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**REGIONAL STRATEGIC PLAN FOR THE EXPANDED PROGRAMME ON
IMMUNIZATION, 2006–2009**

Report of the Regional Director

EXECUTIVE SUMMARY

1. Vaccine-preventable diseases still account for a high burden of childhood morbidity and mortality in the African Region. Regional diphtheria-pertussis-tetanus (DPT3) coverage increased from 54% in 2001 to 69% at the end of 2005. Wild poliovirus transmission is now restricted to only one country in the Region while there has been a 60% reduction in measles mortality since 1999.
2. Several challenges that limit access to and quality of immunization services in many countries include ensuring sustainable funding for immunization, continuous vaccine supply, immunization safety. Sector-wide barriers, including insufficient political commitment, insufficient trained health workers and lack of effective programme management, constitute additional challenges.
3. The goal of this strategic plan is to support Member States to provide high quality immunization services that will prevent mortality, morbidity and disability due to vaccine-preventable diseases and contribute to the strengthening of national health systems and the attainment of health Millennium Development Goals.
4. Priority interventions include expanding implementation of the Reaching Every District approach, capacity building, enhancing community participation, effective vaccine and logistics management, case-based surveillance, ensuring sufficient and sustainable funding, and strengthening partnerships for immunization.
5. Countries and partners will be expected to support strengthening of partnerships and district health systems and implementation of priority activities identified by technical oversight bodies.
6. The Regional Committee is invited to review the proposed Regional Strategic Plan for the Expanded Programme on Immunization, 2006–2009 and adopt it and the attached resolution for use to support the strengthening of national immunization programmes in the African Region.

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INTRODUCTION

1. Immunization policy and programme developments since the fifty-second session of the WHO Regional Committee for Africa¹ include the WHO/UNICEF Global Immunization Vision and Strategy (GIVS) for 2006-2015 and the external review of the implementation of the 2001-2005 regional EPI strategic plan conducted in July 2005.
2. The Regional Strategic Plan for the Expanded Programme on Immunization, 2006–2009 aims at improving the performance of national immunization programmes in a manner that will strengthen national health systems and contribute to the attainment of the health Millennium Development Goals.
3. The purpose of this document is to provide policy and programme orientations to Member States on immunization objectives and targets during the period 2006–2009. Priority interventions and best practices for the achievement of these targets are also presented.

SITUATION ANALYSIS

4. Regional diphtheria-pertussis-tetanus (DPT3) coverage, which has been adopted as a performance indicator for immunization programmes, increased from 54% in 1995 to 69% in 2005. Factors that have contributed to improved immunization coverage include implementation of the Reaching Every District (RED) approach; improved human resource capacity; improved vaccine management; increased funding for immunization; and increased access to health services.
5. The number of polio-endemic countries declined from 11 in 2000 to one at the end of 2005. There was a 60% decline in measles mortality in 2005 as compared to 1999. By end of 2005, 16 countries in the African Region documented elimination of neonatal tetanus. The number of countries that incorporated yellow fever vaccine in their routine immunization programmes increased from nine in 2000 to 23 in 2005.
6. In 2000, only six countries in the African Region had introduced hepatitis B vaccine in their national programmes, but at the end of 2005 the number had increased to 28 countries. *Haemophilus influenzae* type b vaccine was introduced in only eight countries by the end of 2005.
7. With regard to injection safety, the number of countries using auto-disable syringes increased from one in 2000 to 37 in 2004.
8. Since 2001, 19 countries have used measles immunization campaigns as a platform to integrate other child survival interventions, such as the distribution of vitamin A, insecticide-treated bednets, deworming medicine, and are exploring ways of integrating interventions in routine immunization services.
9. Several lessons were learned during the implementation of the 2002-2005 Regional EPI Strategic Plan. Critical success factors to strengthening immunization programmes included strong

¹ AFR/RC52/R2, Regional strategy for immunization during the period 2003–2005. In: *Fifty-second Session of the WHO Regional Committee for Africa, Harare, Zimbabwe, 8–12 October 2002, Final Report*, Brazzaville, World Health Organization, Regional Office for Africa, 2002 (AFR/RC52/19), pp. 8–9.

political commitment and ownership, importance of district level micro-planning with involvement of communities, continuous training of health workers through regular supportive supervision and refresher training as well as strong district-based monitoring systems.

10. Despite the progress made in the period 2001–2005, national immunization programmes in the Region still face numerous challenges. The improved regional coverage, however, hides disparities in immunization coverage at national and subnational levels, with several countries registering DPT3 coverage well below 50%. Lack of access to quality immunization services due to frequent stock out of vaccines, inadequately equipped and staffed health facilities, and gaps in immunization safety are some of the challenges faced by several countries in the Region.

11. The introduction of more expensive vaccines and injection devices has aggravated the situation with regard to assuring sustainable funding for immunization. Health sector-wide barriers include insufficient political and financial commitment, shortage of appropriately trained staff and inefficient programme management.

OBJECTIVES

12. The overall objective of this strategic plan is to prevent mortality, morbidity and disability from vaccine-preventable diseases.

13. The specific objectives of the Regional Strategic Plan for the Expanded Programme on Immunization, 2006–2009 are:

- (a) to strengthen district-based immunization programmes to improve access to and utilization of immunization services;
- (b) to accelerate efforts for the achievement of polio eradication, measles control, maternal and neonatal tetanus elimination, and yellow fever control through the strengthening of routine and supplemental immunization efforts as well as case-based disease surveillance with laboratory confirmation;
- (c) to promote innovations, including vaccine research, and to sustain progress in the introduction of new and underutilized vaccines;
- (d) to improve vaccine management;
- (e) to improve immunization safety;
- (f) to systematize access to integrated services and maximize benefits to mothers and children attending immunization sessions;
- (g) to support countries in sustaining achieved levels of immunization coverage.

TARGETS

14. By the end of 2009:

- (a) at least 80% of countries will attain 90% DPT3 coverage at national level;
- (b) at least 80% of countries will attain 80% DPT3 coverage in all districts;
- (c) there will not be any wild poliovirus associated with acute flaccid paralysis;
- (d) there should be at least 90% reduction in measles mortality as compared to 1999 estimates (reduce estimated measles deaths from 519 000 to less than 52 000 per year);

- (e) at least 80% of countries will achieve maternal and neonatal tetanus elimination;
- (f) all countries at risk of yellow fever will achieve national routine yellow fever immunization coverage of at least 80%;
- (g) all countries will have introduced hepatitis B vaccine into their national immunization programmes;
- (h) at least 80% of countries will have introduced *Haemophilus influenzae* type b into their national immunization programmes;
- (i) all countries will have adopted auto-disable syringes or an equally safe technology for all immunization injections;
- (j) at least 80% of countries will have integrated additional child survival interventions such as vitamin A supplementation, insecticide-treated bednets, anthelmintics and others, with immunization.

GUIDING PRINCIPLES

15. **Linkages.** The implementation of the Regional Strategic Plan for the Expanded Programme on Immunization, 2006–2009 will be guided by key priorities outlined in *Strategic orientations for WHO work in the African Region 2005–2009*² and the Global Immunization Vision and Strategy.

16. **Partnerships.** Experiences of global and regional collaboration in immunization will help to expand partnerships, and those at national level (e.g. Interagency Coordination Committees) will be strengthened and extended to district level.

17. **Reaching Every District approach.** Planning and management of district health teams will be supported through the implementation of the operational components of RED.

18. **Oversight.** Technical oversight of programme implementation will continue to be provided by independent committees under the leadership of the Task Force on Immunization in Africa.

PRIORITY INTERVENTIONS

19. Maximizing access to immunization will be achieved through expanding the implementation of the Reaching Every District (RED) approach.³ This will entail greater involvement of health facility staff in district micro-planning as well as strengthening of monitoring, partnerships and resource mobilization.

20. Capacity building, enhanced community participation to sustain demand for immunization, promotion of effective vaccine and logistics management, and ensuring sufficient and sustainable funding will also be undertaken.

21. Supplemental immunization activities, case-based surveillance, timely outbreak response activities and the RED approach will be used to accelerate vaccine-preventable disease control.

² *Strategic orientations for WHO action in the African Region 2005–2009*, Brazzaville, World Health Organization, Regional Office for Africa, 2005.

³ WHO, Report of evaluation of Reaching Every District approach in five countries, Brazzaville, World Health Organization, Regional Office for Africa, 2005 (unpublished document).

22. Enhancing the capacity of Member States to conduct vaccine trials and compile evidence for decision-making on new vaccine introduction, advocacy to ensure adequate supplies of new vaccines and technologies, and sustainable funding for immunization innovations will be undertaken. Community reporting and support to strengthen vital events registration will also be prioritized.
23. Vaccine management and immunization safety will be ensured by strengthening the capacity of national regulatory authorities, development of immunization policy, promotion of safe injection policies and surveillance for adverse events following immunization.
24. Integration of additional child survival interventions with immunization will be achieved by supporting countries to adapt the regional framework for integration, and by disseminating best practices, guidelines and tools for integration based on the primary health care approach.
25. The cost of scaling up immunization efforts in the WHO African Region in 2006-2009 to ensure that countries are on course to reach the 90% routine immunization coverage target in 2015 as recommended by the GIVS, is estimated at US\$ 4 billion. The main cost drivers of this estimate are vaccines, 34%; strengthening of immunization systems, 56%; and campaigns, 10%. From current funding levels, US\$ 3 billion is expected to be available from national governments (8%), GAVI (22%) and traditional external donors (47%). The funding gap of US\$ 1 billion is mainly in the area of vaccines.

ROLES AND RESPONSIBILITIES

26. Countries should:
 - (a) develop comprehensive multi-year immunization plans,
 - (b) enhance multisectoral collaboration and partnerships,
 - (c) promote training, recruitment and retention of health workers,
 - (d) increase financial resources for immunization,
 - (e) review and update national immunization policies and guidelines.
27. WHO and partners will support countries to:
 - (a) advocate among policy-makers and international partners,
 - (b) provide technical, financial and material support for priority activities,
 - (c) strengthen coordination and partnerships,
 - (d) continue providing leadership and stewardship in EPI,
 - (e) sustain the achieved coverage of EPI.

MONITORING AND EVALUATION

28. Immunization monitoring indicators recommended by the external review of the implementation of the 2001–2005 regional EPI strategic plan will be used to monitor the implementation of this plan for 2006–2009. Monitoring indicators will continue to be harmonized with UNICEF and the Global Alliance for Vaccines and Immunization.

29. Programme evaluations will be conducted once every 2 years. Standardized programme evaluation instruments, including indicators related to integration of EPI with other priority programmes, will be revised and updated to reflect current priorities.

CONCLUSION

30. Although there has been quite substantial progress in improving the performance of national immunization programmes in the African Region during the period 2001–2005, a significantly increased number of children need to be vaccinated if agreed global and regional targets are to be achieved.

31. The Regional Committee is requested to review the proposed Regional Strategic Plan for the Expanded Programme on Immunization, 2006–2009, and adopt it and the attached resolution to support countries.