THE NEXT FRONTIER: DELIVERING IMMUNIZATION FOR ALL ACROSS AFRICA

In association with

IFPMA

ADDIS DECLARATION ON IMMUNIZATION
The Addis Declaration on Immunization (ADI) is a historic pledge to ensure that everyone in Africa – regardless of who they are or where they live – receives the full benefits of immunization. It includes 10 commitments to increase political, financial and technical investments in immunization programs.

On January 31, 2017, at the 28th African Union (AU) Summit, Heads of State from across Africa endorsed the ADI, thereby committing to advance universal access to immunization across Africa. The ADI was initially drafted and signed by ministers and other high-level representatives at the Ministerial Conference on Immunization in Africa (MCIA) in February 2016. Statements of support have been issued by civil society organizations, religious leaders from across faiths and parliamentarians to support countries in the implementation of the ADI.

Learn more [here](#)
Vaccines are widely acclaimed to be invaluable in preventing, controlling and even eradicating diseases globally. Considerable evidence shows that in Africa, like in many other regions, immunization against vaccine preventable diseases has had a profound impact on public health, helping to lower childhood mortality and protect communities from disease1.

But significant gaps remain, especially in Africa, where: immunization rates are low among people living in remote rural and certain urban and conflict affected areas; vaccines could help prevent and control the multiple outbreaks of infectious diseases and address the growing threat of anti-microbial resistance (AMR); and, in many countries, the financial sustainability of vaccines and immunization is in jeopardy. We must move into a new era of immunization policy featuring more robust financing and sustainable country-by-country funding of immunization programs, and ways to bridge the vaccination gap in problematic areas. If we can accomplish these goals, we can deliver transformed disease control across Africa.

Over the last 40 years, there has been significant development and expansion of immunization services across African countries. The region is home to a large number of epidemics, with over 1,940 outbreaks reported between 1970 and May 2019 causing substantial ill health, loss of life and economic damage to individuals and nations2 3 4. The introduction and use of vaccines over this period has reduced the transmission of some of these epidemic diseases and served as an important mechanism for longer-term control.

For example, the introduction of vaccines has eradicated smallpox across Africa and globally and accelerated the eradication of polio.

Deaths from measles since 2000 have declined 80% globally and 86% in Africa5. Innovations in vaccines and immunization have advanced public health on the continent even further6. Since the mid-2000s, countries have introduced additional lifesaving vaccines such as rotavirus, the pneumococcal conjugate and Haemophilus influenzae vaccines, resulting in significant reduction of morbidity and mortality in children under the age of five7. Large outbreaks of the meningitis A virus are now nearly eliminated with the fast-tracked use of MenAfriVac, a meningitis A conjugate vaccine developed and implemented specifically for the African ‘meningitis belt’8 – a region that has been the site of deadly outbreaks for years.

Adopted in 2010, the MenAfriVac vaccine has already reached nearly 300 million people, resulting in 250,000 fewer cases of this terrible scourge and, best of all, is expected to save an estimated 150,000 lives9 10.

There has been progress too on some other deadly diseases. A new investigational vaccine against Ebola has been used in the outbreaks in the tail end of the West Africa epidemic and now in the Democratic Republic of Congo epidemic.

Early conclusions of this innovative intervention have confirmed that the vaccine plays a pivotal role in the control of this fatal and much feared disease and social acceptability of the vaccine is good, facilitating the implementation of other complementary interventions11.
REINVENTING IMMUNIZATION IN AFRICA

The considerable long-term advances and recent progress in immunization must not lead to complacency. Our job is far from finished. To harness the full potential of vaccines, immunization in Africa will need to continue to reinvent itself by evolving with key social, clinical and resource issues.

Today, that means immunization policies and programs should focus on the three main settings that contribute to the highest numbers of unvaccinated people: underserved urban areas, remote rural/nomadic populations and conflict/humanitarian settings.

"THE CONSIDERABLE LONG-TERM ADVANCES AND RECENT PROGRESS IN IMMUNIZATION MUST NOT LEAD TO COMPLACENCY."

This wave of urbanization has created large slums, which are increasingly inhabited by hundreds of thousands of people living in poverty with limited or no access to healthcare provision.

Conflicts and climate change exacerbate these trends and challenging settings as many are forced to evacuate homes, relocate within countries and sometimes migrate across national borders. As the 2018 Assessment Report of the Global Vaccine Action Plan observes, “the next decade is likely to be volatile and uncertain … continuing mass urbanization and migration, population growth, geopolitical uncertainty and conflict, and natural disasters and environmental disruption will present major challenges to national immunization systems.”

Equally serious is the ongoing global threat that AMR poses to the continent. There is growing agreement on the role vaccines can play to mitigate the risks linked to AMR. Fewer anti-microbial drugs will be needed if the use of existing vaccines is increased – especially against pneumococcal diseases, Haemophilus Influenza type B, and pertussis. In addition, anti-microbial drug use can be reduced by accelerating the development of new or improved vaccines focused on high burden diseases, for example tuberculosis and typhoid, or vaccines against diseases such as group B and group A streptococcus.

"EQUALLY SERIOUS IS THE ONGOING GLOBAL THREAT THAT AMR POSES TO THE CONTINENT."

Alongside these new demographic and clinical realities in which immunization must be delivered, we must face the fact that the financial sustainability of vaccines and immunization is yet to be secured. Across the continent, many countries today are less than fully funded for the costs of immunization and rely on external support. These conditions, taken together, make it urgent and compelling to advocate for increased compliance and shouldering of responsibilities by the countries themselves.
“SUSTAINED INVESTMENT IN VACCINE RESEARCH AND DEVELOPMENT AND IMMUNIZATION PROGRAMS ARE CRITICAL FOR THE SAKE OF INDIVIDUAL HEALTH AND POPULATION SECURITY.”

TRANSFORMING IMMUNIZATION OVER THE NEXT DECADE

Sustained investment in vaccine research and development and immunization programs are critical for the sake of individual health and population security. Thankfully, several African leaders and key global health partners are grasping the scale of the issues at hand.

With the Addis Declaration on Immunization (ADI), all 54 African countries came together in a continent-wide commitment to accelerate progress toward reaching the goals of the Global Vaccine Action Plan. Recognizing that immunization is an epic continent-wide public health issue, the declaration sets out the high-level leadership and approach needed to achieve the ambitious immunization goals.

Subsequent policy initiatives, including the WHO Business Case for Immunization in Africa and the Global Action Plan for Healthy Lives and Well-Being for All, reinforce the importance of immunization and the need for increased collaboration and resourcing in the drive towards universal healthcare coverage as set out in the UN Sustainable Development Goal for health.

Now it is critical to turn these commitments into reality. As the Global Vaccine Action Plan expires and its replacement for the next decade (2021-2030) is developed, practical and enduring policies need to be put in place that can deliver immunization for all across Africa.

“WITH THE ADDIS DECLARATION ON IMMUNIZATION (ADI), ALL 54 AFRICAN COUNTRIES CAME TOGETHER IN A CONTINENT-WIDE COMMITMENT TO ACCELERATE PROGRESS TOWARD REACHING THE GOALS OF THE GLOBAL VACCINE ACTION PLAN.”

To ensure leverage of the existing immunization infrastructure, global health actors and African leaders should consider the following six actions that could prove particularly transformative and keep immunization at the forefront of efforts to deliver universal healthcare. They reinforce the importance of governments stepping in to lead, taking ownership of national immunization programs and working in partnership with key global allies.
First, let us anchor immunization within primary healthcare. To do this, vaccines and immunization strategies should be reflected as key interventions in the national health sector strategic plan. As such, vaccines should be delivered alongside other routine, relevant and complementary interventions, for example, providing vaccines against rotavirus, diarrhea, cholera and typhoid to sustain the control of these diseases. Similarly, immunization platforms can be used to deliver important health interventions, for example, treating neglected tropical diseases such as malaria and helminthiasis.

Creating such integrated management protocols would help to drive efficiency throughout the health system\(^2\). Aligning and integrating immunization and other services in this way supports a move away from a disease-specific approach and towards bringing about universal healthcare\(^2\).

Second, as immunization is integrated with primary care strategies, the required funding should be guaranteed. That money should preferably come from governments and their partners, rather than out-of-pocket payments by individual households. For example, the governments of South Africa, Namibia, Swaziland as well as several North African countries are fully financing their vaccines and immunization activities. The goal here should be sustainable financing assured by governments including for the provision of new vaccines adopted by the national programs.

Every country should take the opportunity to develop its own immunization financing plan, whether through taxes, special levies, loans or insurance premiums, or possibly some combination thereof. In the end, the source of income used to fund vaccines is far less important than sustaining the financing\(^3\).

Third, focus on demand creation, ensuring that through concerted national efforts communities come to understand the importance of immunization and seek it out. The 2017 Assessment Report of the Global Vaccine Action Plan recommends that national efforts should include “ongoing community engagement and trust-building, active hesitancy prevention, regular national assessment of vaccine concerns, and crisis response planning\(^4\). The importance of this work is underscored by the World Health Organization identifying vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – as a threat to global public health\(^5\).

Fourth, the gap between locations and populations with access to vaccines will have to be bridged. Using subnational and local data, vaccination programs should be deliberately planned, implemented and accounted for in order to reach target populations in a sustained manner.

HOW TO REACH UNIVERSAL IMMUNIZATION COVERAGE

1. Anchor immunization within primary healthcare
2. Required funding should be guaranteed
3. Focus on demand creation
4. Bridge gaps between locations and populations with access to vaccines
5. Strengthen micro planning processes for local officials and communities
6. Continue to innovate, collaborate and find ways of learning from each other

THE NEXT FRONTIER: DELIVERING IMMUNIZATION FOR ALL ACROSS AFRICA
Integrated strategies and sustained funding should aim to minimize the inequality in immunization service delivery that has become apparent over the last two decades – disparities in access and coverage and in geographic diversity, including cultural and economic bias. Programs should be tailored to the specific needs of a given community, such as working with managers to plan health services around extreme weather events or in the difficult conditions presented by humanitarian crisis settings.

Fifth, we need to strengthen micro planning processes for local officials and communities to maximize access to immunization services and ensure future success. How our services are delivered – and how well – will matter more than ever. As an outgrowth of existing commitments, organizations stemming from communities themselves, as with those in Rwanda and Tanzania, have deployed community health workers to connect target populations with the services needed to avoid individuals being left behind.

Sixth, we must continue to innovate, collaborate and find ways of learning from each other. We should focus on supporting those who are responsible for and those who deliver immunization services in Africa to connect, support each other and work together. Business-as-usual approaches will not drive the improvements and the integrated and innovative work needed.

Included in this work needs to be the support and investment to harness the possibilities of technology and new digital communications which can improve services and accountability.

Mobile telecommunications in Africa, despite some inroads, are still desperately underused but hold promise. Geographic information system (GIS) technology has in some instances, particularly with polio, improved accuracy in accountability and limited the trend toward over-reporting. Bringing in new technology can support the delivery of immunization services from start to finish, including demand issues (through mobile phones), identification of new settlements through GIS technology, improving vaccine storage facilities (with solar fridges and special cold boxes), the development of new vaccines that are able to withstand fluctuating temperatures and the use of tablet computers for improved data processing, reporting and management.
BUILDING ON PAST PROGRESS

The momentum for immunization, building on the important progress generated over the last two decades, puts us in a great place. As we transition into a new era of vaccine development and immunization policy, these issues and measures should guide our agenda to reimagine and reform immunization over the next 10 years. Only then will we be able to step up our game and deliver the needed transformation across Africa. Shaping the conversation with our colleagues and adopting new approaches will ensure immunization remains a high priority that is scaled and supported through the move towards universal health coverage.

“THE MOMENTUM FOR IMMUNIZATION, BUILDING ON THE IMPORTANT PROGRESS GENERATED OVER THE LAST TWO DECADES, PUTS US IN A GREAT PLACE.”

2. This number is based on a 2016 WHO report, Mapping the Risk and Distribution of Epidemics in the WHO African Region A Technical Report; as well as counting outbreaks by country since 2016 on the WHO site. https://www.who.int/csr/dossier/archive/year/2016/


