

## SUMMARY REPORT

**SANDTON, JOHANNESBURG, SOUTH AFRICA  
02 TO 04 DECEMBER 2013**

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### Background

In 2012, the World Health Assembly adopted the 2011-2020 Global Vaccine Action Plan (GVAP) which was thereafter discussed at the 65<sup>th</sup> WHO Regional Committee for Africa, which took place in Brazzaville, Congo, in September 2013. Effective 2014, all 47 countries that comprise the WHO African Region are required to report every year to the Regional Committee on lessons learnt, progress made, remaining challenges and updated actions to attain national immunization targets. This will require due diligence and dedication from all stakeholders across all sectors within the African context.

In light of the above, the WHO Regional Director for Africa reconstituted the Task Force on Immunization (TFI) earlier this year, to primarily advise his office on the adequacy of the regional immunization strategic plan and corresponding priority activities to achieve the GVAP goals as well as take into consideration the comparative advantages and the respective roles of partner organizations. Moreover, the Regional Director requested the newly reconstituted TFI to regularly advise his office on the adequacy of regional progress as well as highlight major risks/challenges that need to be addressed and propose recommendations to achieve GVAP goals within the WHO African Region.

Noting that 14 of the 18 TFI members are newly nominated, and taking into consideration that the mandate of TFI is not restricted to childhood vaccines and immunization but extends to the control of all vaccine-preventable diseases in the context of health systems strengthening, an in-depth TFI members' briefing/meeting convened at the Protea-Balalaika Hotel, Sandton, Johannesburg, South Africa, from 02 to 04 December 2013. The 3-day event concentrated on:

- Briefing TFI members on the work of WHO in general and its on-going reform;
- Apprising TFI members on WHO's regional priorities in the field of immunization;
- Agreeing upon *modus operandi* for TFI over the coming 3-year period; and
- Obtaining orientation from TFI members on: the development of the *regional strategic plan for immunization 2014-2020*; preparations for the immunization

ministerial conference, scheduled to take place in Ethiopia in June 2014; and setting the agenda and dates for TFI meetings in 2014.

## **Session 1 – Introduction**

The meeting was opened by Dr Deo Nshimirimana, Director of the WHO/AFRO Immunization, Vaccines & Emergencies (IVE) Cluster, who welcomed participants to South Africa on behalf of the WHO Regional Director for Africa. The IVE Director thanked all 18 TFI members for accepting invitation to serve on the African TFI - 14 members for an initial period of 3-years and 4 members to serve for a second 3-year term. He also informed participants that the WHO Regional Director for Africa had nominated Professor Helen Rees to chair TFI.

The IVE Director then informed participants that an external evaluation was conducted earlier this summer on the 2009-2013 regional immunization strategic plan as a preparatory step towards the formulation of the next regional immunization strategic plan which would run from 2014 to 2020. This new regional strategic plan would give the region the opportunity to harmonize all stakeholders' strategic approaches to immunization which should align with GVAP. The IVE Director briefed participants that the overall conclusion of the external evaluation was that the African immunization programme had witnessed progress - from a virtual absence of routine infant immunization four decades ago to the current state of public awareness of the benefits of vaccine, the building of a competent workforce to procure, transport, store and administer these vaccines, and the production and dissemination of data revealing progress achieved and pitfalls encountered. Nevertheless, the external evaluation team noted a paradox - the routine coverage of each annual birth cohort has not increased significantly beyond the level of 80%, a level at which it seems to have stalled over the past two to three years. Moreover, inequities in the use of immunization was also highlighted in the external evaluation report with evidence within countries where the *Reaching Every District* strategy is in force, has not been sufficient to give every child an equal chance of accessing immunization.

The IVE Director then highlighted that the external evaluation team found that regional progress was made towards polio eradication and measles elimination targets, the introduction of the conjugate Men.A vaccine in the African meningitis belt, introduction of pneumococcal and rotavirus vaccines in the national routine immunization schedule, launching of the HPV demonstration projects. However, the evaluation report highlighted that gaps/systemic weaknesses prevail in the areas of: national ownership, data quality, knowledge transfer, communication strategies, integration of immunization with other primary health care components, human resources for immunization service delivery, and

procurement + supply chain management. The IVE Director highlighted that the external evaluation team made sound recommendations that will require innovative ways to achieve results and that TFI members will play a crucial role in supporting the region achieve results.

The newly nominated TFI Chair, Professor Helen Rees, then took the floor to welcome participants to Sandton, Johannesburg, South Africa. She underlined the unique role WHO plays in public health as the only organization who has the UN mandate to provide global guidance. The TFI Chair reminded members that in their advisory capacity to WHO, TFI can make a profound difference to achieving the target of full benefits of immunization to all people living in Africa. In this light, the TFI Chair stating that she is expecting every TFI member to be fully interactive throughout their term in office to advise WHO/AFRO appropriately in overall regional policies and strategies, ranging from vaccines and technology research & development, to delivery of immunization services and linkages between immunization and other health interventions.

Finally, the 3-day programme-of-work proposed by the WHO/AFRO secretariat was reviewed by TFI members and was adopted unanimously.

## **Session 2 – Overview of WHO, SAGE & TAGs**

The key objective of this session was to brief TFI members on the work of WHO, its functioning and relationship with countries and partners, as well as brief TFI members on pertinent issues related to SAGE and Immunization Technical Advisory Groups (TAGs).

### **2.1 Overview of WHO**

***Presenter: Dr Deo Nshimirimana, IVE Cluster Director, WHO/AFRO***

The IVE Director delivered a presentation on WHO which covered WHO's core values and technical priorities, the on-going reforms within WHO aimed at ensuring effective, efficient and fully funded programmes, the organizational structure of WHO/AFRO including the structure of the inter-country support teams. Current immunization priorities in the African Region were highlighted as follows:

- a.** interruption of poliovirus transmission;
- b.** reduction of the number of un- and under-immunized;
- c.** acceleration of immunization initiatives to include measles/rubella elimination, maternal & neonatal tetanus elimination, meningitis control, yellow fever control;
- d.** improvement in data quality; and

- e. promotion of alliances between immunization and the health systems strengthening and maternal & child health programmes.

An overview of the trends in performance of immunization programmes in the Africa region was also presented.

TFI members appreciated the presentation made - particularly overview of the on-going WHO reforms (as depicted in Annex 1). Participants noted the success of the recently concluded WHO financing dialogue that took place in Geneva in November 2013 that has already mobilized 85% of WHO funding needs for 2014 and 2015.

Noting that the WHO African Region was lagging behind other regions in terms of meeting GVAP targets, it was suggested that AFRO should learn lessons from other WHO regions such as PAHO/AMRO that have successfully achieved/sustained high immunization coverage and other programme performance targets over the years. It was also suggested that efforts to further enhance immunization coverage in the African Region should be closely linked to efforts to strengthen national health systems.

Concern was raised with regard to the current dependence on both polio eradication funding and the polio infrastructure in the AFRO region. In this light, it was suggested that TFI should be fully engaged in the process of legacy planning as part of the polio endgame strategy.

The issue of data quality as a priority for the African region was well appreciated. Although it was noted that WHO/AFRO has a good data system in place which tracks coverage at the district level, there is an urgent need to enforce the culture of data validation and to utilize data analysis for corrective actions and informed decision-making.

## **2.2 Overview of the Immunization Strategic Advisory Group of Experts (SAGE)** ***Presenter: Dr Philippe Duclos, Senior Immunization Adviser, WHO/HQ***

Presentation provided a summary of the immunization policy advisory framework in place at the global, regional and country level. Moreover, the membership and *modus operandi* of SAGE were described in detail and specific emphasis was placed on agenda setting, preparation for SAGE meetings, mechanisms for communicating and follow-up of the implementation of SAGE recommendations. Furthermore, an overview of the 2013 SAGE recommendations with particular relevance to the African Region was made to include: yellow fever vaccination - booster dose no longer required; introduction of IPV to the national routine immunization schedule, and measles and rubella elimination.

TFI Members were appreciative of information session on SAGE and recognized the importance of SAGE and its link with the work of TFI. It was thereby proposed that SAGE

members who represent the African Region be invited to participate at future TFI Meetings. Moreover, given the importance of African representation on all SAGE working groups, for current working groups with no African representation, TFI to propose candidates for SAGE to consider.

Annex 2 of report provides tentative topics for discussion at the next SAGE meeting in April 2014.

### **2.3 Overview of Technical Advisory Groups (TAGs) in the WHO African Region**

***Presenter: Dr Alex Gasasira, Polio Eradication Programme Area Coordinator, WHO/AFRO***

Presenter outlined the historical background of the four TAGs in the region that were initially established to support countries achieve polio eradication targets, as well as the Regional TAG for Measles. The TAGs that are currently operational within the WHO African Region are as follows:

- 1.** Polio/TAG for Angola, Congo, DR Congo, Namibia and Zambia;
- 2.** Polio/TAG for Horn-of-Africa countries;
- 3.** Polio/TAG for Chad and Central Africa Republic;
- 4.** Nigeria Expert Review Committee on Polio Eradication and Routine Immunization; and
- 5.** Measles Regional TAG.

The membership, terms of reference and overview of the recommendations of the most recent meetings of the TAGs were covered. Participants were also informed that in 2013, the terms of reference of the Regional TAG for Measles were expanded to include issues related to Rubella and Congenital Rubella Syndrome and was renamed the Regional TAG for Measles and Rubella. The membership of this Regional TAG was renewed in 2013 for a period of 3 years.

During the discussion session, the importance of establishing a strong link between TFI and the TAGs was highlighted to ensure complementarity. Noting that TFI serves as the principle advisory group to WHO/AFRO for immunization and that it has the capacity to undertake high-level advocacy if needed, it was proposed that all TAG chairpersons be invited to future TFI meetings to report back to TFI on TAG outcomes.

It was also pointed out that a key constraint faced by a number of TAGs is difficulty in ensuring effective implementation of TAG recommendations due to weak implementation oversight committees, insufficient in-country technical capacity, and/or insufficient focus and commitment by national authorities. Furthermore, the need for a clear vision on the

criteria for establishment and discontinuation of a TAG as well as a clear hierarchy between different advisory bodies within the Region was emphasized.

## Session 2 – Recommendations

No	Recommendations/Follow-Up Actions	Responsible	Deadline
1.	Depending on topics for discussion, AFRO to invite relevant countries and appropriate expertise to actively participate in future TFI meetings.	WHO/AFRO	Ongoing
2.	The importance of establishing a mechanism to prioritize SAGE recommendations that have a particular relevance for the WHO African Region as well as establishing a follow up mechanism on the effective implementation of such recommendations was highlighted by TFI. WHO/AFRO to propose such a mechanism for review/approval by TFI when TFI next convenes.	WHO/AFRO	Next TFI Meeting
3.	Cognizant of the importance of African representation on all SAGE working groups, for current SAGE working groups with no African representation, TFI to propose candidates for SAGE to consider.	TFI Chair	Immediate
4.	WHO/AFRO to also establish mechanisms to strengthen the capacity of national programmes to ensure both the timely and effective implementation of country-specific and multi-country TAGs. Proposed mechanisms to be presented at the next TFI meeting.	WHO/AFRO	Next TFI Meeting
5.	To ensure complementarity between TFI and regional, sub-regional and country-level immunization TAGs, WHO/AFRO to commission a review of existing immunization TAGs within the African Region. The review team to take into consideration the criteria in place to establish and discontinue TAGs as well as the inter-relationships between the different TAGs. The review team to bear in mind the need for capacity building for potential TAGs at the country level and the need to avoid establishing a heavy bureaucratic architecture for immunization that may not be beneficial eventually. Report of review, to include clear recommendations that highlight a clear architecture for TAGs with link to TFI, to be presented at the next TFI meeting.	WHO/AFRO	Next TFI Meeting

## Session 3 – Functioning of TFI

The key objective of this session was to collectively deliberate on future working arrangement and modalities of the TFI under the framework of the Decade of Vaccines and 2011-2020 Global Vaccine Action Plan.

### 3.1 TFI in the Era of Decade of Vaccines

*Presenter: Professor Helen Rees, TFI Chair*

The TFI Chair commenced presentation by stating the newly appointed/renewed TFI members will concentrate their efforts over the coming 3- to 6-years in support of the Decade of Vaccines (DoV) - an initiative which the Bill & Melinda Gates Foundation (BMGF) has committed US\$10 billion over this decade to help research, develop and deliver vaccines for the world's poorest countries. The overarching vision of DoV is to avert deaths and promote country ownership by the increased investment in vaccines by governments and the private sector which would lead to supporting developing countries dramatically reduce child mortality by the end of this decade. The TFI Chair then dedicated time to present key elements of the 2011-2020 Global Vaccine Action Plan (GVAP), which was approved by the World Health Assembly in 2011. She highlighted the 6 guiding principles of GVAP as well as GVAP's time-limited strategic and transformative approaches. She also pointed out the lack of country-level accountability and equitable access to immunization as major challenges for the WHO African Region. Given WHO is the lead agency responsible for monitoring GVAP progress and that there is a clear GVAP monitoring and evaluation framework in place, WHO, with the support of TFI strategic orientation, will need to concentrate its efforts on guiding countries to produce high-quality data in an effort to rapidly reach the point where all stakeholders are confident with data produced. The TFI Chair ended her presentation by focusing on country ownership at all levels (given in most countries, lower levels do not have negotiating power) and the importance of putting-in-place competent, well-functioning NITAGs; as well as building grassroot-level support that would lead to demand for immunization delivery services.

The deliberations following presentation concentrated on how to stimulate community demand for immunization services as well as the importance of effectively communicating to communities on the benefits of vaccines. In this light, it was pointed out that social mobilization is part of demand creation and that social mobilization strategies should look at social norms, community perceptions, barriers faced, as well as increase quantitative and qualitative research in this area. Moreover, it was highlighted that the GVAP indicators concentrate on vaccine hesitancy; however, within the African context this issue is not as much about hesitancy but rather access to health facilities.



The importance of translating science into the local language/context was stressed as communities need to comprehend the benefits of vaccination in their own language and at their level of understanding. Furthermore, the need to work on data ownership at the service point was highlighted and the need for community and health workers to undertake data they collect/generate and use it for their own needs was stressed.

Finally, the issue of health as a human right was raised in the context of the need for immunization programmes to align with human rights groups to package immunization with other community health needs. Moreover, given health goes beyond the health sector, the importance of taking a multi-sector approach to achieve immunization goals was stressed.

### **3.2 TFI Future Working Arrangements & Modalities**

For this session, participants split into two groups to brainstorm on the most effective working arrangements and modalities to institute for the newly reconstituted TFI over the coming 3- to 6-years. It was pointed out that GVAP and the 2014-2020 Regional Strategic Plan for Immunization would be TFI's guiding documents. When reporting back in plenary, both groups raised similar proposals to include:

- Effective 2014, TAG Chairs to partake in all TFI meetings in order to report back to TFI on key outcomes of most recent TAG meeting. Furthermore, TFI to designate a member of TFI to attend each TAG meeting. Finally, a review of the TAG ToRs in relation to the TFI ToRs to be undertaken to ensure uniformity.
- Develop a mechanism to monitor implementation of past TFI recommendations.
- Time-limited TFI Working Groups to be established for priority areas of work. Working groups would be organized similar to SAGE working groups. Established TFI Working Groups to report back at TFI Meetings on progress made and outcomes.
- There must be clear guidelines developed on: internal communication mechanisms for TFI members; and TFI communications with external groups.

The specific recommendations generated from Session 3 are outlined in the way forward section of report (Session 6) which were aptly summarized by the TFI Chair.



## Session 4 – Briefing on Priority Areas of Work for IVE/AFRO

The key objective of this one-day session was to brief TFI members on progress made in the delivery of routine immunization services, introduction of new vaccines, measles elimination, rubella control, meningitis A elimination, yellow fever control, MNTE, polio eradication, building demand for immunization, immunization financing, and immunization in humanitarian emergencies within the African Region.

### 5.1 Routine Immunization & New Vaccines

*Presenter: Dr Richard Mihigo, Routine Immunization & New Vaccines Programme Area Coordinator, WHO/AFRO*

Presentation began by acknowledging the tremendous progress made in immunization coverage over the past few decades by demonstrating that there was a consistent increase in immunization coverage especially during the universal child immunization (UCI) period. After the UCI period, decline in coverage ensued until GAVI was launched in 2000, when the reach every child (RED) strategy was implemented; the rise in immunization coverage continued up to the 2010. During the past 2-3 years, it was reported that routine immunization coverage stagnation has occurred at around 70%.

The presenter then demonstrated that the number of unimmunized children within the African Region is not evenly distributed; 80% of unimmunized children are located in only 10 countries especially Nigeria and DR Congo. Thus, there has been some focused support to reduce the trend of unimmunized children in these countries. The presenter informed participants that there is beginning to be a drop in the number of missed children in Nigeria, Uganda, DR Congo and Chad, comparing the 2012 to the 2013 data.

An area of concern highlighted was the validity and reliability of data produced to show progress in the implementation of routine immunization. The presentation demonstrated that systems have been put in place to support countries to ensure that generated data are of high quality. There is also a step-wise data assessment process in place which includes logical processes for data processing, cleaning, data harmonization and data quality self-assessments.

With respect to the introduction of new vaccines, TFI members were informed that almost every country has introduced pentavalent vaccine, except South Sudan; and that the region has witnessed a progressive introduction of PCV and Rota in 27 and 10 countries respectively. In addition, TFI members were informed that the programme continues to collaborate with other partners to prevent and treat pneumonia and diarrhoea. The introduction and delivery of Men A was highlighted as a success story for the region given

over 150 million individuals have been reached in less than 3 years and no reported case of Men.A has been identified in vaccinated populations. Finally, TFI members learnt that HPV is gaining momentum, where Rwanda and Lesotho have introduced the vaccine and a number of countries have started demonstration projects.

The presenter then outlined key challenges the health system faces, to include:

- The introduction of new vaccines has increased the health workers workload yet the number of staff remain the same;
- The products used in vaccination have increased in complexity, yet this is not matched by more competence in management; there is a need for specialized staff;
- The storage and transport system is also challenged. The volume per child immunized has increased more than six times; the number of doses administered have also increased, yet the storage facilities and cold chain have not witnessed commensurate increase over time;
- Waste management and injection safety issues have also increased; and
- There is an increasing risk of programmatic errors in handling more vaccines.

In terms of surveillance, it was noted that the new vaccine surveillance (NVS) network is supporting the existing system. The presentation showed the laboratory network in the region which includes 34 sentinel sites in 30 countries for Paediatric Bacterial Meningitis (PBM); and 25 sentinel sites for Rotavirus in 20 countries.

TFI members acknowledged the tremendous success of the introduction of MenAfriVac within the African region and requested that this, and other success stories, be packaged and disseminated broadly to relevant target audiences.

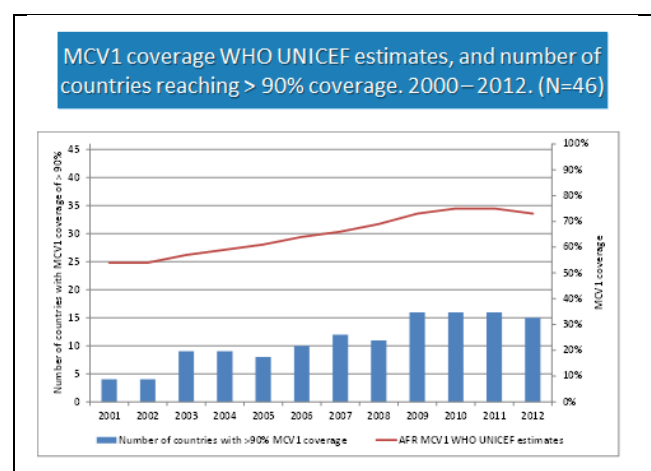
Key issues raised by TFI members included: clearly articulating in future presentations how strengthening routine immunization would help strength the health system; the need for in-depth reflection on the impact of immunization for advocacy purposes; as well as determining how the *Reaching Every District* (RED) approach can be better utilized to enhance health service delivery in general. Furthermore, TFI members requested that the presentation made be updated to accurately reflect the historical narrative of immunization in the Universal Child Immunization (UCI) period.

## 5.2 Measles & Rubella Elimination

**Presenter: Dr Balcha Masresha, Accelerated Immunization Initiatives Programme Areas Coordinator a.i., WHO/AFRO**

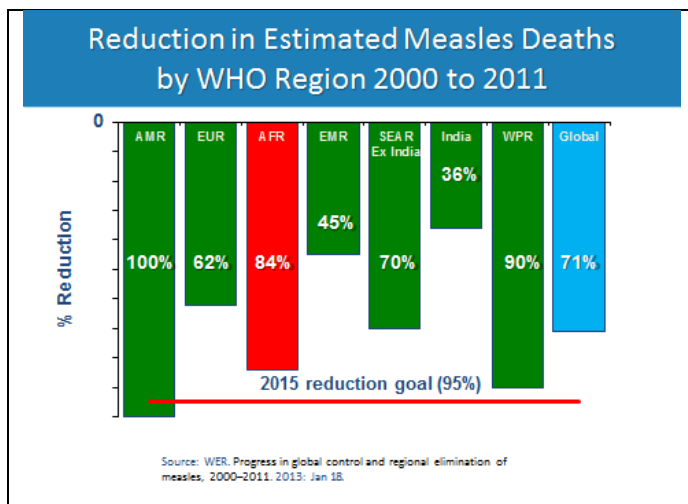
The African regional measles elimination goal with the target of 2020 was introduced. It was highlighted that the target for elimination includes achieving  $\geq 95\%$  MCV1 coverage at national and district level;  $\geq 95\%$  SIAs coverage in all districts and an incidence of  $<1$  case/ $10^6$  population/year (excluding imported cases). Meeting participants were informed that programme activities have centred on strategies directed at strengthening routine immunization coverage; provision of second dose of measles vaccine, either through routine immunization or supplementary immunization activities; measles surveillance with laboratory confirmation, among others.

It was demonstrated that, using WHO/UNICEF estimates, the MCV1 coverage has progressively increased until 2010, after which it reached a plateau and a decline in 2012. Only 15 countries (of 47) in the WHO African region maintained a measles coverage of 90% or above for 3 consecutive years. It was reported that, as of December 2013, only 14 countries have introduced the 2<sup>nd</sup> dose of MCV. However, by 2015 it is estimated that more than 20 countries will have introduced the measles vaccine.



Given there is a current high dropout rate between MCV1 and MCV2, the presenter stressed that demand creation is imperative and that the health system needs to be capable of responding to that demand. Between 2001-2013, measles catch-up and follow-up vaccination campaigns have reached a total of 613.8 million children.

In terms of country ownership, one measure used by the measles partners to gauge country commitments includes the amount of funding raised locally to match external partners' funding. It was reported that in 2011 a total of US\$10.3m was raised locally and that only 4 of the 13 targeted countries met the minimum goal of 50% of the operational costs of measles SIAs (i.e. at least US\$0.32 per child targeted in the SIAs); in 2012, 10 of the 13 targeted countries successfully raised US\$17.3m, thus meeting the target set.



The cumulative effect of measles SIAs and in routine immunization was that the Region witnessed an 84% reduction in measles deaths between 2000 and 2011. However, it was pointed out that the Region is still far from the global target.

The regional measles laboratory network, consisting of 45 laboratories in 43 countries, also supports the yellow fever laboratory diagnosis. Case-based

surveillance for measles is in place in 43 countries in the Region supported by the laboratory network. In recent years, the majority of cases reported during measles outbreaks consist of children above 5 years of age, which reflects the gaps in routine immunization and SIAs coverage in the past years, thus causing a shift in the pattern of epidemiological susceptibility to older age groups.

In terms of rubella & CRS, the paper entitled *WHO regional rubella/CRS elimination: a proposed regional strategy option* was briefly presented to TFI members. It was noted that the programme has begun to access GAVI funds for the introduction of rubella into the immunization programme; in 2013, 4 countries accessed GAVI funds and other countries are scheduled to follow in the coming years.

During the discussion session, the debate revolved around the use of measles vaccination coverage as an essential indicator to monitor routine immunization performance. TFI members took note that there is a marked difference between the dropout rate between MCV1 and MCV2, compared to DPT1 and DPT3. Noting that the health system currently uses DPT3 coverage as a proxy indicator for health system delivery, TFI members proposed due consideration be given to using MCV1 along with DPT1 as a proxy to measure immunization services.

### 5.3 Meningitis A

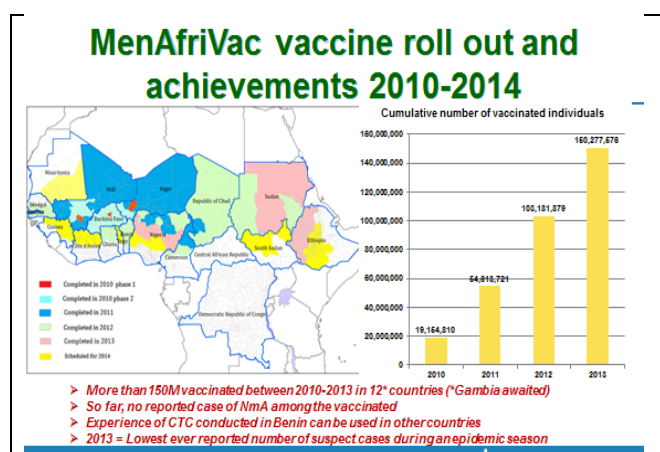
**Presenter: Dr Mamoudou Djingarey, Meningitis Vaccine Project Coordinator, WHO/AFRO**

A brief overview of the Meningitis Vaccine Project was presented - the goal of which is to eliminate meningitis epidemics as a public health problem in sub-Saharan Africa through the development, testing, licensure and widespread use of affordable conjugate meningococcal vaccines.

The presenter projected the meningitis belt - which incorporates 26 countries in total. He pointed out that meningitis epidemics coincide with the dry season in the Sahelian belt, more than 10% of patients die within 48 hours of onset; and 10-25% of survivors often suffer lifelong disabilities.

The presentation then described in detail the Meningitis A (MenA) conjugate vaccine development model and highlighted the strategies in place for MenA elimination, which include mass vaccination campaigns (1-29 years old); and protecting new birth cohorts by introducing the vaccine into routine immunization. TFI members were informed that every five years mass follow-up campaigns are planned.

Thereafter, the presenter explained how the MenA vaccine came to fruition due to demand generated from African leaders. To date, the project has vaccinated over 150 million persons in 12 countries by December 2013. The plan is to continue vaccinating in all the 26 countries of the meningitis belt.



Since the introduction of Men.A, TFI members were informed that there has been a sharp decrease in both cases and outbreaks. Outbreaks that continue to occur have been restricted to countries that have not introduced the vaccine. The presenter confirmed to TFI members that efforts have been made to strengthen country capacities with respect to strengthening both clinical trials and national ethics committees, and that communities are

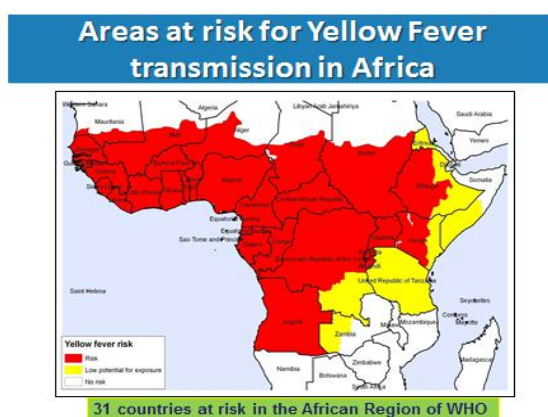
involved in the decision-making process for clinical trials who receive feedback on outcome of trials. Moreover, it was pointed out that capacity for pharmacovigilance was built. It was also pointed out that the vaccine has also shown that it is stable outside the cold chain (40° C) and that it remains affordable. In concluding, the presenter discussed the next steps to include introduction of Men.A to other countries as well as in routine immunization.

Discussions particularly focused around the importance of fully documenting the success of the introduction of Men.A in sub-Saharan Africa and to ensure that when future presentations are made to TFI members that data demonstrates progress made not generalizations.

#### 5.4 Yellow Fever

***Presenter: Dr Balcha Masresha, Accelerated Immunization Initiatives Programme Areas Coordinator a.i., WHO/AFRO***

TFI members were briefed that there are currently 31 countries at risk of yellow fever transmission in Africa.



They were also informed that a WHO position paper on yellow fever vaccine was recently published stating that one dose of yellow fever vaccine confers life-long protective immunity against yellow fever; thereby a booster dose is no longer necessary. Presenter then described yellow fever control strategies currently in place which include: risk assessments, vaccination in routine immunization, preventive SIAs, laboratory-supported case-based surveillance and outbreak response SIAs.

To date, yellow fever vaccine has been introduced into routine immunization in 23 of the 31 countries at risk. However, coverage has been low as indicated in the 2012 WHO/UNICEF estimates. Since 2006, yellow fever preventive vaccination campaigns have been conducted in 13 countries targeting high risk districts and reaching approximately 69

million people. Outbreak interventions have also been conducted in 12 countries, reaching approximately 13 million people. Risk assessments are on-going to cover at risk countries.

The presentation demonstrated the number of yellow fever cases reported by country over the past two years and highlighted the geographical shift of epidemiology of the disease to different sub-regions which verified the need to intensify control activities in the Central and Eastern Africa sub-regions.

TFI members were then informed of the 2013-2020 Regional Yellow Fever Control Investment Case that was submitted to GAVI for consideration. They were also informed of key programme activities planned to be conducted in the region over the coming months to include: strengthening the laboratory capacity and research on economic burden and socio-cultural aspects of yellow fever; conducting risk assessments, preventive SIAs and case-based surveillance in countries in the East and Central African sub-region; and maintaining a yellow fever vaccine stockpile for outbreak response activities.

#### **4.5 Maternal and Neonatal Tetanus (MNT) Elimination**

***Presenter: Dr Balcha Masresha, Accelerated Immunization Initiatives Programme Areas Coordinator a.i., WHO/AFRO***

Presenter began by informing TFI members of the strategies used to eliminate MNT within the Region and summarized the level of reported TT2+ coverage in countries between 2010 and 2012. WHO/UNICEF coverage estimates demonstrated protection at birth of approximately 75% in all AFR countries as of December 2012. TT SIAs have been conducted in 37 countries between 1999 and 2012, reached over 52 million women with more than two doses of tetanus toxoid. It was reported that between 200 to 400 neonatal tetanus cases are detected annually; however, participants were informed that there is no active surveillance of MNT within the Region and that most of the MNT cases reported occur in rural areas.

Due note was taken of the huge gap in MNT surveillance; thus caution to be adhered to for countries that have been validated to have eliminated MNT. Furthermore, MNT elimination continues to remain low on the priority list of most countries. Other challenges highlighted included: limited funding; weak integration with MNCH and other programmes; and limited access to remote areas.



#### **4.6 Polio Eradication**

***Presenter: Dr Alex Gasasira, Polio Eradication Programme Area Coordinator, WHO/AFRO***

The presentation on the overview of polio eradication in the African region discussed recent global and regional plans/resolutions to interrupt and eradicate polio and enumerated the objectives of 2013-2018 polio eradication and endgame strategic plan to include: polio detection and interruption; improving routine immunization coverage, including IPV introduction with concomitant withdrawal of OPV; polio free certification and WPV containment; as well as legacy planning.

It was highlighted that the African Region had registered progress in reducing the number of infected countries as well as number of confirmed polio cases and that this was a result of improved quality of polio eradication activities, particularly immunization in polio priority countries. Despite the progress registered, there were still challenges faced as manifested by the 2013 explosive polio outbreak in the Horn of Africa and the recent confirmation of WPV1 in Cameroon that had been circulating without detection for close to 3 years. Routine immunization coverage remained sub-optimal in several countries in the region and thereby increased susceptibility to importation and outbreaks.

With respect to immunization strengthening and OPV withdrawal, the presentation showed that all priority countries have elaborated routine immunization strengthening roadmaps which have been implemented in 2013 with close monitoring at all levels. It was pointed out that immunization strengthening is a key component of the work that will be done in the region as part of the introduction of IPV into routine immunization programmes. TFI members were informed that the African Regional Certification Commission was expanded in 2013 and a plan to revive certification activities in the region was finalized.

On legacy planning, the presentation noted that the target is for end-2015. The presenter showed actions that have been undertaken including the WHO Regional Committee for Africa (RC63) consensus on the documentation of lessons learnt, available capacity that could be used elsewhere, and programme assets, among others.

Presenter concluded by saying that the agenda ahead is ambitious. However, progress is being made towards achieving the programme objectives. He listed the opportunities to include high political commitment to polio eradication at the national and sub-national levels, and that there are innovations that countries are identifying to address these issues. He also enumerated the way forward which includes: achieving interruption; implementation of planned activities; documentation of best practices; communication and social mobilization in the high-risk areas; as well as strengthening AFP surveillance.

Issues raised by TFI members included the need to ensure that intensified polio eradication efforts are closely aligned to efforts to improve routine immunization performance, as well as the need to encourage countries to close remaining surveillance gaps using an integrated surveillance approach rather than disease specific surveillance approaches. TFI members further stipulated the need for improved documentation of best practices that countries have implemented to improve access and demand for polio vaccines. Finally, the complementary role of TFI to that played by country and sub-regional polio technical advisory groups (TAGs) was raised, particularly with regard to high-level advocacy.

#### **4.7 Building Demand for Immunization & Development of Regional Immunization Communications Strategy – Progress Report**

***Presenter: Professor Joseph Okeibunor, Immunization Social Scientist, WHO/AFRO***

The presenter recalled the significant progress made in immunization in the African Region and pointed out that, despite some progress made in disease control and introduction of new vaccines, the stagnation of DPT3 coverage around 70% over the past few years raised fears for possible reversal of the epidemiological situation of the vaccines preventable diseases progress. It was explained that one of the factors for this situation is related to gaps in immunization communications which results in inadequate community awareness, insufficient demand for immunization services, and inadequate ownership of immunization - all these gaps are compounded by community ignorance of the benefits of immunization.

It was pointed out that the level of community awareness was insufficient to create demand for immunization and generate community ownership. It was for this reason that the GVAP underscores the need for improved immunization communications. Moreover, a TFI recommendation was made in 2012 for WHO to work with UNICEF to develop an immunization communications strategic framework for the WHO African Region which should provide guidance to countries to reinforce communication for immunization in view of strengthening demand and use of vaccination.

WHO/AFRO and UNICEF/ESARO+WCARO therefore initiated collaboration and developed a two-prong communications strategy development process: a desk review of existing documentation on communication; and anthropological studies to inform an evidence-based communications strategy. Progress to date included the selection of a set of indicators and the definition of the rationale and scope for the strategy. For the literature review, some countries were selected and divided into three sets using the criteria of DPT1 coverage and drop-out rate between DPT1 and DPT3. Using this approach, the study sample was made as follows:

- a. DPT1 $\geq$  80% and dropout  $\leq$  10% : Côte d'Ivoire; Malawi; Rwanda
- b. DPT1 $\geq$  80% and dropout  $>$  10% : DR Congo; Ethiopia; Uganda
- c. DPT1 $<$  80% and dropout  $>$  10% : Central African Republic; Chad; Nigeria

Analysis of the findings in the three sets of countries showed some strengths, including expression of political will and existence of many planning documents focusing on increasing immunization coverage. However, in most of the countries, the plans were not coordinated and in some cases there was an overlapping of the strategies.

Taking into account the findings, the presenter concluded by stating that the exercise will continue with the aim of publishing a *Regional Immunization Communications Strategy for the African Region*. Some of the next steps of this process will include: working with the Health Promotion department on capacity building for communicators; research to understand the underlining factors on demand creation; community engagement through dialogue; as well as the use of celebrities.

TFI members expressed lack of clarity on the current process and how it would result in the development of the communications strategy. The presenter addressed questions raised by the TFI members and all agreed that there was need to continue the process taking into account the comments and suggestions made by the meeting.

#### **4.8 Immunization Financing**

***Presenter: Dr Amos Petu, Immunization Financial Sustainability Officer, WHO/IST-ESA***

The presenter introduced the current work being undertaken by the WHO Secretariat on immunization financing to include: planning, advocacy, evidence generation, funding data tracking, vaccines pricing and procurement. The presenter noted that country immunization programmes have grown in size, leading to a level of complexity in service delivery and investment requirements. He emphasized that countries and partners were concerned over the issue of sustaining immunization financing. Currently, 46 countries have been supported to develop comprehensive costed multi-year plans with requisite costing and financing plans. These plans are being used to mobilize resources, especially to meet GAVI co-financing requirements in GAVI-eligible countries (which comprises 36 countries in the African Region).

The emphasis of GVAP on: country ownership, responsibility as well as programme sustainability were highlighted and current trends on government financing were analyzed. It was noted that the current levels of governments' spending on vaccines and immunization services were still too low to achieve the GVAP country ownership objective, with a declining trend noted between the period 2010-2012. The presenter noted that in

most countries the level of immunization financing was still below 50% of the requirements with a wide level of variability among countries. It will therefore be necessary to reverse this trend. Some of the priority issues that were identified included: sustainability of government funding for vaccines and immunization; generating evidence on the economic burden of vaccine preventable diseases such as measles outbreaks; cost effectiveness analysis of new vaccine introduction; costing and financing of routine immunization.

In conclusion the presenter sought guidance from TFI members on two issues, including better tracking of country immunization financing data as well as improving advocacy to increase governments' commitment to immunization financing.

TFI members expressed their concern that the presentation was too technical and did not allow the audience to pick up the underlying messages. For example, it was not clear what each country's spending average was. TFI members suggested that all sources of funding be considered in the financing analysis, including at the sub-national levels where more substantial spending are being done. In the same vein, they recommended that the efficiency of the expenditures be also considered in the analysis. In addition, it was indicated that some countries have taken initiatives to establish immunization funds and that such initiatives could also be assessed.

The limitations of data used in the assessment were discussed and the usefulness of the information presented for programme management was not too clear. TFI members reiterated that the GVAP requests countries to increase trends in country allocation to national immunization programmes and that it would be more useful to break the reported information under more specific financing items.

The presenter indicated that most of the data used are from the WHO-UNICEF Joint Reporting Form as provided by the countries with limitation of verification.

Concluding the discussions, the TFI chair recommended refining the information presented in a way to generate a clearer picture on countries spending on immunization. She also recommended the development of a tool for documenting immunization financing that should be shared at the next TFI meeting as well as indicated that TFI would provide support in determining the next steps of the exercise.

## 4.9 Immunization in Acute Emergencies: A Framework for Decision-Making

*Presenter: Professor Helen Rees, TFI Chair*

The TFI Chair presented the recently published WHO guidelines entitled: *Vaccination in acute humanitarian emergencies: a framework for decision-making* and explained why such guidance was needed. She indicated that vaccine preventable diseases (VPDs) were major causes of death in refugee populations and that the burden of VPDs increases in emergency situations. The guideline development process was presented which included a wide consultative process via a SAGE working group and external review by stakeholders.

The TFI chair emphasized that the framework would not replace existing guidelines, but was a way of harmonizing implementation of immunization in emergency situations in a more systematic and step wise process.

A brief discussion followed the presentation. Experiences in implementing immunization in current complex emergencies (e.g. Syria, the Philippines, Central African Republic) was discussed. It was indicated that there was a need to align framework procedures for vaccination in acute humanitarian emergency settings with the overall emergency management procedures. The issue of timing for the immunization risk and needs assessment was highlighted. It was noted that in complex emergencies it is not easy to make a decision tree; everything has to be analyzed according to the context and then put the results of the risk analysis in a logical framework for further actions.

### Session 4 – Recommendations

No.	Measles Elimination	Responsible	Deadline
1.	WHO/AFRO to consider MCV1 along with DPT1 as a proxy to measure immunization services. This measurement should be considered for inclusion in the 2014-2020 regional strategic plan for immunization (which is currently under development).	WHO/AFRO	Next TFI Meeting
	<b>Meningitis A Elimination</b>		
2.	Acknowledging the tremendous success of the <i>MenAfriVac</i> introduction to date within the African region, TFI recommends that this success story be documented & disseminated widely to target audiences.	WHO/AFRO	Next TFI Meeting
	<b>Yellow Fever Elimination</b>		
3.	Noting 31 countries within the WHO African Region are at risk of yellow fever transmission, a well-crafted regional yellow fever surveillance and risk assessment	WHO/AFRO	Next TFI Meeting

	report should be prepared and submitted to TFI for review.		
	<b>Maternal &amp; Neonatal Tetanus Elimination</b>		
4.	WHO/AFRO to explore and optimize the potential programmatic links with the expanding HPV vaccination and school health programmes across the Region, in order to sustain the gains in MNT elimination.	WHO/AFRO	Next TFI Meeting
	<b>Polio Eradication</b>		
5.	WHO/AFRO to propose specific actions for TFI to complement the efforts of country-specific and sub-regional TAGs in guiding countries to implement the 2013-2018 Polio Eradication and Endgame Strategic Plan.	WHO/AFRO	Next TFI Meeting
6.	WHO/AFRO to support countries to better document how experiences, lessons and opportunities from polio eradication are being utilized to support other priority public health programmes.	WHO/AFRO	Ongoing
7.	TFI should play an active role in the preparation of polio eradication legacy plans for the African Region. WHO/AFRO to outline a plan to actively engage TFI in legacy work.	WHO/AFRO	Next TFI Meeting
	<b>Immunization Communications</b>		
8.	To continue the process of development of the Regional Immunization Communication Strategy and address any methodological gaps. Progress report to be shared with TFI members prior to next TFI meeting.	WHO/AFRO	Prior to next TFI Meeting
9.	Appoint TFI members to follow up/support the process of developing the immunization communication strategy via establishing a Working Group.	WHO/AFRO	immediate
	<b>Immunization Financing</b>		
10.	To refine the presentation made on immunization financing to make it more clear for the benefit of using the data generated for advocacy to Governments.	WHO/AFRO	immediate
11.	TFI to work closely with the WHO Secretariat to refine the financial situation analysis and generate a user friendly advocacy document.	TFI	immediate

## Session 5 – Discussion Items for TFI’s Consideration

### 5.1 Development of Regional Strategic Plan for Immunization: 2014-2020

*Presenter: Professor Daniel Tarantola, TFI Member*

The objective of this session was to share information on the progress of development of the 2014-2020 regional strategic plan for immunization as well as request TFI Members’ input to further refine the draft plan.

The presenter gave an overview of the process to date in the development of the strategic plan. Key documents and processes that influenced the development of the strategic plan included the Global Immunization Vision and Strategy (GIVS) 2005-2012; the Decade of Vaccine and the subsequent development of the Global Vaccine Action Plan (GVAP) 2012-2020; the 65<sup>th</sup> World Health Assembly Resolution in May 2012; and the external evaluation report of the regional immunization strategic plan 2009-2013 (conducted in June 2013) which highlighted the strengths and weaknesses of programme implementation and; the report to the Regional Committee Meeting in 2013.

TFI members were informed that a WHO/AFRO workshop on lessons learned and the formulation of the Regional Strategic Plan took place in October 2013, which provided further guidance for the development of the Regional Strategic Plan for Immunization 2014–2020. Thereafter, an internal working group was established to review the first rough draft of the regional strategic plan and met in N’Djamena, Chad in November 2013 - which resulted in the second draft of the plan that was presented to TFI for review.

It was articulated that the framework guiding the development of the new plan is based on a transition from offer-driven to demand-driven immunization services, with equity in access and use of immunization and responsiveness to informed public demand as its main pillars. Other issues considered include a shift from globally-driven agendas to national ownership, driven by national commitment informed by evidence and growing capacity and; a transition from single-stream programmes to integrated health systems approaches emphasising immunization as the backbone of primary health care based on extensive use of modern technology.

The target readership was also discussed (Member States, NGOs, academia, civil society, ODA agencies, foundations, and private sector) and national actors engaged in the formulation of national strategic plans on immunization viewed as the main target audience. It was pointed out that the draft document will undergo an iterative consultative process prior to its submission to the 2014 Regional committee meeting.



Highlights were given on the issues that are yet to be developed in the draft which include resource implications, the monitoring & evaluation framework and the way forward sections.

In discussion, TFI members opined that the set targets in the draft should as much as possible reflect already existing GVAP targets in order to get the region to move towards such global targets. Inputs from EPI Programme Managers in setting these targets were felt important and could be obtained during the 2014 EPI Managers meetings planned to take place in Q1-2014. It was suggested that there should be definition of terms and concepts so that all readers are of the same understanding to facilitate implementation. The need to translate the regional strategic plan into country operational plans with intermediate milestones was highlighted. Moreover, the need for increased capacity building was also emphasized and it was suggested that this areas of work should be amplified in the plan as it forms a key component for country ownership. It was also articulated that the plan should give a clear guide on how to deal with the issue of demand creation/sustaining demand for immunization and that issues of data and logistics need to be well covered in terms of orientation to countries.

Suggestions were made that CSOs should not be considered solely as implementers but also be part of the decision-making process and a changing force for immunization. This would ensure a movement from Ministry of Health ownership to true national ownership.

The role of ICCs was largely discussed and while they have a key role to play, it was pointed out that countries should have a strategic approach to deal with the increasing complexity of immunization programmes. To further strengthen country ownership, it was iterated that NITAGs be established taking into account the availability of local expertise as well as building on some of the advisory bodies already providing technical guidance on immunization to countries.

For new vaccines introduction, TFI members proposed that provision be made in the strategic plan to cater for future vaccines for malaria, typhoid and possibility for tuberculosis or HIV vaccines. It was discussed that since production of mono-antigen measles vaccines will not be available in the future, to perhaps set a target to get countries to move towards the introduction of MR in their routine immunization system be elaborated.

## 5.2 NITAGs

*Presenter: Dr Philippe Duclos, Senior Immunization Adviser, WHO/HQ*

The objective of the presentation was to brief TFI members on the process of developing evidence-based national vaccination policies through National Immunization Technical Advisory Groups (NITAGs).

The presentation provided background on how to derive the best evidence-based national vaccination policies and recommendations that can guide country policies and strategies based on local epidemiology and cost effectiveness, recognizing that immunization is a complex scientific field. It was resolved that this could be handled by well-functioning NITAGs. It was also pointed out that various strategic/technical background documents, such as the WHO/UNICEF GIVS 2006-2015, WHA 61.15 resolution (2008), SAGE recommendations and the Decade of Vaccines GVAP, already supports the establishment of NITAGs as having a technical advisory role for all vaccine preventable diseases and should not serve as an implementing, coordinating or regulatory body.

The presentation emphasized the fact that NITAGs are not ICCs and clarified that NITAGs should not replace the immunization programme, the regulatory authority, the interagency coordinating committee, or the certification commissions. It also emphasized that NITAGs should consist of experts with independent and unbiased expertise which does not necessarily mean independent experts, as most national experts in low-income and lower middle-income countries are paid directly or indirectly by the government. The issue of transparency was highlighted as important and that the declaration of interest of NITAG member is paramount in order to avoid conflict of interest.

In supporting the creation of NITAGs, it was highlighted that the principle of “one size fits all” should not be pursued but rather the adjustment to country specificity was essential and that the process should be tailored to local realities.

TFI members pointed out that countries may not have fully understood the essence of NITAGs and there is a need to sensitize countries. Moreover, the need to be sensitive to the capacity of countries to avoid the danger of “country overload” was highlighted. The importance of countries linking with organizations that already have experience in supporting NITAGs was emphasized. It was also emphasized that in some circumstances, based on the peculiarity of the country, they may already have a structure/organization that does the work of NITAG. What remains important is that the agreed functions of NITAG be carried out in support of decision-making for immunization.

### **5.3 Ministerial Conference on GVAP Implementation**

*Presenter: Ms Helena O'Malley, IVE Technical Officer, WHO/AFRO*

The objective of this presentation was to brief TFI members on the plan to host a Ministerial conference on GVAP implementation and to seek TFI Members' inputs.

The presentation gave a background to the Ministerial conference, highlighting that it would involve the participation of all countries within the African continent. TFI members were informed that it is proposed to hold this conference at the African Union headquarters in June 2014 with the theme focusing on country ownership and demand creation. The conference would be co-organized by WHO, the Government of Ethiopia, the African Union, Bill & Melinda Gates Foundation, UNICEF, and GAVI. The overarching goal of the conference would be to obtain Governments' commitment in support of immunization.

TFI Members applauded the WHO Regional Director's initiative to organize such a high-level conference in support of immunization activities on the African continent. However, due caution was raised as organizing such an event would require tremendous planning and coordination with all other immunization stakeholders in the region and that the necessary resources (human, material and financial) need to be allocated for an optimal preparation.

TFI members recognized that the use of social media in publicizing the Ministerial conference would be an important channel and that it should be made clear from the onset what the social media outlet should aim to achieve. The need to have a full-time team to handle all communications issues, including the social media related to the conference was highlighted.

It was noted that given countries present at the Ministerial conference are expected to adopt a declaration in support of immunization in the Africa continent, there would be a need to develop a framework to support the implementation of the Addis Ababa Declaration on immunization. Having the African Union co-organize the conference would facilitate the use of the African Union mechanisms and channels to ensure optimum participation of Ministers especially given Ministers are to be invited not only from the health department but across sectors – education, women's development, youth, etc.

It was proposed that regional professional associations be also considered to be invited to conference to include the Association of Public Health Physicians, as well as the health desk of the sub-regional blocs – i.e. SADEC, ECOWAS, WAHO, COMESA, etc.

## 5.4 Global Vaccine & Immunization Research Strategy

*Presenter: Dr Jean-Marie Okwo-Bele, IVB Director, WHO/HQ*

The key objective of this presentation was to brief TFI members on the global strategic directions for vaccine & immunization research and to highlight the areas where WHO could significantly contribute to the global research agenda.

As summarized in Table 1, the presenter informed TFI members of the specific areas of research where WHO could significantly contribute to - namely:

### a. Existing vaccines

- Research to minimize barriers and improve coverage of vaccines currently in use;
- Research to improve methods for monitoring of immunization programmes;
- Research to conduct impact evaluation of vaccines in use.

### b. Existing & new vaccines

- Research to generate evidence to optimize policy recommendations or develop new ones as appropriate.

### c. New vaccines under development

- Research to generate evidence to inform policy recommendations for candidate vaccines at advanced stages of development;
- Research to accelerate licensure of vaccines in earlier phases of clinical development;
- Research to encourage and accelerate the development of vaccines in early development

**Table 1: Summary of WHO's proposed areas of research**

	MINIMIZE BARRIERS	IMPROVE MONITORING	EVALUATE IMPACT	OPTIMIZE DEVELOP POLICY	GENERATE EVIDENCE	ACCELERATE LICENSURE	ACCELERATE DEVELOPM.
Evidence synthesis & appraisal	+	+	+	+	+		
Protocols methods for tools & strategy assessment	+	+	+				
Models, cost and CEA review			+	+	+	+	
Framework for Accelerated develop.						+	+
Preferred Product Characteristics						+	+
	LICENSED AND CURRENTLY IN USE			UNDER DEVELOPMENT			

TFI members were informed that a forum has been established at the global level to monitor research implementation on a regular basis and that WHO, in partnership with the Bill & Melinda Gates Foundation and the National Institutes of Health, are working collectively towards stimulating research to assist effectively implement the Global Vaccine Action Plan.

TFI members raised the issue of the need to build research capacity at the country level as well as the need to raise adequate funding for research particularly on cross-cutting issues such as immunization service delivery. They also requested that WHO/AFRO selects the relevant priority research areas for the African region.

## **5.5 Current Immunization Research Activities within the WHO African Region**

***Presenter: Dr Joseph Okeibunor, Immunization Social Scientist, WHO/AFRO***

The key objective of this presentation was to inform TFI members on current immunization research activities taking place within the region as well as to obtain their orientation on next steps WHO/AFRO should take in this field.

The presenter began by briefing TFI members on past research recommendations made by TFI in 2011 and 2012 which included requesting WHO/AFRO to support countries to conduct relevant implementation research to address important issues affecting immunization as well as finalize the *implementation research guide for immunization* for final endorsement by TFI members prior to distributing widely to countries. In this light, TFI members were informed that WHO/AFRO has established a regional advisory committee on health research as well as a pre-finalized draft of the *implementation research guide for immunization* ready for TFI members' final review (which will be reviewed by TFI members at its next meeting). Furthermore, TFI members were informed that WHO has hired both a biomedical research scientist and a social scientist to concentrate on immunization research activities to include capacity building at the national level, as well as has hired social scientists in Angola, Chad, DR Congo and Nigeria.

TFI members were also informed that over the past year, capacity building workshops on operational research were held by the WHO Regional Office with the participation of 11 countries and that a number of country study protocols were reviewed. Moreover, TFI members were briefed on the number of country-level operational research studies conducted by WHO over the past year as well as the constraints faced.

TFI members stressed the need for WHO to actively broaden its engagement with the research community, and particularly promote research through research institutions within the African Region. Furthermore, taking note of the research work WHO has

performed to date, TFI members requested WHO to conduct a priority setting exercise to determine key immunization research questions to be addressed as well as review its current research priority setting process which should be amended accordingly to match regional/country needs.

## Session 5 – Recommendations

No.	Regional Strategic Plan for Immunization: 2014-2020	Responsible	Deadline
1.	The next draft of the strategic plan should incorporate feedback provided by TFI members (as outlined in section 5.1 of report). Moreover, the next draft should include milestone with timelines to facilitate mid-term review. Furthermore, resource requirements should be elaborated.	WHO/AFRO	Next TFI Meeting
2.	In order to obtain input from EPI Managers on the proposed targets set in the draft regional strategic plan, WHO/AFRO to include a session in the upcoming 2014 EPI Managers' Meetings (scheduled to take place Q1-2014) to gain their insights/feedback.	WHO/AFRO	End Q1-2014
3.	WHO/AFRO to develop a framework for countries to use to develop their operational plan which should be aligned with the strategic plan as well as annexed to plan. Such a framework should take into consideration planning sub-national level operational activities.	WHO/AFRO	Next TFI Meeting
	<b>NITAGs</b>		
4.	Noting that "one size does not fit all", TFI recommends that WHO conducts an assessment by country to determine which strategy/mechanism would be the most appropriate to implement at the country-level to derive the best evidence-based national vaccination policies and recommendations that can guide country policies and strategies based on local epidemiology and cost-effectiveness.	WHO/HQ & WHO/AFRO	Next TFI Meeting
	<b>Ministerial Conference on Immunization</b>		
5.	Noting that adequate planning and resources are required to organize event, TFI recommends that WHO/AFRO hires event organizers to support preparations.	WHO/AFRO	immediate
6.	High-profile participants should be targeted to attend	WHO/AFRO	immediate

	event to include world renowned African leaders. In the event that targeted high-profile participant(s) are unavailable to attend event, WHO/AFRO to consider recording video clips that could be aired at conference.		
	<b>Immunization Research</b>		
7.	WHO/AFRO to develop a framework document on research for TFI's consideration which should take into consideration TFI members' feedback (as outlined in section 5.5).	WHO/AFRO	Next TFI Meeting

## Session 6 – Way Forward

The Regional Director joined this final session to be briefed on key outcomes of 3-day event. Before the TFI Chair took the floor to summarize way forward, the Regional Director thanked TFI members for accepting invitation to serve on the African TFI in their personal capacity and stipulated his expectation that this principle advisory group should provide a combination of strategic and technical advice over the coming 3-year period that would assist the Region effectively implement the Global Vaccine Action Plan goals. Moreover, the Regional Director specified that TFI members are to support the development and monitoring of the 2014-2020 regional strategic plan for immunization as well as inform him regularly on major issues/challenges that need to be addressed to effectively implement the regional strategic plan.

Professor Helen Rees, TFI Chair, then took the floor and expressed her commitment to fulfil her role as TFI Chair. She specified that in her role as TFI Chair she would support the region in building strong partnerships and that each TFI member would be ambassadors and advocates for immunization and vaccines in the region.

In terms of *modus operandi*, the TFI Chair informed the Regional Director that the TFI would meet twice yearly with two preparatory phone calls prior to each meeting. Furthermore, for future TFI meetings the Chairs of all immunization TAGs would be invited to participate and present, and a select number of EPI managers, NITAG chairs, academics/experts, donors/partners, NGOs, vaccine manufacturers and immunization technologies associations would be invited to the end-year TFI meeting.

The TFI Chair stipulated that 4 agreed-upon standing agenda items would comprise future TFI agendas in the foreseeable future – namely:

- a. Summary briefing on most recent SAGE recommendations;



- b.** Summary briefing from Chairs of each polio and measles/rubella TAGs;
- c.** Outcomes from Chairs of established time-limited TFI working groups;
- d.** Progress in implementing regional/country strategies and attaining set targets.

In terms of immunization priorities identified by the Regional Office over the past 3-days, the TFI prioritized those for which time-limited TFI working groups be established for close follow up – namely:

- a.** Increasing vaccine coverage including routine immunization
- b.** Polio eradication
- c.** Measles elimination/rubella introduction
- d.** Country ownership (to include NITAGs, financing & sustainability, and capacity building
- e.** Communication and demand creation
- f.** Data Quality
- g.** Research & Development

It was stated that when developing the proposed ToRs for each working group, WHO/AFRO to consider including external experts when required.

### Session 6 – Action Points

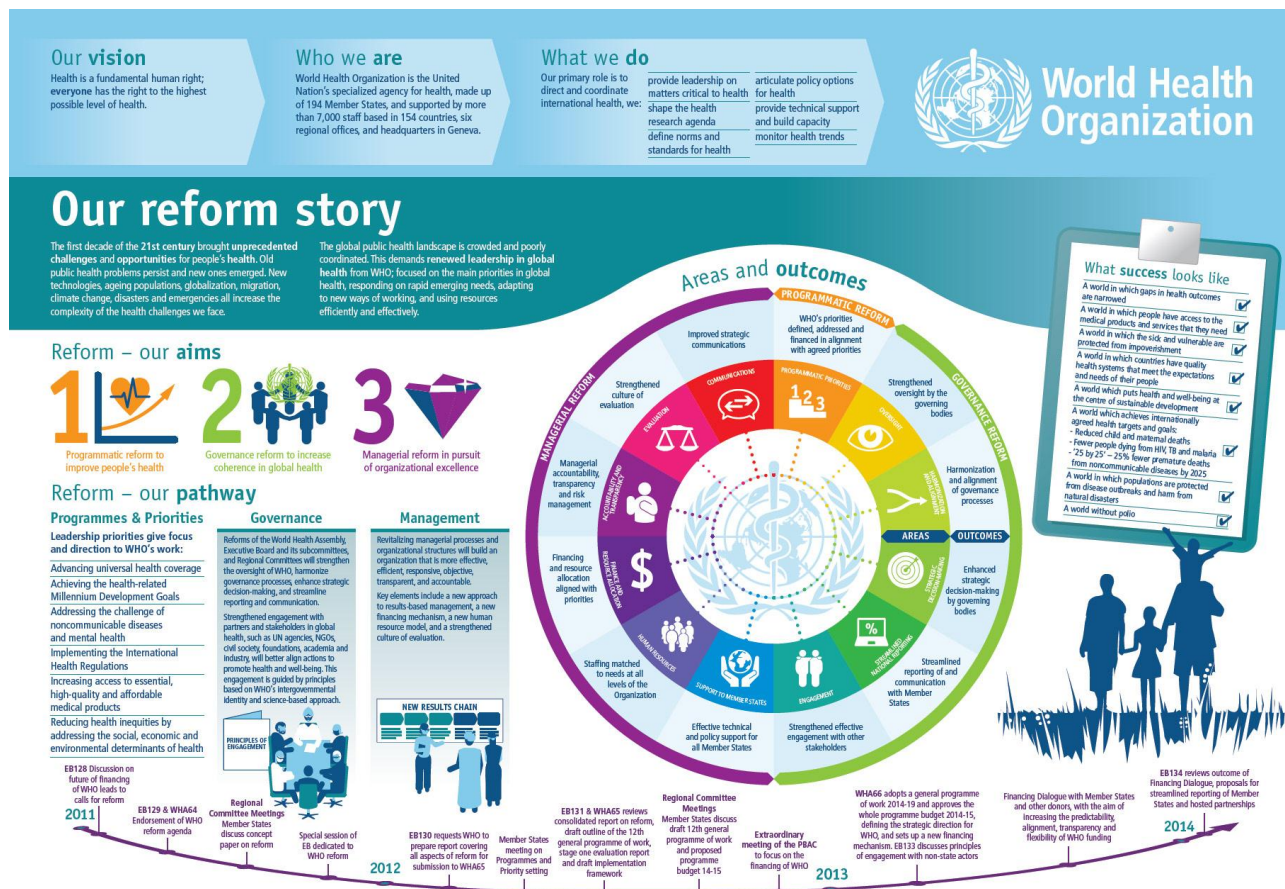
No.	<i>TFI Modus Operandi</i>	Responsible	Deadline
1.	For the 6 TFI working groups proposed, WHO/AFRO to draft ToRs for each working group for submission to the TFI Chair for review. ToRs to include proposed members as well as duration of working group.	WHO/AFRO	End-Jan 2014
2.	Noting there is no archive available which houses past TFI reports/recommendations, WHO/AFRO to develop a composite document identifying previous TFI decisions. Furthermore, TFI to upload to the WHO/AFRO immunization webpage, all past TFI reports.	WHO/AFRO	immediate
3.	For future presentations to be made at TFI, all presenters to utilize a standardized format. This will entail preparing an issue paper (to include a preamble, recommendations and questions section) which is to be presented outlining issues and recommendations; clear conclusions; clear requests to TFI (i.e. information, discussion, recommendation). Furthermore, hard-copies of each presentation should be made available to TFI members	WHO/AFRO	Ongoing

	prior to presentation.		
4.	WHO/AFRO to utilize the meeting planner <i>Doodle</i> to set dates for future TFI meetings.	WHO/AFRO	immediate

Having concluded session 6, the Regional Director wished all participants a safe return home and reiterated his high expectations for this principle immunization advisory group.

## Annexes

### Annex 1 – WHO Reform Story



### Annex 2 – SAGE April 2014: tentative topics for discussion

## SAGE: April 2014 meeting

### Tentative topics

- Polio eradication
- Immunization supply chain & logistics
- Dealing with vaccine hesitancy
- Non specific effects of vaccines
- HPV (schedules)
- Varicella & herpes zoster
- Pertussis
- Strengthening routine vaccination and integration in primary health care



## Annex 3 – TFI Members’ Meeting, December 2013: Programme-of-Work

**Monday, 02 December 2013**

### Objectives:

1. Brief TFI Members on the work of WHO; its functioning and relationship with countries and partners.
2. Agree upon *modus operandi* for TFI over the coming 3-year period.

Time	Topic	Presenter
<b>SESSION 1: INTRODUCTION</b>		<b>Rapporteur: H. O’Malley</b>
08:30-09:00	Administrative & Security Announcements	WHO/South Africa
09:00-09:15	Welcome & Introductory Remarks	Regional Director
09:15-09:30	Welcome & Introductory Remarks	H. Rees
09:30-09:45	Overview & Adoption of Programme-of-Work	D. Nshimirimana
09:45-10:00	Group Photo	
<b>SESSION 2: OVERVIEW OF WHO, SAGE &amp; TAGs</b>		<b>Rapporteurs: A. Gasasira &amp; C. Tevi</b>
10:30-11:30	Introduction to WHO; its structure, governing bodies; relationship with countries & partners; funding sources	D. Nshimirimana
11:30-12:30	Overview of SAGE and its link with TFI + 2013 SAGE Recommendations: Implications for the African Region	P. Duclos
13:30-14h30	Overview of Sub-Regional TAGs	A.Gasasira, B.Masresha & R.Mihigo
<b>SESSION 3: FUNCTIONING OF TFI</b>		<b>Rapporteurs: M. Djingarey &amp; H. O’Malley</b>
14:30-16:00	TFI in the Era of Decade of Vaccines	TFI Chair
16:00-17:00	TFI Future Working Arrangements & Modalities	TFI Chair
17:00	Wrap-Up – Day 1	

## Tuesday, 03 December 2013

**Objective:** For TFI Members to comprehend WHO priorities in the field of immunization

**Rapporteurs:** J. Okeibunor & N. Shivute (08h00 to 12h30)  
N. Mbakuliyemo & L. Manga (13h30 to 17h00)

Time	Topic	Presenter
<b>SESSION 4: BRIEFING ON PRIORITY AREAS OF WORK FOR IVE/AFRO</b>		
08:00-09:00	Routine Immunization & New Vaccines	R. Mihigo/C. Tevi
09:00-10:00	Measles & Rubella	B. Masresha
10:30-11:30	Meningitis A & Yellow Fever	M. Djingarey/ B. Masresha
11:30-12:30	Polio Eradication	A. Gasasira
13:30-14:30	Building Demand for Immunization – Development of Regional Immunization Communications Strategy: Progress Report	J. Okeibunor
14:30-16:00	Immunization Financing	A. Petu
16:00-17:00	Immunization in Humanitarian Emergencies	H. Rees
17:00	Wrap-up Day 2	

## Wednesday, 04 December 2013

**Objective:** To obtain orientation from TFI Members on topics outlined in Sessions 5 & 6

**Rapporteurs:** R. Mihigo & A. Petu (08h30 to 12h30)  
B. Masresha & N. Ngendabanyikwa (13h30 to 16h00)

Time	Topic	Presenter
<b>SESSION 5: TFI – FOR DISCUSSION</b>		
08:30-10:00	Development of the Regional Strategic Plan for Immunization 2014-2020	D. Nshimirimana/ D. Tarantola
10:30-11:30	NITAGs	P. Duclos
11:30-12:30	Brainstorming on Preparations for the Immunization Ministerial Conference, Addis Ababa, June 2014	H. O'Malley
13:30-14:30	Global Vaccine & Immunization Research Strategy	J.-M. Okwo-Bele
	Current Immunization Research Activities: African Region	J. Okeibunor
<b>SESSION 6: WAY FORWARD</b>		
14:30-16:00	Setting Agenda and Dates for TFI Meetings in 2014	TFI Chair
16:00	Wrap-Up & Closure	

## Annex 4 – TFI Members’ Meeting, December 2013: List of Participants

PARTICIPANTS LIST			
No.	Name	Title	Organization/ Country
1	Helen Rees	TFI Chair	South Africa
2	Michael Brennan	TFI Member	USA
3	Sue Goldstein	TFI Member	South Africa
4	Mohamed-Mahmoud Hacen	TFI Member	Mauritania
5	Ilesh Jani	TFI Member	Mozambique
6	Clarisse Loe Loumou	TFI Member	Cameroon
7	Stephen Lwanga	TFI Member	Uganda
8	Aziza J. Mwisongo	TFI Member	Tanzania
9	Carlos Alberto Pinto de Sousa	TFI Member	Angola
10	Nasir Sani-Gwarzo	TFI Member	Nigeria
11	Fredrick Namenya Were	TFI Member	Kenya
12	Daniel Tarantola	TFI Member + Chair, Polio/TAG for Chad	France
13	Charles Shey Umaru Wiysonge	TFI Member	Cameroon
14	Luis Gomes Sambo	Regional Director	WHO/AFRO
15	Jean-Marie Okwo-Bele	IVB Director	WHO/HQ
16	Philippe Duclos	SAGE Coordinator	WHO/HQ
17	Deo Nshimirimana	IVE Director	IVE/AFRO
18	Alex Gasasira	PEI Programme Area Coordinator	IVE/AFRO
19	Joseph Okeibunor	Social Scientist	IVE/AFRO
20	Richard Mihigo	RIN Programme Area Coordinator	IVE/AFRO
21	Carol Tevi Benissan	New Vaccines Officer	IVE/AFRO
22	Dicky Akanmori	Vaccines Regulatory Officer	IVE/AFRO
23	Lucien Manga	ODM Programme Area Coordinator	IVE/AFRO
24	Helena O'Malley	Technical Officer	IVE/AFRO
25	Balcha Masresha	All Programme Area Coordinator <i>a.i.</i>	IST/ESA
26	Mamadou Djingarey	MVP Coordinator	IST/West
27	Nestor Shivute	Immunization Focal Point	IST/ESA
28	Norbert Ngendabanikwa	Immunization Focal Point	IST/Central
29	Nehemie Mbakuliyemo	Immunization Focal Point	IST/West
30	Amos Petu	Financial Sustainability Officer	IST/ESA
31	Sarah Barber	WHO Representative	South Africa
32	Mercy Kamupira	Immunization Focal Point	South Africa