

WHO/AFRO TASK FORCE ON IMMUNIZATION MEETING

SUMMARY REPORT

**BURGERS PARK HOTEL, PRETORIA, SOUTH AFRICA
21 TO 22 JUNE 2012**

Background

The Task Force on Immunization (TFI) serves as the principal advisory group to the WHO Regional Office for Africa (WHO/AFRO) for development of policies related to vaccines and immunization. TFI is charged with advising WHO on overall regional policies and strategies, ranging from vaccine and technology research and development, to delivery of immunization services and linkages between immunization and other health interventions. The mandate of TFI is to provide strategic advice rather than technical input, and 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.

In this light, the 21st TFI Members' Meeting convened at Burgers Park Hotel, Pretoria, South African, from 21 to 22 June 2012. Key objectives of this meeting were for TFI Members to be adequately briefed on progress made in implementing 2011 TFI recommendations as well as exchange on technical updates and recent scientific developments with a particular focus on:

- Strategic options for rubella control and congenital rubella syndrome (CRS) elimination in the African Region;
- Developing a regional communication strategy for immunization;
- Implementing research for immunization in the African Region;
- Assessing progress made in attaining the regional polio eradication goal; and
- Reviewing recent SAGE recommendations and their implications for the African Region.

Opening Session

The meeting was opened by the WR/South Africa *a.i.* who welcomed participants to Pretoria. He pointed out that the on-going WHO reform is essential to help the Organization adapt to the changing complexity of public health which will allow WHO to fulfil more effectively its

role as the world's leading public health agency and, at the same time, create a more flexible Organization which is better equipped to respond to the health needs of the 21st century. He then highlighted that the reform process itself has three overall objectives, namely: (1) Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus; (2) Great coherence in global health, with WHO playing a pivotal role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples; and (3) An Organization that pursues excellences – one that is effective, efficient, responsive, objective, transparent and accountable.

WR/South Africa then reviewed the proposed two-day programme-of-work and stated that topics to be covered would lead to the strengthening of immunization systems within the African Region and, moreover, positively impact on MDG-4 by contributing to the reduction of the child mortality rate within the Region. He emphasized that the recent World Health Assembly (WHA) resolution on the Decade of Vaccines and its associated Global Vaccine Action Plan; and the recent WHA resolution that declared polio a programmatic emergency for global public health, would guide recommendations made at this TFI Members' Meeting for the Regional Director's consideration.

Review of Implementation of December 2011 TFI Recommendations

The IVD Director informed TFI Members that of the 16 recommendations made in December 2011, 7 (44%) were fully achieved; 7 (44%) were in process of being implemented; and 2 (12%) were not achieved. TFI Members appreciated that political commitment to attain the polio eradication goal remains high; that polio emergency plans are being satisfactorily implemented; and that cross-border cooperation is being facilitated with supportive documents (such as declarations and reports) following meetings and visits. They took note that the polio risk assessment/prediction tool is in the process of being used in all countries in an attempt to mitigate risks and that polio surveillance is in the process of being further strengthened at the sub-national level in all countries to meet operational targets.

TFI Members took due note that the strategy document entitled *Reaching the unreached children with immunization services: strategy options for the African Region* was disseminated to all countries and partners within the African Region. They were informed that countries are in the process of developing plans to operationalize the proposed strategy options in order to reach the unreached children with full participation of their communities; and

although not yet achieved, WHO/AFRO would develop in the coming months, technical guidelines for the implementation of country plans based on proposed strategy options.

With regard to the successful 2012 African Vaccination Week (AVW), TFI Members were informed that countries did start preparations early to include the involvement of the media, private sector, civil society, opinion leaders and communities in planning, implementing and evaluating the initiative; and that WHO/AFRO did publish a leaflet on AVW as a tool to increase awareness. For future AVW initiatives, countries are in the process of developing medium-terms goals.

As recommended at the last TFI Members' Meeting, a draft document entitled *Strategic options for rubella control and congenital rubella syndrome (CRS) elimination in the African Region* was developed for review/discussion at the June 2012 TFI Members' Meeting. Concerning measles, implementation of the 3rd Regional Measles TAG recommendations are in process in an attempt to attain the pre-elimination targets for 2012 as a milestone towards the 2020 elimination goal.

Concerning Maternal & Neonatal Tetanus (MNT), TFI Members were informed that countries are in the process of developing strong programme linkages between the immunization programme and maternal & newborn health services, as well as other related programmes in order to accelerate the attainment of the MNT elimination goal. Furthermore, countries that have not yet completed TT SIAs, are in the process of scaling-up implementation of MNTE strategies in order to reach the MNTE goals. Although not yet achieved, WHO/AFRO will provide technical guidance/support to country that have already attained the validation of MNT elimination in order to assist them sustain/monitor progress regarding status of MNT elimination.

Annex 1 of report provides details of status of implementation of each recommendation.

Rubella Control & CRS Elimination

A number of presentations were made on rubella control and CRS elimination, ranging from a global perspective of rubella control & CRS elimination to the epidemiology of rubella & CRS in the African Region. Of the 130 countries that globally report rubella coverage¹, only 3 countries are located within the African Region – all of which are island nations² which may

¹ Coverage with the first dose of measles-containing vaccine used as proxy to calculate rubella coverage

² Cape Verde, Mauritius, Seychelles

not provide an accurate representation of rubella coverage. Moreover, the African Region currently does not have a defined goal on rubella control or CRS elimination. Noting that limited data is available on the epidemiology of rubella in the African Region, acquiring adequate evidence is imperative in order to inform decision-making related to the introduction of the rubella vaccine in a phased manner within the Region. Taking this into account, the importance of building national capacity to improve rubella and CRS reporting was highlighted as well as investigating and effectively documenting rubella outbreaks. Furthermore, supporting rubella sero-surveys in a number of selected countries was stressed as well as strengthening/scaling-up CRS sentinel surveillance and conducting retrospective record reviews for CRS cases.

Thereafter, WHO/AFRO presented to TFI Members the proposed AFR regional strategy option for rubella control and CRS elimination which included the following 3-step process, namely:

Prepare	Disseminate relevant background documents to countries and continue to present/discuss issues using opportunities as they arise.
	Support selected countries to conduct sentinel surveillance for CRS, especially following documented rubella outbreaks.
	WHO & UNICEF to continue to dialogue/advocacy with countries regarding the uptake of rubella vaccines according to approaches recommended for rubella/CRS elimination.
	Identify countries to prioritize for the introduction of RCVs through MR vaccination campaigns and routine immunization commencing 2013.
	Provide technical guidance & advocate with non-GAVI eligible countries to encourage them to introduce rubella containing vaccines according to recommended strategies.
	Support the investigation and documentation of rubella epidemics.
	Support CRS sentinel surveillance and retrospective reviews of clinical records and registers in speciality clinics.
Initiate	Intensify advocacy and technical support to countries to facilitate the country application to GAVI before end-2012.
	Support eligible countries to develop comprehensive plans for the implementation of rubella/CRS elimination strategies.
	Support operational research to determine the magnitude of the CRS problem and the communication barriers/behavioural gaps that be addressed to facilitate a successful introduction of rubella vaccine into the national immunization schedules.
Scale-up	Develop a regional strategy document and long-term plan for rubella/CRS elimination for possible discussion at the WHO Regional Committee.
	Assess the capacity of the measles/rubella surveillance & laboratory network to test increased numbers of specimens and introduce integrated measles/rubella surveillance.
	Continue to monitor impact as rubella vaccine is introduced in all countries.

Thereafter, TFI Members endorsed the proposed AFR regional strategy option for rubella control and CRS elimination with the understanding that the amendments, inclusions and comments they raised be included in final version of strategy.

Communication for Immunization

Two presentations on communication for immunization were made which highlighted the crucial role communication plays in increasing immunization coverage. The first presentation concentrated on monitoring & evaluation (M&E) for immunization communication which outlined how communication can be monitored & evaluated via mass media, print media, community level communication and advocacy; and what can be measured – namely:

Communication for Immunization – What can be Measured?	
Reach	Demographics and geography of those reached
	Frequency/intensity of reach (exposure levels)
	Who were not reached – further in-depth research required
Reception	Appropriateness (e.g. language, culture, format)
	Clarity and resonance of message
Effects	Knowledge about immunization efficacy, services adverse effects, rights to vaccines
	Changes in beliefs and social norms in relation to vaccinations (e.g. dispelling myths)

Presentation also emphasized how M&E can be used to assess the effectiveness of communication to increase community/individual understanding of the value of vaccines and their health rights to immunization, as well as how the development and implementation of communication strategies and plans can be monitored.

The second presentation concentrated on using communication for social change where it was highlighted that the key drivers of the change process include: dialogue & debate; action & reflection; social learning; and self & community efficacy. In order to develop quality communication materials, emphasis was placed on: understanding the complexity of human behaviour; seeking to understand target audience barriers to knowledge/adoption; using appropriate local languages and mediums; testing all communication material prior to delivery; using adequate time and resources; and ensuring on-going critical evaluation and monitoring.

Subsequently, TFI Members requested that WHO/AFRO develops a regional immunization communication strategy which takes into consideration the current communication strengths and weaknesses within the region by country; the country needs for communication competencies; a plan for the development of in-country communication competency development; among others.

Recent 2012 SAGE Recommendations

WHO/HQ presented to TFI Members the conclusions and recommendations from the extraordinary meeting of SAGE held in February 2012, and the SAGE meeting held in April 2012. TFI Members were informed that the 65th WHA endorsed the Decade of Vaccines Global Vaccine Action Plan (GVAP) and that WHO's role in supporting the roll-out of GVAP would include: regular reports to WHO governance; supporting the translation of GVAP into regional and country strategies; and supporting the implementation and monitoring of GVAP at all levels. In addition, the 65th WHA designated the last week of April as World Immunization Week which would be used as the overarching framework to promote importance of vaccination across the life-course and ensure universal access to vaccination.

With regard to the April 2012 SAGE Meeting, topics covered included: establishing a global emergency oral cholera vaccine stockpile; switching from tOPV to bOPV (which will be further discussed at the next SAGE Meeting scheduled to take place in November 2012); use of seasonal influenza vaccines; vaccination in humanitarian emergencies; hepatitis A vaccine; impact of introduction of new vaccines on immunization and health systems; rotavirus vaccine – optimizing schedules; information on vaccines for an inter-governmental negotiating committee on mercury.

Annexes 2 & 3 of report provides tentative topics for discussion at the next SAGE meeting in November 2012 in addition to cross-cutting and strategic issues for discussion at future SAGE meetings scheduled for 2013 and 2014.

TFI Members were appreciative of information session on SAGE recommendations made to date in 2012 and requested that such information be sent to all EPI Managers and WHO Country Offices on a regular basis.

Implementation Research in support of Immunization

Two presentations on immunization implementation research were made; one on setting a prioritized global agenda; the other on implementation research in support of immunization within the African Region. TFI Members were informed of the process, scope and guiding principles in place to develop a global immunization research agenda that maximizes the impact of vaccines and immunization as well as defines and implements a transparent and collaborative process to take forward such an agenda. Additionally, TFI Members learnt about the role WHO would play once the global immunization research agenda is developed – namely:

WHO's Role – Implementation Research Agenda	
1	Serve as a catalyst to garner support
2	Provide platform to bring different stakeholders together
3	Take forward research products useful for policies through WHO established processes
4	Initiate research for critical research topics not taken up by any specific research groups
5	Explore similar initiatives at the regional level
6	Plan to keep agenda alive rather than a one-time process

With regard to implementation research in support of immunization within the African Region, TFI Members were briefed on steps taken by WHO/AFRO to conduct a rapid review of available peer reviewed literature and reports on this topic. Findings found that only 10% of publications were from African affiliations, and approximately 30% of published materials were written by WHO staff. TFI Members were also informed that a number of pertinent topics related to immunization implementation research were made through SAGE recommendations over the past years as well as by WHO at various immunization forums.

TFI Members then reviewed and endorsed the draft document proposed by WHO/AFRO to address implementation research on immunization within the region with the understanding that the amendments, inclusions and comments raised by each TFI Member be included in final version of document.

Polio Eradication

A number of presentations were made on polio eradication in terms of recent global and regional developments as well as progress made against major process indicators and data-derived insights. TFI Members were informed that, globally in the first four months of 2012, there have been substantially fewer cases (-58%) in fewer districts (-46%) of fewer countries (-67%) compared to the same period in 2011. However, due to the funding shortfall the Global

Polio Eradication Initiative faces in 2012 and beyond, a substantial number of planned 2012 polio campaigns within the African Region have been cancelled, and the trend is set to continue should funding constraints and OPV shortages prevail - which will jeopardise gains made to date. Moreover, TFI Members were briefed that in the four³ polio priority countries, 1.84m children never received a single dose of OPV. TFI Members were then duly updated on recommendations of the most recent Polio Independent Monitoring Board Meeting (April 2012); SAGE recommendations related to polio (April 2012); and outcome of polio deliberations at the 65th WHA (May 2012).

In terms of country-specific key developments and key concerns/risks, the following information was shared with participants - namely:

	Major Developments	Major Concerns/Risks
Nigeria	<ul style="list-style-type: none"> Presidential polio task force launched 2012 national emergency plan developed Strategies to deal with refusals executed Over 2,200 surge staff to be recruited GIS/GPS used to improve SIA quality Environmental surveillance expansion Accountability framework in place 	<ul style="list-style-type: none"> Prevailing insecurity in Northern Nigeria Inadequate political commitment at LGA level Sub-optimal quality of SIAs leading to increased number of missed children Weak RI coverage leading to increase in susceptibles and VDPV circulation
Angola	<ul style="list-style-type: none"> Increased political commitment from central to provincial levels Improved SIA quality - except Luanda Environmental surveillance initiated On-going cross-border activities with DRC & Namibia HR surge capacity in Luanda 	<ul style="list-style-type: none"> Political commitment not always reflected at district level Increased trend of missed children in Luanda Surveillance gaps - particularly in Luanda Weak RI coverage at sub-national level
Chad	<ul style="list-style-type: none"> Increased political commitment from central to provincial levels Polio emergency plan reviewed Strategies developed to reach the unreached children HR surge capacity implemented 	<ul style="list-style-type: none"> Political commitment not always reflected at district level High vulnerability of children living in Lake Chad Islands Sub-optimal quality of SIAs Very low RI coverage Surveillance gaps at sub-national levels
DR Congo	<ul style="list-style-type: none"> EPI review conducted 6-month outbreak assessment conducted 	<ul style="list-style-type: none"> Recurrent insecurity in Eastern DRC Political commitment not always reflected at

³ Angola (45,000); Chad (140,000); DR Congo (640,000); and Nigeria (610,000)

	<ul style="list-style-type: none"> ■ Reduction of missed children in some provinces ■ LQAS implemented during SIAs ■ Increased use of social data to improve SIAs 	<p>district level</p> <ul style="list-style-type: none"> ■ Surveillance gaps & low population immunity ■ Sub-optimal quality of SIAs with persistent refusals
--	--	---

In terms of data derived insights, it was highlighted that a high proportion of children in Nigeria continue to be missed in many LGAs located in high-risk states as demonstrated by recent independent monitoring and LQAS data. Furthermore, in Angola (particularly in Luanda), up to 13% to 20% of children are being missed despite the overall improvement of SIAs in other areas; and that in DR Congo, poor quality of SIAs prevail despite many campaigns in Katanga, witnessing cVDPV outbreaks which confirms low population immunity. Finally, in Chad, there is an overall improvement in SIAs quality especially in Logone Oriental (the foci of transmission) and Tandjile (where nomadic population are located).

TFI Members welcomed this polio update and voiced their agreement with the recent SAGE and IMB polio recommendations made that adequate funds and OPV stocks be in place in a timely manner in order to conduct all planned polio emergency activities. TFI Members also raised concern that due attention is not being paid to urban settings where polio prevails and that GPEI should intensify focus on Northern Nigeria and ensure all planned polio activities in West Africa be implemented.

TFI Recommendations

Based on the latest detailed immunization information provided to TFI Members, the following TFI recommendations were made:

Rubella Control and CRS Elimination

Preamble:

The TFI has deliberated at length on the presentations made and on the proposed regional strategy option for rubella control and CRS elimination.

The July 2011 updated WHO position paper on rubella vaccines has provided the necessary guidance on the recommended strategies to attain the elimination of rubella and CRS, as shown in other Regions. The WHO position paper and available data from the African Region has indicated that there is adequate evidence of the epidemiological picture of rubella and CRS. However, TFI notes that there is a need to continue to generate more up-to-date scientific evidence relevant to the African Region.

TFI also notes the guidance that countries should attain and sustain at least 80% vaccination coverage in routine immunization and/or in SIAs so as to achieve and maintain CRS elimination over the long term.

TFI notes with appreciation the opening of the GAVI window to support countries to introduce rubella containing vaccines.

TFI endorses the strategic option document with the proposed amendments, inclusions and comments.

The TFI recommends that:

1. WHO/AFRO changes the designation of the Regional Measles TAG to Regional Rubella/Measles TAG.
2. The Regional Rubella/Measles TAG provides guidance to WHO to refine the strategies for Rubella/CRS elimination in the Region and to develop and propose interim goals, including for a pre-elimination stage.
3. The Rubella/Measles TAG recommendations be discussed by the TFI in June 2013.
4. An agenda item on Rubella/CRS elimination be included in the WHO Regional Committee Meeting for 2014.

5. Countries that have already achieved $\geq 80\%$ MCV1 coverage should make efforts to introduce rubella vaccine, using the opportunity of the GAVI co-financing mechanism or through their own means.
6. WHO/AFRO and partners should support countries to conduct research and/or to set-up robust surveillance systems to better understand the epidemiology of rubella and CRS.
7. WHO/AFRO and partners should conduct advocacy with countries and provide technical and financial support to build evidence of disease burden, to forecast vaccine needs and scale-up the introduction of RCVs.

Indicators for measurement:

- a. TAG has advised WHO/AFRO and partners on the development of a final strategy document and proposed interim goals for pre-elimination (before June 2013).
- b. The Rubella/Measles TAG recommendations discussed by the TFI in June 2013.
- c. An agenda item on Rubella/CRS elimination has been included in the WHO Regional Committee meeting for 2014.
- d. Eligible countries have included rubella vaccine in their cMYPs.
- e. Countries have been supported by WHO/AFRO and partners to conduct research and/or to set-up robust surveillance systems.
- f. WHO/AFRO and partners have advocated with countries and provided technical support.

Communication for Immunization

Preamble:

Although there has been significant work done in the WHO African Region around communication for immunization, particularly in relation to the polio eradication initiative and efforts to reach all targeted populations, the Decade of Vaccines creates an opportunity to build on this work and develop a regional communications strategy for immunization that will build towards the following goal:

To enable *“individuals and communities to understand the value of vaccines and demand immunization as both their right and responsibility”* (strategic objective 2, Global Vaccine Action Plan).

Communication is central in achieving the above goal and in sustaining programmes. Communication helps communities and individuals to:

- Understand the benefits and risks of immunization;

- Seek services;
- Make demands on the health system;
- Improve ownership of the planning and implementation of programmes locally;
- Build networks and communities of practice.

The TFI recognizes that good communication is based on a set of key values, a list of which is outlined (but not exhaustive) below:

- Is based on research and evidence (quantitative and qualitative);
- Is based on theoretical models for social and behaviour change;
- Is culturally sensitive;
- Is gender sensitive;
- Is focused on principles of equity and accessibility to information ensuring attention to highly vulnerable populations;
- Is based on human rights to include the fundamental elements of impartiality, neutrality and humanity;
- Builds local capacity, an on local skills, networks and traditions;
- Uses a mixture of tools (media/TV, radio, print, outdoor, mobile phones; community dialogues, community networks, events, etc.);
- Engages a mixture of stakeholders;
- Is of sufficient magnitude to have an impact;
- Is measured for progress, outcome and impact.

The TFI restates its previous recommendation of developing a regional immunization communication strategy and for that purpose

The TFI recommends that:

1. WHO/AFRO and other partners should initiate the process for the development of a regional immunization communication strategy. The first part of the process should be a situational analysis, using a tool to measure competences for health communication in the region at country, district and community levels.
2. Following the situational analysis, a group of experts (from many disciplines and cultural backgrounds) should meet to discuss the findings and provide relevant guidance for the development of a regional strategy.
3. A dedicated group should be tasked to develop the regional immunization communication strategy.

Indicators for measurement:

- a. A country-level situational analysis on immunization communication is completed by end-November 2012;
- b. A meeting of experts with multi-disciplinary background on communication is held at the December 2012 Annual Regional Conference on Immunization.
- c. The draft strategy document on immunization communication presented to the TFI at its first meeting in 2013.

Implementation Research in support of Immunization**Preamble:**

Research has been a main emphasis of TFI recommendations in the past and that this is being addressed by WHO/AFRO. TFI notes with satisfaction that a draft document has been prepared by WHO/AFRO in consultation with a TFI Working Group on Research, to address implementation research on immunization in the region.

TFI also acknowledges on-going efforts at the global level to develop an immunization implementation research agenda and notes that there are gaps in implementation of immunization programmes in the African region which can be addressed through research.

The TFI recommends that:

1. The document on implementation research in support of immunization within the African region should have a strong qualitative research component.
2. The document should be finalized taking into consideration a conceptual framework that includes recommendations from the various stakeholders and includes all areas relevant to immunization.
3. The document includes the following WHO/AFRO support to countries:
 - a. Country research demands and ownership be enhanced;
 - b. National research agendas be formulated;
 - c. Capacity to access funding for research be built; and
 - d. Partnerships be strengthened.
4. The regional implementation research document should be aligned with the WHO global implementation research agenda.

Indicators for measurement:

- a. Revised document incorporated comments/amendments made by TFI Members at the June 2012 meeting and resubmitted to TFI Members for review by end-August 2012.
- b. Comments from TFI Members received by WHO/AFRO by end-September 2012.
- c. Document resubmitted after incorporation of comments received from TFI Members and tabled for formal endorsement in the TFI Members' Meeting in December 2012.

Polio Eradication**Preamble:**

Since 2011, TFI acknowledges improvements made in the WHO African Region in terms of reducing wild poliovirus transmission. However, TFI is deeply concerned with:

- A 3-fold increase in WPV cases in Nigeria in 2012 compared to 2011 for the same period.
- A substantial number of polio SIAs and other polio eradication activities in the Region have been cancelled or scaled-down resulting in 1.84m children never received a dose of oral polio vaccine in the 4 polio priority countries mainly due to funding shortfalls, among other causes.
- AFP surveillance, routine immunization and quality of SIAs remain sub-optimal mainly at the sub-national level, with a potential high risk of failure to detect and interrupt WPV transmission, particularly in urban and peri-urban areas.
- On-going political and humanitarian crisis in West Africa, coupled with the high population movements in this sub-region, represents an important risk for on-going polio transmission.

Therefore, TFI strongly supports the SAGE and IMB polio recommendations to ensure that funds and vaccines are predictable and timely available in order to conduct all planned polio emergency activities. Special focus must be in urban and peri-urban settings. In addition, particular attention and increased efforts should be focused on Northern Nigeria and other West African countries.

The TFI recommends that:

1. Countries and WHO/AFRO should intensify their efforts to fully implement all previous TFI polio recommendations, the WHO/AFRO Regional Committee (RC) polio resolution (AFR/RC61.R4), and the 65th World Health Assembly (WHA) polio resolution, in order to complete the target of a polio-free African Region and recognizes that this is a good

opportunity for a massive advocacy endeavour to get countries and partners to commit themselves in this last effort towards polio eradication.

Indicator for measurement:

- a. Number of countries that have implemented previous TFI polio recommendations and the recent RC and 65th WHA polio resolution.

Annexes

Annex 1 – Detailed status of implementation of December 2011 TFI recommendations

Annex 2 – SAGE November 2012: tentative topics for discussion

Annex 3 – SAGE Meetings in 2013 & 2014: Cross-cutting and strategic issues for discussion

Annex 4 – TFI Members' Meeting, June 2012: Programme-of-Work

Annex 5 – TFI Members' Meeting, June 2012: List of Participants

ANNEX 1				
TFI Members' Meeting - Windhoek, Namibia - 02 & 03 December 2011				
RECOMMENDATIONS				
No.	Recommendations	Indicators for measurement	Implementation Status	Comments
POLIO ERADICATION				
1	Countries revitalize political commitment through an intense advocacy effort at all administrative levels, civil society, religious and traditional leaders for polio eradication activities.	Number of political statements/events made by prominent leaders at all levels in relation to polio eradication.		Chad had the participation of Head of State during the launching of polio campaigns, while Angola, DRC and Nigeria launching of campaigns were done by the respective Ministers of Health and or provincial Governors in presence of partners.
		Number of advocacy events or interventions related to polio undertaken at the different administrative levels.		In Angola the UN Secretary General launched the NID in March in presence of high level national authorities and partners; during last CEAC Heads of States meeting in Chad, a polio resolution was adopted; Nigeria inaugurated the Presidential Task Force on PEI; The President of Global Development Program from BMGF visited Nigeria (6-9th June).
2	Emergency plans for polio eradication need to be implemented with urgency and sufficient quality to stop polio transmission.	Number of countries fully implementing polio emergency plans with measurable outcomes.		All four priority countries (Angola, Chad, DR Congo and Nigeria) have Emergency Plans for polio eradication which are under implementation. National funds have been provided by each of these countries for operational costs.
3	The new risk assessment tool for better risk prediction should be used in all countries and actions taken to mitigate risks.	Number of countries implementing new risk assessment tools.		38 countries completed 2011 risk assessment
		Number of country action plans arising from the risk assessment mapping exercise.		13 countries implemented new risk assessment tools: Eritrea, Ethiopia, Kenya, Uganda, Tanzania, Central African Republic, Sierra Leone, Mali, Burkina Faso, Cote d'Ivoire, Niger, Liberia and GUYI.
4	Polio surveillance should further be strengthened at sub-national level in all countries to meet operational targets.	Number of countries reporting a non-polio AFP rate $\geq 2/100,000$ a year at national and sub-national levels.		13 countries met NPAFP rate in all subnational levels. Only 5 countries met both indicators at all subnational levels
		Number of countries reporting $\geq 80\%$ of stool adequacy at national and sub-national levels.		10 countries met % stool collected within 14 days at all subnational levels
5	Cross-border cooperation should be facilitated with supportive documents such as declarations and reports following meetings and visits, and this mechanism should become routine.	Number of cross-border facilitatory policies developed and implemented.		Cross-border plans were formulated and implemented by Angola/DRC/Namibia; Chad/Sudan and CAR; Nigeria/Niger; Cameroon/Chad and Niger. Activities included cross-border meetings with local authorities; implementation of SIAs along the common borders and cross points jointly identified; surveillance activities; social mobilization and routine.

TFI Members' Meeting - Windhoek, Namibia - 02 & 03 December 2011

RECOMMENDATIONS

No.	Recommendations	Indicators for measurement	Implementation Status	Comments
REACHING THE UNREACHED CHILDREN				
6	The strategy document should be widely disseminated among countries and partners in the Region.	Number of countries having received the approved documents.		The strategy document was translated in French and distributed to the 3 ISTs as well as to all EPI Managers during their annual meeting in Feb/March 2012.
7	WHO/AFRO should develop technical guidelines for the implementation of country plans based on proposed strategy options.	WHO guidelines available.		Note done yet! However, a proposal was submitted to BMGF to support this activity. It is expected to recruit a consultant to finalize the work and convene a technical consultation for the adoption of the document in September 2012.
8	Countries, with support of WHO/AFRO and partners, are requested to develop plans to operationalize the proposed strategy options in order to reach the unreached children with the full participation of their communities.	Number of countries with operational plans.		After the dissemination of the strategy document, ISTs have supported 22 countries to develop RI improvement plans.
AFRICAN VACCINATION WEEK (AVW)				
9	Countries, with the support of WHO/AFRO and partners, start preparations for the 2012 AVW as early as possible to ensure successful implementation. This should include the involvement of media, private sector, civil society, opinion leaders and communities in planning, implementation and evaluation of the initiative.	Number of countries with 2012 AVW micro-plans.		A regional consultation was convened in Brazzaville beginning of February 2012 to finalize the planning and guidelines tools. 38 countries have developed specific AVW micro-plans.
10	Countries should also consider developing medium-term goals for future AVW initiatives.	Number of countries sensitized on AVW medium plans.		During country micro-planning exercise, the need to develop AVW medium plans was highlighted and a consultation is planned in October 2012 in Brazzaville to come up with a medium term strategic plan for the region.
11	WHO/AFRO should publish a leaflet on AVW as a tool to increase awareness about the initiative.	AVW leaflet available.		A Q&A document was developed on the AVW initiative and shared with all countries. An electronic flyer was as well disseminated thru the AFRO dedicated AVW webpage and facebook and twitter accounts opened to widely disseminate the AVW messages.

TFI Members' Meeting - Windhoek, Namibia - 02 & 03 December 2011

RECOMMENDATIONS

No.	Recommendations	Indicators for measurement	Implementation Status	Comments
MEASLES AND RUBELLA				
12	Countries, with support from partners, to ensure the full implementation of the 3rd Regional Measles TAG recommendations in order to attain the pre-elimination targets for 2012, as a milestone towards the 2020 elimination goal.	Proportion of countries that meet the incidence, coverage and surveillance targets included in the measles pre-elimination goal by the end of 2012 (target at least 50%).		As of end 2011, 7 countries (Botswana, Burkina Faso, Ghana, Malawi, Mauritius, Seychelles and Swaziland) are on track to meet the measles pre-elimination targets for 2012. On the other hand, 25 countries have missed some of the targets set by the pre-elimination goal, and are at risk of failing to reach the 2012 pre-elimination goal. The remaining 14 countries have missed two or more of the targets by wide margins and are at risk of not being able to reach the 2012 pre-elimination goal.
13	WHO/AFRO should develop a regional document regarding rubella control and CRS eliminatin vis-à-vis the most recent revision of the WHO position paper on rubella vaccines, and present it for dsicussion at the next TFI members' meeting in May 2012.	WHO/AFRO position document, indicating the way forward for the Region regarding rubella control and CRS elimination, available by the next TFI members' meeting.		A document on the proposed rubella strategic option has been prepared and will be presented to the TFI in June 2012.
MATERNAL & NEONATAL TETANUS (MNT)				
14	WHO and partners to provide technical guidance and support to countries that have already attained the validation of MNT elimination, in order to assist them to sustain and monitor the progress regarding status of MNT elimination.	A technical guideline document available and disseminated to countries that have been validated for MNTE by June 2012.		Not done.
15	Countries, with support of WHO and partners, should develop strong programme linkages between the immunization programme and maternal & newborn health services, as well as other related programmes in order to accelerate the attainment of the MNT elimination goal.	Number of countries that have developed and are implementing comprehensive national plans for MNT elimination by end-2012.		All countries in AFR have MNTE program plans they are following and implementing. Countries are being supported to improve DPT coverage, conduct TT SIAs in high risk districts, and to address issues related to clean delivery practices.
16	Countries that have not yet completed TT SIAs, need to scale-up the implementation of the MNTE strategies, including aggressive advocacy and communication efforts with women's groups, professional societies, etc. in order to reach the MNTE goals.	Number of countries completing high-quality TT SIAs by end-2013.		Countries are being supported to update their risk assessment and to do TT SIAs in high risk districts. In 2012, Angola, Ethiopia (Somali Region), Madagascar, Guinea, CAR, Chad, Niger, Nigeria are confirmed to do / completed TT SIAs. Kenya and Mali are scheduled to implement TT-SIAs.

SAGE: November 2012 meeting

Tentative topics

RUNNING ITEMS

Global progress & implementation of recommendations

Report from the GAVI Alliance

Reports from other Immunization Advisory Committees

Global Advisory Committee on Vaccines Safety

Expert Committee on Biological Standardization

Immunization and Vaccine

Implementation research Advisory Committee

Immunization Practice Advisory Committee

SPECIFIC TOPICS

Vaccination in humanitarian emergencies

Polio eradication

Financial challenges for lower middle income countries

Dengue vaccines

DOV – GVAP

Cold chain and vaccine management and supply

Yellow fever vaccine

Hib immunization schedules

Measles & rubella status report



2012-2014 SAGE Meetings: Topics on the Horizon

Cross-cutting and strategic issues

- Dealing with vaccine hesitancy (April 2013)
- Use of vaccines in immunocompromised populations
- DOV GVAP implementation
- Maternal immunization to enhance the protection of mothers and infants
- Involvement of the private sector
- Strengthening of NITAGs
- Non specific effects of vaccines
- Vaccine stockpiles
- Accessibility to affordable vaccines and WHO's role
- Supply chains



2012-2014 SAGE Meetings: Topics on the Horizon

Vaccine specific recommendations and updates

- Optimizing immunization schedules (Hib)
- Polio
 - Eradication strategies
 - Post eradication
- Impact monitoring
 - Measles elimination
 - Pertussis
 - Hep B
 - Hib
 - Meningitis....
- Pertussis
- Influenza
- Yellow Fever
- Varicella & herpes zoster
- JE
- HPV (Apr 2013)
- Malaria (Apr 2013 and Apr 2015)
- Dengue



BURGERS PARK HOTEL, PRETORIA, SOUTH AFRICA

TFI MEMBERS' MEETING
21 & 22 June 2012**PROGRAMME OF WORK {FINAL}**

Thursday, 21 June 2012

Time	Topic	Responsible Officer
SESSION 1: INTRODUCTION		
09:00-09:05	Welcome Remarks	WR/South Africa <i>a.i.</i>
09:05-09:10	Introductory Remarks	TFI Chairperson <i>a.i.</i>
09:10-09:20	Review of Implementation of Recommendations (TFI Members' Meeting, Dec. 2011)	Deo Nshimirimana
09:20-09:40	Discussions	
SESSION 2: RUBELLA CONTROL & CRS ELIMINATION		
09:40-10:00	Rubella Control & CRS Elimination – Global Picture	Susan Reef
10:00-10:20	The Epidemiology of Rubella & CRS in the African Region – What do we know?	Balcha Masresha
10:20-10:50	Discussions	
10:50-11:10	<i>Fruit + coffee/tea break</i>	
11:10-11:30	Strategic Options for Rubella Control & CRS Elimination in the African Region	Balcha Masresha
11:30-13:00	Discussions	
13:00-14:00	<i>Lunch</i>	
SESSION 3: IMMUNIZATION COMMUNICATION		
14:00-14:20	M&E for Immunization Communication	Sue Goldstein
14:20-14:40	Using Communication for Social Change	Sue Goldstein
14:40-15:30	Discussions	
15:30-16:00	<i>Fruit + coffee/tea break</i>	
16:00-17h00	Discussions (cont.)	
17:00	Wrap-Up of Day 1	

Friday, 22 June 2012

Time	Topic	Responsible Officer
SESSION 4: SAGE RECOMMENDATIONS		
09:00-09:20	2012 SAGE Recommendations – Implications for the African Region	Philippe Duclos
09:20-10:20	Discussions	
10:20-10:50	<i>Fruit + coffee/tea break</i>	
SESSION 5: IMPLEMENTATION RESEARCH		
10:50-11:05	Setting a prioritized global agenda for immunization implementation research	Adwoa Bentsi-Enchill
11:05-11:20	Implementation Research for Immunization in the WHO African Region – Overview of Draft Document	Dicky Akanmori
11:20-13:00	Discussions	
13:00-14:00	<i>Lunch</i>	
SESSION 6: POLIO ERADICATION		
14:00-14:15	Polio Eradication: Outcomes from recent IMB, SAGE and WHA Meetings	Deo Nshimirimana
14:15-14:30	Polio Eradication: Major Regional Development and Risks	Rui Gama Vaz
14:30-15:10	Discussions	
15:10-15:30	Polio Eradication: Progress against Major Process Indicators & Data-Derived Insights	
15:30-16:15	Discussions	
16:00-16:45	<i>Fruit + coffee/tea break</i>	
SESSION 7: FINAL SESSION		
16:45-18:00	TFI Recommendations	Chairman
18:00	Wrap-Up	

TFI Members' Meeting

Pretoria, South Africa - 21 & 22 June 2012

PARTICIPANTS' LIST

No.	Name	Title	Organization/ Country
1	Deo Nshimirimana	IVD Director	IVD/AFRO
2	Rui Gama Vaz	PEI Programme Area Coordinator	IVD/AFRO
3	Mbaye Salla	Regional Polio Surveillance Officer	IVD/AFRO
4	Richard Mihigo	RIN Programme Area Coordinator	IVD/AFRO
5	Balcha Masresha	All Programme Area Coordinator <i>a.i.</i>	IVD/AFRO
6	Dicky Akanmori	Regional Vaccines Regulatory Officer	IVD/AFRO
7	Helena O'Malley	IVD Technical Officer	IVD/AFRO
8	Francis Kasolo	WR/South Africa	WHO/South Africa
9	Mercy Kamupira	Immunization Focal Point	WHO/South Africa
10	Philippe Duclos	SAGE Coordinator	IVB/HQ
11	Adwoa Bentsi Enchill	Technical Officer	IVR/HQ
12	Susan Reef	Measles & Rubella Focal Point	CDC/Atlanta
13	Helder Martins	TFI Member	Mozambique
14	Jean-Baptiste Kakoma	TFI Member	Rwanda
15	Frederick Kaona	TFI Member	Zambia
16	Bogale Worku	TFI Member	Ethiopia
17	Patrick Kayembe	TFI Member	DR Congo
18	Fatima Valente	TFI Member	Angola
19	Sue Goldstein	TFI Member	South Africa
20	Cheikh Ibrahima Niang	TFI Member	Senegal
21	Levon Arevshatyan	TFI Member	Zimbabwe
22	Germano Mwabu	TFI Member	Kenya
23	Aziza J. Mwisongo	TFI Member	South Africa
24	Lebo Ramafoko	CEO, Soul City Institute	South Africa
25	Renay Weiner	Soul City Institute	South Africa