



Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

WHO Report

Investing in life saving vaccines to guarantee life of future generations in Africa

Mihigo R.M.^a, Okeibunor J.C.^{a,*}, O'Malley H.^a, Masresha B.^b, Mkanda P.^a, Zawaira F.^a^a WHO Regional Office for Africa, Brazzaville, Congo^b WHO Intercountry Support Team, East & South Africa, Harare, Zimbabwe

ARTICLE INFO

Article history:

Received 12 May 2016

Accepted 10 June 2016

Available online xxxxx

Keywords:

Access

Africa

Conference

Equity

Immunization

Ministerial

Universal

Vaccine

ABSTRACT

The World Health Organization's Regional Offices for Africa and for the Eastern Mediterranean in conjunction with the African Union and the Government of Ethiopia hosted a ministerial conference on immunization in Africa from 24 to 25 February 2016 in Addis Ababa, Ethiopia under the theme "towards universal immunization coverage as a cornerstone for health and development in Africa". The conference brought together African leaders – including health and finance ministers, and parliamentarians thus creating a powerful platform for governments to demonstrate their commitment to advancing universal access to immunization on the continent in line with the Global Vaccine Action Plan. The event also brought together advocates, technical experts, policymakers, partner agencies, donors and journalists to examine how best to drive forward immunization across Africa, ensuring every child has access to the vaccines they need. Key points highlighted throughout conference were: universal access to immunization is at the forefront of enabling Africa to reach its full potential – by improving health, driving economic growth and empowering future generations; it is one of the most cost-effective solutions in global health, with clear benefits for health and development; and immunization brings economic benefits too, reducing health care costs and increasing productivity. At the close of the conference, 46 African countries signed a historic ministerial declaration on "*Universal Access to Immunization as a Cornerstone for Health and Development in Africa*" signaling fierce determination among African leaders to secure the health and prosperity of their societies through immunization.

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1. Introduction

Immunization against vaccine preventable diseases (VPDs) has contributed to saving millions of lives. It was the fundamental strategy for the eradication of smallpox. Polio is now on the brink of eradication due to the efficacy of vaccines. More children than ever before now live healthy lives free of VPDs, because of immunization.

Beyond the public health benefits, immunization against VPDs has other social and development benefits. It has been demonstrated that every dollar invested in vaccines during the decade of 2011–2020 would result in an estimated return of 16 times the costs, taking into account treatment costs and productivity losses [1]. When considering broader economic and social benefits the return on investment for immunization was 44 times the vaccination costs [2].

To optimize these benefits of immunization the World Health Assembly (WHA) endorsed the Global Vaccine Action Plan (GVAP), a framework to achieve the vision of expanding access to vaccines and immunization to all by 2020. GVAP targets include 90% national coverage for 3rd doses of Diphtheria–Tetanus–Pertussis (DTP3) containing vaccines [3]. Meeting the targets requires achieving universal coverage with immunization services. Member States committed to strengthening national immunization systems to ensure equitable access to vaccines for all people by 2020.

Progress has been made toward realizing the targets. Coverage with the 3rd dose of diphtheria–Tetanus–Pertussis (DTP3), commonly used to measure the strength and reach of routine immunization programmes, increased from 57% in 2000 to 80% in 2014 in Africa. Improvements in immunization coverage have resulted in fewer VPDs among children in Africa [4–10]. As a result of immunization efforts, between 2000 and 2014, estimated measles deaths globally have declined by 69%, while the number of reported measles cases have declined by 69%. The largest decline in estimated measles deaths is in the African Region where measles deaths declined by 86% to 48,000 between the years 2000 and 2014

* Corresponding author.

E-mail addresses: okeibunorj@who.int, jokeibunor@yahoo.com (J.C. Okeibunor).

[11]. The introduction of new vaccines in Africa has been a major success. The GVAP target of at least 90 low- and middle-income countries introducing one or more new or underutilized vaccines is on track [3]. Introducing new vaccines can help improve health systems. Vaccines provide benefits to families, communities and countries in the form of improved health outcomes and economic growth [12].

Despite these achievements, some critical diseases, including measles and neonatal tetanus, which have been eliminated or nearly eliminated in most regions of the world, remain endemic in Africa [5]. Worse still, the pace of improvements in routine immunization coverage, between 2000 and 2014, has in recent years decelerated. Fewer than half of African countries have met the GVAP target on DTP3 coverage. Government funding for immunization in African countries has increased in recent years, complemented by donor funds. However, in many countries across Africa, additional funding is required to ensure equitable and universal access to vaccine and immunization services in all the countries. There is an urgent need for more reliable national ownership of immunization programmes with commitment for guaranteed funding of all aspects of immunization in the Region.

Responding to this need, the WHO Africa and the Eastern Mediterranean Regional Offices in conjunction with the African Union Commission convoked a ministerial conference on immunization in Africa from 24 to 25 February 2016 in Addis Ababa, Ethiopia. The conference pulled together over 800 participants, including Ministers for Health, Local Government and Finance of the African countries. Others included national immunization program managers, past and present heads of governments in Africa, parliamentarians, religious/traditional leaders, civil society organizations, the private sector, technical experts and immunization partners across Africa and beyond. It provided a platform for African policymakers and to advocates to discuss strategies for tackling the challenges facing vaccine efforts, foster country ownership for sustainable financing for immunization, and advocate for greater engagement with all stakeholders to ensure sustainable demand for immunization. This paper summarizes the proceedings of the conference and proposed steps to tackle the challenges to achieving universal and equitable access to effective vaccines, thus keeping with the ethical and moral obligation to guarantee the life of the future generation through access to life-saving vaccine in Africa [13]. The programme included panel sessions and side events, covering the different aspects of immunization in the continent.

2. Toward high and equitable immunization coverage

Improving coverage and equity in immunization programmes is a critical element of ensuring immunization for all, in line with the commitments made in the GVAP. Coverage with DTP3 containing vaccines in Africa stood at 80.9% in 2014 [14]. About forty-three percent (42.6%) of the African countries had coverage rates of $\geq 90\%$ in 2014. However, approximately 23% or 7.4 million infants, within the WHO African Region, were not reached with the 3rd dose of DTP vaccines in 2014. A third of these children were in Ethiopia, Kenya, DR Congo, South Sudan, Nigeria and Guinea [12]. Djibouti and Somalia in the WHO Eastern Mediterranean Region had coverage rates of 78% and 42% respectively. Discussions were held around this issue, examining ways partners can identify underserved populations, develop effective plans for improving coverage, and strengthen collaboration among sectors. Participants offered various perspectives on the challenge of reaching hard to reach populations and improving equity and access to immunization, shared lessons and experiences, as well as what is most needed from various sector and partners to reach every child with

immunization services. Speakers in this session also discussed particular challenges of ensuring increased coverage with new and under-utilized vaccines, or ensuring resources are focused on specific low coverage geographic areas or target groups.

Some of the major themes that emerged from the panel discussion include strengthening immunization systems as an entry point for strengthening primary health care, and health systems; increasing number of vaccines, as well as the scope and costs for vaccination and the high economic returns of immunization. Others included the fragility of service delivery systems in conflict and disaster situations and need for better vaccine pricing for non GAVI eligible countries and countries transitioning into middle class. Participants highlighted the fact that countries now have new and powerful vaccines to prevent various types of diseases, and avert many deaths. Countries in Africa have collectively reached the highest immunization rate with DTP3 at 80.9% coverage in 2014. However, this still leaves behind one out of five children. They gave the examples of interruption of polio virus circulation and the successes in preventing meningitis A epidemics in Africa, and stressed on the remaining inequalities at subnational level in some of the big countries. Given the plateauing measles vaccination coverage in Africa in the last 5 years, and the outbreaks in some countries, it is important to work toward getting better data to better target populations and achieve high immunity coverage at sub-national level. A call was made for the development of tailored strategies to reach low coverage areas and underserved populations will be critical, and will require using data driven approaches. In addition, the critical lessons from the polio eradication initiative should be applied, when it comes to engaging the community, running functional supply chains and cold chain systems, among others. Also emphasized was the role of the private sector, alongside the public sector, in making vaccines available.

3. The role of communities in coverage and demand

Here, the point was made that civil society and community-level work is critical to advancing health. This is particularly important for increasing demand for and uptake of available services through social and behavioral change interventions, ensuring government transparency and accountability, and supporting resource mobilization. Other areas include influencing national health policies and supporting the monitoring and evaluation of effective programs. Effective engagement of communities is essential to ensuring continued progress toward universal access to immunization [15].

Participants thus examined how partners can identify underserved populations, develop effective plans for improving coverage, and strengthen collaboration among sectors. Discussions focused on the roles that religious and traditional leaders/authorities, youth and community based civil society organizations (CSO) and other groups and stakeholders could play in promoting immunization in the communities. It was noted, for instance, that traditional and religious leaders were fundamental to engaging communities for change in Africa, as demonstrated in Nigeria where their involvement strongly and positively influenced the uptake of polio vaccines in Northern Nigeria. Another example of community engagement for health in Africa was the experience of Ethiopia with extension health workers for the delivery of essential health services at the community level, which has become a remarkable success for health in Ethiopia. The cost of launching the extension health worker scheme was heavy initially because of the added workforce into the health expenditure. However, the Honourable Minister stated that “the good thing now is that cost of health care has gone down in Ethiopia.

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