line seeks to identify and quantify those factors, including the social determinants of health, that contribute to consistent and systematic low vaccination coverage in some municipalities and communities. In their agenda, NIPs must define strategies to address these communities' differentials, in order to complete the unfinished agenda.

<b>General (GO) and Strategic Objectives (SO)</b>	<b>Indicator</b>	<b>Baseline (2019)</b>	<b>Target (2020)</b>
<b>GO 2.1</b> Eliminate neonatal tetanus as a public health problem in all countries	<b>GO 2.1.1</b> Number of countries with municipalities reporting rates of neonatal tetanus above 1/1,000 live births		
<b>GO 2.2</b> Meet DPT vaccination coverage targets at all levels	<b>GO 2.2.1</b> Number of countries reporting national average coverage of at least 95% with three doses of DPT vaccine in children under 1 year		
	<b>GO 2.2.2</b> Number of countries reporting coverage of at least 95% in each district or equivalent with three doses of DPT vaccine in children under 1 year		
<b>SO 2.1</b> Immunization benefits extend equitably to all people and social groups	<b>SO 2.1.1</b> Number of countries and territories reporting coverage by income quintile or other subgroups that make it possible to monitor vaccination equity		

***Strategic Line of Action 3: Tackle new challenges in the introduction of vaccines and assess their impact***

38. AHO wants Africa to be a leader in the introduction of new vaccines as part of promoting the right to the enjoyment of the highest attainable standard of health including from the perspective of the right to health where nationally recognized. This has entailed conducting cost effectiveness studies and compiling other evidence, such as the burden of disease, strengthening platforms for universal vaccination, and monitoring the introduction of new vaccines through, for example, impact assessments. These efforts should be maintained and extended in the Region in order to ensure that new vaccines continue to be included in national vaccination schedules in a sustainable manner, and that evidence needed for decision-making continues to be generated.

<b>General (GO) and Strategic Objectives (SO)</b>	<b>Indicator</b>	<b>Baseline (2019)</b>	<b>Target (2020)</b>
<p><b>GO 3.1</b> Introduce vaccines in accordance with technical and programmatic criteria</p>	<p><b>GO 3.1.1</b> Number of countries and territories that have introduced one or more new vaccines into their national vaccination schedules</p>		
<p><b>SO 3.1</b> Decision-making is evidence-based and impact assessments ensure that policies are adopted to maximize the benefits of vaccination</p>	<p><b>SO 3.1.1</b> Number of countries that have conducted studies prior to the introduction of a vaccine (e.g., cost-effectiveness analysis)</p>		
	<p><b>SO 3.1.2</b> Number of countries that have conducted studies after the introduction of a vaccine (e.g., impact assessments, operational review, etc.)</p>		

***Strategic Line of Action 4: Strengthen health services for effective vaccine administration***

39. Universal health coverage should be the framework in which countries make sustainable efforts to control and eliminate vaccine-preventable diseases, by assuring the financing of immunization programs, the integration of vaccination with other local service delivery platforms, and visionary leadership among others. The Revolving Fund for Vaccine Procurement as a collective mechanism of all Members will continue to support the sustainable development of vaccination programs in Africa, by guaranteeing uninterrupted access to quality vaccines and supplies at affordable prices. Regular analysis of data quality at different levels of management should continue to guide decision-making, and this effort should be systematically conducted in all the countries of Africa. In this regard, it will be crucial to strengthen health information systems (24), utilizing innovative tools and methodologies based on information and communications technology, such as the use of computerized nominal immunization registries.

<b>General (GO) and Strategic Objectives (SO)</b>	<b>Indicator</b>	<b>Baseline (2019)</b>	<b>Target (2020)</b>
<b>GO 4.1</b> Exceed the expected results proposed by the Post-2015 Development Agenda for reductions in infant mortality and maternal mortality	<b>GO 4.1.1</b> Number of countries and territories whose immunization schedules include vaccination of pregnant women against influenza and/or with tetanus-diphtheria vaccine, as tracers of maternal vaccination		
	<b>GO 4.1.2</b> Number of countries and territories that offer other preventive interventions integrated with vaccination		
<b>SO 4.1</b> Supplies are available for the immunization program on a sustainable basis with national resources	<b>SO 4.1.1</b> Number of countries and territories that finance more than 90% of their immunization programs or initiatives with national resources <sup>4</sup>		
	<b>SO 4.1.2</b> Percentage of the birth cohort in Latin America and the Caribbean that has access to an adequate supply of quality vaccines		

	<b>SO 4.1.3</b> Number of countries and territories that procure vaccines through the Revolving Fund and that meet the criteria for accuracy of demand for vaccines and supply		
<b>SO 4.2</b> Strengthened immunization services are part of comprehensive, well-run health services	<b>SO 4.2.1</b> Number of countries and territories that have dropout rates below 5% between the first and the third dose of DPT vaccine		
	<b>SO 4.2.2</b> Number of countries and territories with coverage above 95% for third dose of DPT vaccine sustained for three or more consecutive years		
	<b>SO 4.2.3</b> Number of countries and territories that have conducted exercises to identify and correct barriers to reaching the unvaccinated or under-vaccinated populations		
	<b>SO 4.2.4</b> Number of countries and territories that have held activities to improve the quality of their coverage data and that include these activities in their annual action plans		
	<b>SO 4.2.5</b> Number of countries and territories that have a national system for computerized nominal immunization registry		
	<b>SO 4.2.6</b> Number of countries and territories that report having had a stock-out of a vaccine or related supplies for one full month or more at any level (local, subnational, or national)		
	<b>SO 4.2.7</b> Number of countries and territories that have strengthened post-marketing surveillance of vaccines in the Expanded Program on Immunization		
	<b>SO 4.2.8</b> Number of countries that hold vaccination activities geared to health workers		
	<b>SO 4.2.9</b> Number of countries and territories that implement training plans for workers in the immunization program		

## **Monitoring and Evaluation**

40. This plan will help achieve the Category 1 goals of the AHO Strategic Plan and is directly related to program area 1.5. Its monitoring and evaluation will be conducted in accordance with AHO's results-based management framework, as well as its performance management processes. In addition, this regional plan will contribute to achievement of the GVAP's goals and objectives. As an initial step, each country will evaluate its progress with its National Immunization Committee, and then the Technical Advisory Group (TAG) will evaluate the progress at the regional level. Progress reports will be prepared annually for the Bureau's Executive Management and at the end of every biennium for AHO's Governing Bodies. A final evaluation of the plan will be completed to determine the strengths and weaknesses of its implementation. The information needed will be obtained from the following sources: *a)* reports by the countries' ministries of health, *b)* AHO-AFRICHILD Joint Reporting Forms on immunization; and *c)* the compilation of research and other available sources.

## **Financial Implications**

41. The cost of implementing the plan for the period 2020-2030 is estimated to be \$920,482,500. This includes expenditures related to technical and administrative personnel, as well as cooperation activities. The estimated gap is 25% of the total budgeted amount. The achievements of the stated objectives of this regional plan require the commitment and investment of Member States as well as that of the relevant collaborating centres and partners. The Bureau is fully committed to provide the necessary technical cooperation to support its implementation. The support of the AHO Offices will be also very important, to forge alliances and identify donors who support the plan in the countries.

## **Summary**

42 Recognizing the progress made in the elimination and control of vaccine-preventable diseases and that work must still be done so that access to vaccination helps bring health services to all, through a comprehensive approach that considers the social determinants of health and universal coverage;

43 Considering that the Plan of Action offers the Member States a tool which allows them to adopt goals, strategies, and common activities, and to facilitate dialogue, promote synergies with all partners, and strengthen the Region's national immunization programs,

44. To approve the *Plan of Action on Immunization* and urge countries, as appropriate and taking into account their contexts, needs, and priorities, to:

- a) promote universal access to immunization programs and initiatives as a public good;
- b) adopt and adapt the *Plan of Action on Immunization* in accordance with the characteristics of each country and seek to guarantee the resources needed to meet the objectives described in the Plan of Action;
- c) commit to sustaining the achievements made in the elimination of polio, measles, rubella, and congenital rubella syndrome; the control of vaccine-preventable diseases; immunization as a political priority in the country; and the value that individuals and communities place on vaccines;
- d) ensure that work is done to close gaps related to neonatal tetanus elimination; achieve vaccination coverage goals at all the administrative levels; and expand the benefits of immunization to all people equitably throughout the life course;
- e) tackle new challenges posed by the sustainability of new vaccine introduction in national immunization schedules, and with access for all; promote evidence-based decision-making and an evaluation of the benefits of immunization;
- f) favor the strengthening of health services to provide immunization services, and achieve the expected results proposed by the post-2015 development agenda for reductions in infant mortality and maternal mortality;
- g) ensure that immunization programs have timely and sustainable access to the necessary quality inputs and that these are obtained with national resources, function as an integral part of strengthened health services, and have vaccination activities integrated with other interventions.

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