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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE REGIONAL  
STRATEGIC PLAN FOR IMMUNIZATION 2014–2020**

**Information Document**

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## BACKGROUND

1. The African Regional Strategic Plan for Immunization 2014-2020 (RSPI)<sup>1</sup> was adopted in 2014 by the Sixty-fourth session of the World Health Organization (WHO) Regional Committee for Africa. The strategy aims to achieve universal immunization coverage and reduce mortality and morbidity from vaccine-preventable diseases by the end of 2020.

2. The objectives of the RSPI are to: (i) increase and sustain high vaccination coverage; (ii) complete the interruption of poliovirus transmission and ensure poliovirus containment; (iii) eliminate measles and make progress in the elimination of rubella and congenital rubella syndrome; and (iv) attain and maintain elimination/control of other vaccine-preventable diseases.

3. The Regional Committee requested the Regional Director to report annually on progress made towards the achievement of the set objectives. This report therefore, is presented in compliance with the decision of the Regional Committee and highlights the achievements made over the period up to the end of 2018 in expanding access to vaccines in the WHO African Region. Progress on the eradication of polio is reported in a separate document.

## PROGRESS MADE/ACTIONS TAKEN

4. **Increase and sustain high vaccination coverage:** Between 2013 and 2018, regional immunization coverage levels increased from 70% to 76% for the third dose of the diphtheria-tetanus-pertussis containing-vaccine (DTP3); from 71% to 74% for the third dose of oral polio vaccine (OPV3); and from 70% in 2013 to 74% in 2018 for the first dose of measles-containing vaccine (MCV1), while yellow fever vaccination coverage in the Region increased from 39% to 51% according to the WHO/UNICEF coverage estimates.<sup>2</sup>

5. By the end of 2018, twenty-one Member States<sup>3</sup> had achieved the RSPI coverage target of 90% or more for DTP3 (compared to 17 Member States in 2013), and eight Member States<sup>4</sup> compared to nine<sup>5</sup> in 2013 attained the MCV1 coverage target of 95% at national level. The targets, baseline and status of current achievements are summarized in Annex 1.

6. **Eliminate measles and make progress in the elimination of rubella and congenital rubella syndrome:** As of end-2018, twenty-seven Member States<sup>6</sup> had introduced rubella-containing vaccine (RCV) and 26 Member States<sup>7</sup> had introduced a second dose of measles-containing vaccine (MCV2) in their national immunization programmes, improving from five and 11 Member States respectively in 2013. In 2017 and 2018, a total of 163.9 million children were

<sup>1</sup> Regional Strategic Plan for Immunization 2014–2020. WHO Regional Office for Africa, 2015  
[https://www.afro.who.int/sites/default/files/2017-06/oms-ivb-rvap-afro-en-20150408\\_final\\_sent140317\\_0.pdf](https://www.afro.who.int/sites/default/files/2017-06/oms-ivb-rvap-afro-en-20150408_final_sent140317_0.pdf).

<sup>2</sup> WHO UNICEF Coverage estimates  
[http://apps.who.int/immunization\\_monitoring/globalsummary/timeseries/tswucoveredtp3.html](http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveredtp3.html).

<sup>3</sup> Algeria, Botswana, Burkina Faso, Burundi, Cabo Verde, Comoros, Eritrea, Eswatini, The Gambia, Ghana, Kenya, Lesotho, Malawi, Mauritius, Rwanda, Sao Tome and Principe, Seychelles, Sierra Leone, Uganda, United Republic of Tanzania and Zambia.

<sup>4</sup> Botswana, Cabo Verde, Eritrea, Mauritius, Sao Tome and Principe, Seychelles, Rwanda and United Republic of Tanzania.

<sup>5</sup> Algeria, Botswana, Burundi, Eswatini, The Gambia, Mauritius, Seychelles, Rwanda and United Republic of Tanzania.

<sup>6</sup> Algeria, Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Côte d'Ivoire, Eritrea, Eswatini, The Gambia, Ghana, Kenya, Lesotho, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Rwanda, Sao tome and Principe, Senegal, Seychelles, United Republic of Tanzania, Zambia, Zimbabwe, and Togo.

<sup>7</sup> Algeria, Angola, Botswana, Burkina Faso, Burundi, Cabo Verde, Eritrea, Eswatini, The Gambia, Ghana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Niger, Rwanda, Sao tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

vaccinated through measles supplementary immunization activities (SIAs) in 21 Member States.<sup>8</sup> Sixteen of the 22 SIAs attained administrative coverage of at least 95%.

7. By the end of 2018, a total of 15 countries recorded an annual measles incidence of <1 per million population.<sup>9</sup> However, only eight of these countries (Botswana, Burundi, Eswatini, Gabon, Lesotho, Senegal, United Republic of Tanzania and Zimbabwe) had surveillance quality that attained the desired performance targets for the year. The highest measles incidence in the 52 weeks between April 2018 and March 2019 was recorded in Madagascar, with a total of 122 840 confirmed cases and 640 confirmed deaths. The outbreak occurred as a result of a long-standing accumulation of unvaccinated, susceptible persons. Madagascar had less than 70% coverage with the first dose of measles vaccine over the years 2008–2017.

8. **Attain and maintain elimination/control of other vaccine-preventable diseases:** By the end of 2018, the number of Member States that had introduced pneumococcal conjugate vaccine (PCV) increased from 27 in 2013 to 40 (except for Cabo Verde, Chad, Comoros, Equatorial Guinea, Gabon, Guinea, South Sudan), while rotavirus vaccine introduction increased from 11 to 35 Member States.<sup>10</sup> Human papillomavirus vaccine (HPV) introduction increased from two Member States in 2013 to 10 Member States (Botswana, Mauritius, Seychelles, South Africa, Uganda, Rwanda, United Republic of Tanzania, Ethiopia, Senegal, Sao Tome and Principe) by the end of 2018. Progress with HPV vaccine introduction was slow due to various factors including barriers in accessing eligible out-of-school girls, high vaccine prices for non-GAVI eligible Member States and global supply constraints.

9. In 2013, twenty-three<sup>11</sup> of the targeted 31 Member States introduced the yellow fever (YF) vaccine in routine immunization, which number increased to 24 by the end of 2018 with the addition of Equatorial Guinea. Twenty-one Member States<sup>12</sup> in the meningitis belt had introduced the meningococcal A conjugate vaccine (MenAfriVac) through initial wide age range vaccination campaigns (as compared to 12 Member States in 2013), and Burkina Faso, Côte d'Ivoire, Central African Republic, Chad, Ghana, Mali and Niger have introduced the vaccine in their routine immunization schedule (compared to none at the end of 2013).

10. Forty Member States<sup>13</sup> have validated maternal and neonatal tetanus (MNT) elimination as of end-2018. In addition, southern Mali and the south-eastern region of Nigeria have passed the validation for MNT elimination, in line with the efforts to validate subnational geographic areas that do not have access or security challenges in Member States that have made programmatic progress.

11. Despite the progress made, challenges still hamper the implementation of the RSPI. Conflict and geographic accessibility compromise the provision of services in remote districts in Central African Republic, South Sudan, northern Mali and north-eastern Nigeria. The major challenges

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<sup>8</sup> Angola, Burkina Faso, Burundi, Chad, Democratic Republic of the Congo, Côte d'Ivoire, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Lesotho, Liberia, Malawi, Mauritania, Mozambique, Nigeria, Rwanda, Senegal, South Sudan and Togo.

<sup>9</sup> Algeria, Botswana, Burundi, Cabo Verde, Equatorial Guinea, Eswatini, Gabon, Guinea-Bissau, Lesotho, Malawi, Mauritania, Senegal, South Africa, United Republic of Tanzania, and Zimbabwe.

<sup>10</sup> All except Algeria, Benin, Cabo Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Guinea, Nigeria and South Sudan.

<sup>11</sup> Angola, Benin, Burkina Faso, Cabo Verde, Central African Republic, Côte d'Ivoire, Cameroon, Chad, Congo, Democratic Republic of the Congo, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo.

<sup>12</sup> Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, The Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Nigeria, Uganda, Senegal, South Sudan, and Togo.

<sup>13</sup> All except: Angola, Central African Republic, Chad, Democratic Republic of the Congo, Guinea, Nigeria and South Sudan.

identified include multiple competing priorities, insufficient Member State ownership, weak community engagement, insecurity, inadequate use of data, limited logistics capacity and inadequate workforce.

## **NEXT STEPS**

### **12. Member States should:**

- (a) Ensure sustainable financing of immunization activities to accelerate progress in the implementation of the road map of the Addis Declaration on Immunization;
- (b) Ensure close monitoring of the implementation of the RSPI and progress towards the targets at national as well as subnational levels;
- (c) Identify specific programmatic factors responsible for the stagnation of coverage in respective Member States and at subnational level, design and implement appropriate interventions;
- (d) Identify and launch innovative approaches to implement priority interventions guided by high-quality data, targeting unreached and marginalized populations;
- (e) Ensure that vaccination programmes are organized to provide timely services to all eligible persons, and that services are extended to reach children beyond their first birthday, adolescents, women of child bearing age and pregnant women, based on the life course approach.

### **13. WHO and partners should:**

- (a) Continue to provide technical assistance to Member States, and to monitor progress and present a final comprehensive report and next steps to the Regional Committee at its Seventieth session on achievement of the RSPI targets;
- (b) Strengthen advocacy for sustainable and predictable vaccine supplies as well as reduced vaccine prices especially for middle-income countries;
- (c) Support Member States in the development of the post-2020 vision and strategy for vaccines and immunization.

### **14. The Regional Committee is requested to take note of this progress report and endorse the proposed next steps.**

**Annex 1: Progress in the attainment by Member States of key targets of the Regional Strategic Plan for Immunization**

	Number of Countries	
<b>RSPI Target by end-2020</b>	<b>2013</b>	<b>2018</b>
<b>Objective 1: To improve immunization coverage beyond the current levels</b>		
Pentavalent-3 vaccine coverage 90% nationally in all 47 countries by 2020	17	21
Pneumococcal conjugate vaccine introduced in 47 countries by 2020	27	40
Rotavirus vaccine introduced in 37 countries by 2020	11	35
Human Papillomavirus (HPV) vaccine introduced in 35 countries	2	10
Hepatitis B vaccine birth dose introduced in 25 countries	3	11
All countries to regularly report adverse events following immunization by the end of 2020	38	45
<b>Objective 3: To attain the elimination of measles and make progress in the elimination of rubella and congenital rubella syndrome</b>		
All countries to achieve an incidence of confirmed measles of less than 1 case per million population by 2020	15	15
MCV-1 coverage of 95% at national level in all 47 countries	9	8
Rubella-containing vaccine (RCV) introduced in 25 countries by 2020	5	27
<b>Objective 4: To attain and maintain elimination/control of other vaccine-preventable diseases</b>		
MCV-2 introduced in 36 countries	11	26
Maternal and neonatal tetanus elimination achieved in all 47 countries	30	40
Yellow Fever vaccine coverage of 90% in 31 countries	4	2
MenAfriVac introduced in 15 countries in routine immunization	0	7