WHO/AFRO

TASK FORCE ON IMMUNIZATION MEETING

DRAFT REPORT

ADDIS ABABA, ETHIOPIA
30 JUNE-1 JULY 2015

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EXECUTIVE SUMMARY

The Task Force on Immunization (TFI) was convened in Addis Ababa, Ethiopia from 30th June to 1st July 2015. Dr Mpele, the WHO Representative for Ethiopia, officially opened the meeting. Present during the opening were Coordinators of the WHO ISTs for Central African as well as East and South Africa. Participants included TFI members and representatives of immunization partner organization and civil society organizations.

The primary goal of the meeting was to apprise TFI members on the progress made in delivering immunization services to the populations in the African Region, and thus protect the Region against vaccine preventable diseases. The challenges faced in meeting this pivotal mandate of the Immunization, Vaccines & Emergency cluster of the WHO/AFRO, were also presented for discussion and solutions sought. The TFI made important recommendations to guide the programme on various aspects of its operations.

TFI Recommendations:

Outcome of 2015 Regional National Immunization Technical Advisory Group (NITAG) Meeting

- Noting that the number of technical advisory groups on immunization keeps growing, and the additional need to establish NITAG in all Member States as recommended by the GVAP & the RVAP, WHO/AFRO and partners should support countries on innovative ways of establishing NITAG, building on existing advisory bodies

Polio Eradication Update

- Considering the development of a regional polio legacy and the need to further strengthen the immunization systems in the African Region, TFI recommended that the key elements of polio infrastructure be retained to support Routine Immunization and VPD surveillance in the post-polio eradication era in order to support the achievement of GVAP targets

Overview of Immunization in Ethiopia

- Considering the encouraging level of community engagement for immunization activities in Ethiopia and noting that some countries in the Region have developed some good mechanisms in this area, WHO/AFRO should establish a platform for countries to share best practices in that regard

Meningitis outbreak in West Africa

- Given the emergence of other neisseria meningitidis serotypes after the introduction of the MenAfriVac® in the African Meningitis Belt Countries, WHO/AFRO should advocate for the development of affordable meningitis quadrivalent (ACYW135) conjugate vaccines. WHO and partners should also advocate to GAVI to consider the inclusion of such a new vaccine (conjugate quadrivalent vaccines) in its next vaccine investment strategy

- Noting the recent experience of meningitis outbreaks in Niger and Nigeria related to the scarce availability of polysaccharide vaccines (ACYW135), WHO/AFRO should advocate for a review of the current modalities

for accessing the vaccine through the ICG mechanism and find ways of increasing awareness of countries in needs to use such platform.

Regional Strategic Plan for Immunization: Indicators Review

- Considering the fact that data quality, interpretation and use remain major issues, especially at the operational level in many AFR countries, WHO/AFRO should support member states on establishing teams to closely implement and monitor data quality improvement plans

- In preparation to the ministerial conference on immunization and noting the high quality analysis prepared by WHO/AFRO using administrative data during the July 2015 TFI meeting, WHO/AFRO should prepare similar analysis of the mid review of RVAP using the 2014 WHO/UNICEF estimates when available

- Considering the importance of the mid-term review of the implementation of the RVAP, WHO/AFRO should allocate enough time to this topic in subsequent TFI meetings

Measles elimination and rubella vaccine introduction

- Noting the importance of measles elimination goal WHO/AFRO and partners should support countries to ensure that ongoing efforts towards elimination targets are vigorously pursued

- Given the shift on age group affected by measles outbreaks in many countries of the region WHO/AFRO and partners should support countries to plan response activities taking into account local epidemiology, including older age groups during SIAs and should strengthen routine immunization

- GPEI partners and donors should give serious consideration to the transferring of support from GPEI in 2018 to broader support for country immunization programmes, including the attainment of all elimination targets

In addition to the recommendations listed above, the TFI also advocated for the following ways to improve the overall operations and communications of the immunization program in the region.

- EPI Managers Meetings
    - Continued focus on the EPI Managers and their interactions by limiting presentations and discussions by partners
    - Continued inclusion of TFI members in the meetings
- Feedback to Countries
    - Increased review and feedback from the secretariat provided to countries on cMYPs, annual reports, work plans, and all other program documents submitted
    - Increased monitoring of plans for revitalizing immunization services in Ebola affected countries

ACRONYMS

AFRO	African Regional Office
AFP	Acute flaccid paralysis
ANC	Ante-natal care
ARCI	African Conference on Immunization
ARICC	Africa Regional Inter-agency Coordination Committee
AVAREF	African Vaccine Regulatory Forum
BMGF	Bill and Melinda Gates Foundation
bOPV	Bivalent oral polio vaccine
CDC	US Centers for Disease Control and Prevention
cMYP	Comprehensive multiyear plans for immunization
CRS	Congenital rubella syndrome
CSF	Cerebrospinal fluid
CSO	Civil society organisations
CTC	Controlled Temperature Chain
cVDPV	Circulating vaccine-derived poliovirus
DHF	Dengue Hemorrhagic Fevers
DHS	Demographic and Health Surveys
DOPV	Directly Oberved Polio Vaccination
DQS	Data quality self-assessment
DQWG	Data Quality Working Group
DTP	Diphtheria-tetanus-pertussis [vaccine]
EPI	Expanded Programme on Immunization
GAVI	Global Alliance for Vaccines & Immunization
GIS	Geographic Information systems
GPEI	Global Polio Eradication Initiative
GPS	Geospatial positioning system (GPS)
GVAP	Global Vaccine Action Plan
HPV	Human Papilloma Virus Vaccine
HR	High Risk
HSS	Health systems strengthening
ICC	Inter-Agency Coordinating Committee
IDSR	Integrated Disease Surveillance & Response
IMCI	Integrated Management of Childhood Illness
ICC	Inter-Agency Coordinating Committee
IDSR	Integrated Disease Surveillance & Response
IMCI	Integrated Management of Childhood Illness
JRF	The WHO UNICEF Joint Reporting Form
LGA	Local Government Area
LMIC	Lower-middle income countries
LQA	Lot Quality Assurance
MCV	Measles-containing vaccine
MCV1	First dose of MCV
MCV2	Second dose of MCV
MOF	Ministry of Finance
MOH	Ministry of Health
mOPV	Monovalent oral polio vaccine
MNT	maternal and neonatal tetanus
MR	Measles-rubella [vaccine]
MSF	Médecins sans Frontiers
NGO	Non-governmental organization
NIDs	National Immunization Days
NNT	Neonatal tetanus
OPV	Oral polio vaccine
PAB	Protection at birth
PAHO	Pan American Health Organisation
PCR	Polymerase Chain Reaction
PCV	Pneumococcal conjugate vaccine
PID	Pneumococcal invasive disease
RCV	Rubella-containing vaccine
RED	Reaching Every District Approach
RV	RotaVirus vaccine
SAGE	Strategic Advisory Group of Experts on immunization
SIAs	Supplementary immunization activities
tOPV	Trivalent oral polio vaccine
TFI	Task force for Immunization
TT	Tetanus toxoid
UNICEF	United Nations Children's Fund
VAP	Vaccine associated poliomyelitis
VCMs	Volunteer community mobilisers
VHF	Viral Hemorrhagic Fevers
VPD	Vaccine Preventable Disease
YF	Yellow Fever
WHA	World Health Assembly
WHO	World Health Organization
WPV	Wild poliovirus

1.0 BACKGROUND

This is the first of two regular meetings of the Task Force on Immunization in the African Region in 2015. The goal of this meeting was to appraise the performance of the immunization programme since the last meeting in December 2014. Consequently, the implementation of the action points from the last meeting were scheduled to be reviewed along with the review of other implementation performances. The level of progress and challenges were also marked for review with suggestions given for remedial actions where necessary.

The meeting was called to, among others things:

- Apprise TFI members on level of successes in implementation of the recommendations from the last meeting
- Brief TFI members on the progress in the work of WHO/AFRO on immunization in the African Region since the last meeting
- Identify challenges confronting the Region on immunization
- Get the orientation of the TFI on the critical issues affecting the delivery of immunization services in the African Region

The report presented here presents a detailed account of the meeting and its key achievements.

2.0 OPENING CEREMONIES

Dr MPELE, WHO Representative for Ethiopia, declared the meeting of the Task Force on Immunization (TFI), open on Tuesday 30th June, 2015. In doing this, he expressed his recognition of the importance of the meeting in reviewing the progress of EPI and to provide guidance. He noted that great progress has been made progress in Polio. According to him, "Africa has a record low 17 confirmed cases in 2014 down from 80 in 2013. It is over 11 months since the last case in Africa. Transmission is interrupted in Ethiopia and it is 17 months since the last case". He however cautioned that the gains remain fragile but must be sustained. He called for greater involvement of communities and their leaders to sustain the progress made on polio eradication in the Region. He also noted that there is progress in the introduction of new vaccines. He expressed his delight with the achievement on MDG 4 in countries like Ethiopia, 3 years ahead of target in 2015.

While appreciating the role of TFI in take the EPI programmes forward, he welcomed the inputs of the TFI members in the efficient implementation of the polio eradication and endgame strategic plan (PEESP). He urged TFI to engage at country level to experience the reality of the frontline. He concluded by saying that the WHO will continue to pledge its full support for better health of children in African. In his words, "vaccination is a gift of life. Together we can make universal immunization coverage and universal health coverage to better health of the people of Africa. I doff my cap for the team and wish you successful deliberations".

Present at the opening ceremony were the coordinators of WHO IST Central African as and East & South Africa, WHO representative for Nigeria, Chairperson and members of the Task Force on Immunization (TFI), and representatives of immunization partner agencies (CDC, USAID, UNICEF, GAVI, among others). Present at the opening session, also, was the UNICEF Country Representative for Ethiopia, Gillian Nell.

Earlier Gillian Nell, UNICEF country Representative for Ethiopia made a brief remark, in which she noted the benefits of immunization for child survival. She expressed the commitment of the UNICEF to work with WHO in prioritizing immunization. She however called for focus on long term strategy to ensure child survival. She reiterated that "since the introduction of EPI in 1980, much progress has been made in child survival. This year, polio transmission was successfully interrupted". She however lamented that over a third of the Ethiopia population remain unprotected and stressed that the outbreaks in 2015 call for sustained action. She called for sustained action against polio as well as steps to reach the unreached children. She emphasized the need for advocacy to achieve universal immunization to ensure every child, boy or girl are fully immunized

Following the remarks and call to action from the WR Ethiopia and the UNICEF Country Representative for Ethiopia, the TFI Chair, Professor Helen Rees, took the floor. She welcomed the participants to the meeting of the TFI, reiterated the concerns of both speakers and noted her belief that the TFI is one of the most important Regional Advisory Group because the African Region has a unique set of problems. She declared the commitment of the TFI to GVAP and RVAP and expressed hope of getting some progress on both.

Following the introduction of the chair, Dr Richard Mihigo provided an overview on the status of implementation of action points from the previous two TFI meetings. He noted that addressing the recommendations from the May 2014 meeting has nearly been completed with 71% completed and only one not achieved due to insecurity situations in South Sudan and CAR making establishing environmental surveillance not possible. He then noted that 50% of the recommendations had been completed from the December 2014 meeting with several recommendations still in progress and only two not yet achieved including a high level advocacy visit to Equatorial Guinea and progress on developing a legacy plan for the region. There are plans in place to ensure both of these recommendations are achieved.

Before starting official presentations, thee TFI Chair gave a brief presentation and update on the SAGE recommendations. She reviewed the recommendations from April 2015 and shared the topics for the upcoming October 2015 meeting which include:

- ✓ Polio eradication
- ✓ Global Vaccine Action Plan: progress report
- ✓ Malaria RTS,S vaccine (Joint SAGE/MPAC for decision)
- ✓ Ebola vaccine
- ✓ Hepatitis B vaccination schedules (for decision)
- ✓ Missed opportunities for vaccination: Operationalizing a country-driven approach for assessing and addressing MOV to improve coverage
- ✓ Measles and rubella vaccination strategies (for decision)

3.0 TECHNICAL SESSIONS

3.1 Overview

The primary goal for this meeting is to assess the performance of the immunization programme in the African Region in delivering services to protect the populations of Africa, and indeed the world, against vaccine preventable diseases; discuss our challenges and seek expert orientation, from the TFI members, on how to better deliver on our mandate to the people of the region and the world. Of particular interest were topical issues like polio eradication in the African Region and planning for polio legacies post eradication; Ebola Virus Disease (EVD) outbreak in West Africa; the Global Vaccine Action Plan (GVAP) and Meningitis outbreak in West Africa, among others. These were put into a 4-session agenda.

Over 10 presentations were made in plenary sessions to address the meeting agenda. The presentations provided participants with the necessary background information on the status of immunization and key vaccine preventable diseases (VPDs) in the African Region. The presentations were followed by discussions leading to actionable recommendations. The presentations, highlights of subsequent discussions and the recommendations are summarized below.

3.2 Information

TFI Members' perspective on 2015 EPI Managers' Meetings
Dr. Nasir Sani-Gwarzo, Dr. Loe Loumou Clarisse, Dr Daniel Tarantola

The first presenter began by providing meeting participants with a review of issues raised at the West Africa EPI Managers Meeting held in Lome in March 2015. Dr Nasir reviewed the significance of the meeting as it marks the deadline of the MDGs' and Transition to (SDGs), the first year of the Regional Strategic Plan for Immunization (RSPI 2014-2020), the Midterm for Global Vaccine Action Plan (GVAP 2011-2020), lots of Achievements so far in routine Immunization, important milestone for Polio Eradication Initiative, and a focus on the final phase (Polio Endgame). The 2015 Meeting paid special attention to the ongoing Ebola virus Disease Outbreak in West Africa and health systems strengthening and map out a Plan for the post-Ebola era in West Africa. Participation of TFI in this meeting was informed by the need to strengthen Immunization Services in the wake of the devastations by the Ebola outbreak and many health/development partners and NGOs involved in the field of immunization also participated. The presenter then reviewed the recommendations given for routine immunization, polio, data management, and surveillance. He noted that all recommendations made by EPI Managers are relevant to TFI and special attention should be paid to data quality, revamping immunization services in wake of EVD, and special communication and demand creation activities to restore confidence in immunization after Ebola.

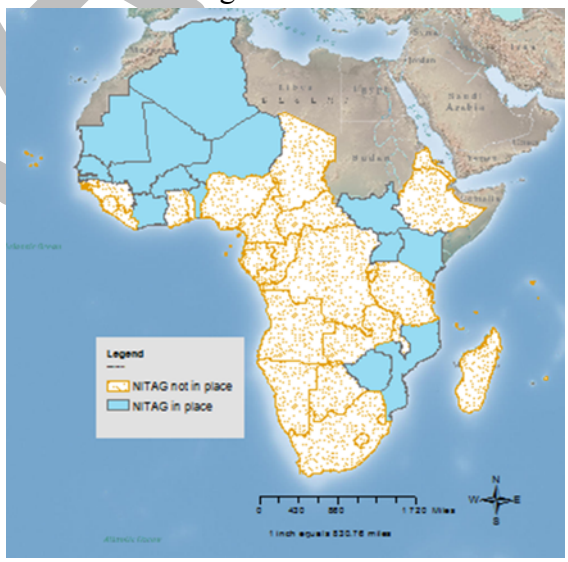
The second presenter gave a review of the EPI Managers meeting in Central Africa, which followed a different pattern from the meeting held in West Africa. It was built as a forum for country managers to share and actively run the meeting. Partners and TFI were requested to

keep comments brief and not to present. All presentations from people from secretariat and Geneva were very brief which created a huge space for productive discussions. The presenter noted that it was the best EPI managers meeting he had ever attended as it was truly a dialogue between EPI managers. The meeting went on for four days and the first day was dedicated to routine immunization. The second day looked at measles, yellow fever, tetanus and data quality. Plenty of time was given for countries to meet with partners. The third day was for polio and fourth to the switch. Lots of questions were raised and technical input was shared from partners when needed. There were no recommendations at the end of the meeting. The role of the meeting was to have others share information, hear each other, and the things that they brought home were very useful.

After the presentations, there were detailed discussions on the various meetings including the one held in ESA. The TFI Chair summarized the discussion and noted that perhaps to the secretariat, can we look towards how we optimize looking at plans and giving constructive feedback through a peer review process for countries. She noted that the recommendations do not endorsement from TFI but that TFI appreciates being able to attend the meetings and will continue to support countries in implementing their recommendations. TFI also supports any structure for these meetings that encourages countries' voices to be heard.

Outcome of 2015 Regional NITAG Meeting
Dr Blanche Anya, WHO Regional Office for Africa

The presenter reviewed the background information on NITAGs, role of NITAGs, the situation of NITAGs in the African Region, outcomes of the NITGAG meeting in 2015 as well as issues for TFI to consider. The presenter reviewed that strategic objective one in GVAP/ RVAP recommends all countries to commit to immunization as a priority and that the presence of a functional independent technical advisory body is one of the indicators of objective one of GVAP/RVAP. Many countries in the region have not yet established NITAGs and need proper guidance and support on this concept. The presenter then reviewed the role of a NITAG which is a ttechnical deliberative body to guide policy makers and to make evidence-based immunization related policy decisions. The role is not to serve as an implementing, coordinating or regulatory body, but they can help advise on surveillance and monitoring needs and assess progress in the implementation of the Country Vaccine Action Plan. NITAGs are not equivalent to Interagency Coordinating Committees (ICC) but they do to engage with academia, professional societies, and other national agencies and committees to ensure a coordinated approach in achieving national health priorities.



According to the 2014 FRJ, 13 countries reported having a NITAG. To be considered a functional NITAG, six process indicators must be met including having formal TORs, legislative or administrative basis, at least 5 areas of expertise, at least one meeting a year, agenda distributed ≥1 week ahead of meetings, and a mandatory declaration of interest. In May 2015, an orientation meeting on NITAGs was held at the WHO Regional Office for Africa in Brazzaville, Congo. The purpose of the meeting was to provide countries with the necessary information on the creation /strengthening of NITAG, to share experiences and lessons learned from other countries with functional NITAG, and to agree on key activities & timeline for NITAG creation / strengthening at country level and monitoring mechanisms. There were 38 participants from WHO (PAHO, HQ, AFRO, 3 IST, 11 country offices), 11 countries, Partners: AMP/SIVAC, GAVI, WAHO, NITAG chair Indonesia and 11 work plans developed for June-Dec 2015. During the meeting discussions were held and challenges for establishing and strengthening NITAGs were noted and included:

- Independence of NITAGs recommendation from all type of external influence (manufacturers, partners, MOH,..)
  - need to have a conflict of interest management policy in place
- Appropriate funding and sustainability for NITAG functioning
  - financing of the NITAG should be internal and the external support should only be time limited, possibility if re-profile HSS funding for NITAG support
  - financial remuneration to members to build on polio committees.
- Irregular availability of members for meeting due to conflicting schedule (eg of Benin, Cote d'Ivoire)

At the end of the meeting it was noted that "not one size fits all" for country NITAGs and we need to look at how to build on existing structures. There is a need to consider the wider context beyond vaccination and thus, the need for collaboration between programmes. There is a current lack of local data on disease burden to support decision making for new vaccine introduction, thus need to use regional data or those from neighbouring countries. And finally, there is a need to train not only NITAG chairs but also NITAG members and very much the secretariat and encourage exchange visits among NITAGs

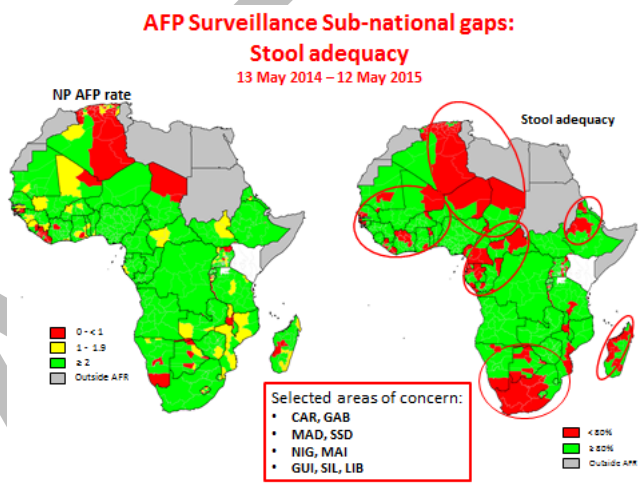
At the conclusion of the presentation, there was discussion among TFI members and participants. The TFI Chair noted that countries should have a hard look at the numerous committees at country level and determine if they can be restructured or consolidated. It was recognized that resources are limited and that we need to be innovative in the way we develop NITAGs and there should be flexibility. The TFI Chair strongly recommended that community voices and civil society be added as a critical component of a NITAG.

Key Recommendations on Regional NITAG

Noting that the number of technical advisory groups on immunization keeps growing, and the additional need to establish NITAG in all Member States as recommended by the GVAP & the RVAP, WHO/AFRO and partners should support countries on innovative ways of establishing NITAG, building on existing advisory bodies	WHO/AFRO	June 2016

Polio Eradication Update
Dr. Mbaye Salla, WHO Regional Office for Africa

The presenter reviewed the major developments since the last TFI. He noted that there has been more than 11 months without a single case of WPV in the region. The outbreaks in Central and Horn of Africa have been stopped. The presenter then reviewed the history of WPV cases from 2012-2014 as well as the trend of AFP cases between 2012 and 2014. He then detailed the status of environmental surveillance and noted that it has been established in Nigeria in 11 states and 40 sites, Kenya, Nairobi with 7 sites, Angola, Luanda with 6 sites, and Cameroon in 14 sites. In 2015, there are plans to expand to Chad, DRC, Mali, Burkina Faso and Madagascar and in 2016 there are plans to expand to CAR, South Sudan and others.



The presenter then discussed the current risks including improving AFP surveillance. He noted that addressing gaps in priority areas of concern is crucial, as well as training and reorienting staff on surveillance, increasing staffing support through surge or consultants, and establishing environmental surveillance. He then reviewed the status of the recent cVDPV outbreaks in Madagascar and South Sudan and reviewed the response plans including increased number of SIAs. He also noted the need for improved SIA quality including micro-planning to include pastoral communities and local communities, communication to engage communities and local leaders in SIAs process, ssynchronisation of SIAs and cross border collaboration, permanent vaccination points, training on SIAs and outbreak response, and increased technical support. He then discussed necessary actions to mitigate risks including: strengthening surveillance plan, SIAs quality improvement plan, outbreak preparedness, and cross border collaboration.

The presenter then reviewed the plans for the switch from tOPV to bOPV including plans for a dry run in Senegal, Tanzania, and Angola. He then reviewed the progress towards legacy planning in the region including identifying polio assets and infrastructure. The African region nominated members to participate in the Global polio legacy management group, they have re constituted an inter-cluster working group on legacy, and documentation of best practices has been completed in Angola, Chad, Cote d'Ivoire, DRC, Ethiopia, Togo, Nigeria and Tanzania.

Finally, the presenter outlined the priorities for 2015 including:

- Enhance AFP surveillance at sub-national level in all countries
- Achieve and maintain interruption of WPV transmission
- Interrupt all cVDPV outbreaks
- Improve SIA quality to raise population immunity to ensure sustained interruption of polio
- Ensure outbreak response capacity to implement the new Outbreak Response SOPs

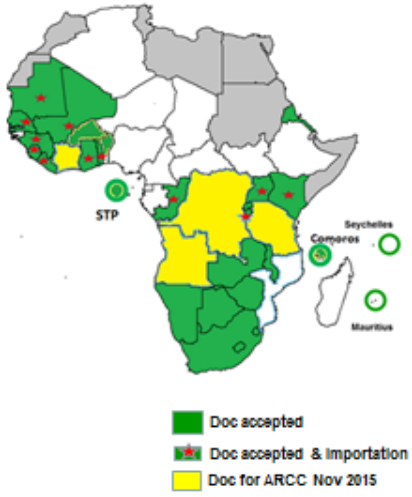
- Strengthen and roll out environmental surveillance expansion in priority countries
- Replace tOPV by bOPV in SIAs & routine immunisation by April 2016
- Intensify certification and containment activities
- Legacy planning to be engaged and led at country level
- Regional legacy planning work

After the presentation there was detailed discussion among TFI members and participants on the risks and priorities for the polio program. The TFI chair concluded that there is a real urgency and that AFRO has a big urgency to find unimmunized children in high risk areas where they are at high risk or have high risk populations, weak surveillance, or weak SIAs. She also noted the problem of cVDPV which indicates weak surveillance and weak routine immunization. The TFI is urging for strengthening SIAs in terms on quality and independent monitoring and similarly for surveillance and requests that an update be given at the next meeting. Finally, the TFI urged that discussions be held with GPEI partners on legacy planning and that a costing plan be developed.

Key Recommendation on Polio Eradication

Considering the development of a regional polio legacy and the need to further strengthen the immunization systems in the African Region, TFI recommended that the key elements of polio infrastructure be retained to support Routine Immunization and VPD surveillance in the post-polio eradication era in order to support the achievement of GVAP targets	WHO/AFRO	Ongoing

Update from each Polio TAG Chair (ARCC Chair; TAG/Chad; TAG/Horn-of-Africa)



The Chair for TAG Central Africa and TAG Chad presented an update. The presenter reviewed the extraordinary Central Africa TAG held in July 2014 and reviewed the joint action plan that was developed as well as key recommendations which are being monitored by IST/A and Central Africa outbreak coordination. The presenter than reviewed the Cameroon final independent outbreak response assessment and noted that based on data provided and information collected in the regions visited, the evaluation team concluded that the chain of polio transmission detected in October 2013 in Cameroon has been interrupted. He noted that vigilance must be maintained with sensitive surveillance that satisfies national and international standards as well as strengthening population immunity through quality supplementary immunization activities and routine immunization. He then reviewed the outcome of the Equatorial Guinea Final Independent Outbreak assessment which included that there is no evidence that WPV continues to circulate in Equatorial Guinea, there has been

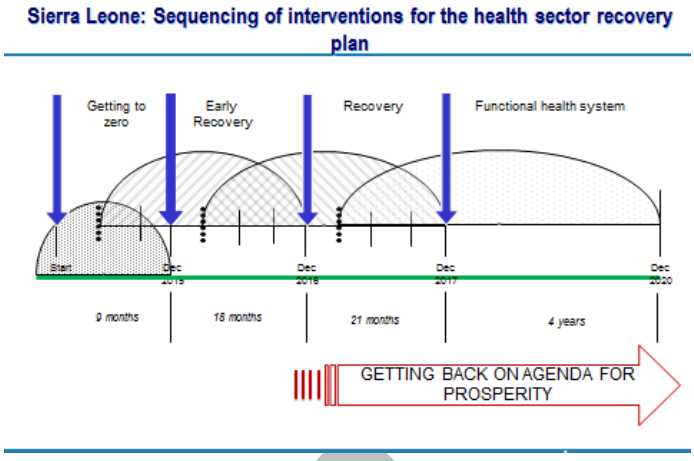
significant improvement in surveillance, the population immunity likely low for poliovirus type 2 and high risk of VDPV emergence, and strengthening routine immunization, ensuring the offer of vaccination services, should be a high priority in order to sustain the gains of the outbreak response. Finally the presenter reviewed the current status in Chad, Cameroon, CAR, and Nigeria.

The ARCC chair proceeded to give an update on the Africa |regional Certification Committee. She reviewed the cortication process as well as the outcomes from the ARCC October 2013 and April 2014 meetings and decisions. The decisions from these meetings included: National committees (NCC, NPEC, NTF) to be briefed/trained before ARCC October 2014 meeting, Countries to submit annual reports with completeness of reports improved and ARCC feedback to countries, All countries should implement and complete containment phase 1 activities, update their reports and inventories, and submit reports by end-2014, and 5 countries to submit complete documentations in October 2014. Due to Ebola, the October 2014 meeting was postponed to 2015. In the June 2015 meeting, 4 countries presented their complete documentations: Benin, Burkina Faso, Comoros and Sao Tome & Principe and all documentations were accepted. In total 29 countries have their documentations accepted so far. The next ARCC meeting will be in November 2015 and will review documentations of 4 countries (Angola, Cote d'Ivoire, DR Congo and Tanzania). Uganda and Kenya to present reports on response activities to outbreaks and Nigeria is invited to provide update to ARCC.

Update on Revitalization of Immunization Services in EVD-affected countries
Dr Richard Mihigo, WHO Regional Office for Africa

The presenter provided a review and update on the revitalization of immunization service in Ebola affected countries in West Africa. The EVD outbreak has negatively impacted delivery of health services, including immunization. There was a drastic drop in reported immunization coverage (JRF) (Guinea: 90 to 60% in 2013 and 2014, SIL from 92 to 83% in 2013 and 2014, and Liberia from 89% to 61% in 2013 and 2014), overall weakness of the health staff in terms of number, training (IPC) and motivation, all planned immunization activities, SIAs and introductions were cancelled, and an overall lack of confidence of parents and caretakers, who are not bringing their children to HFs for immunization due to fear of any health intervention and not utilising EPI outreach services due to fear of "Ebola vaccine". The EVD outbreak has also delayed the introduction of new vaccines in Liberia and Sierra Leone including HPV and IPV and has also delayed immunization evaluation activities.

The presenter then reviewed the context of implementation of EPI recovery plans which includes: district focus approaches with borders & cross country collaboration, key role of CHWs in service delivery, need for greater flexibility of partners in supporting the implementation of the plans, strengthening country transparency & accountability, and phased implementation of Health system recovery plans (early, medium & long term). He then gave an overview of the implementation of revitalization in each of the three countries. Finally, he concluded by noting the lessons learned:

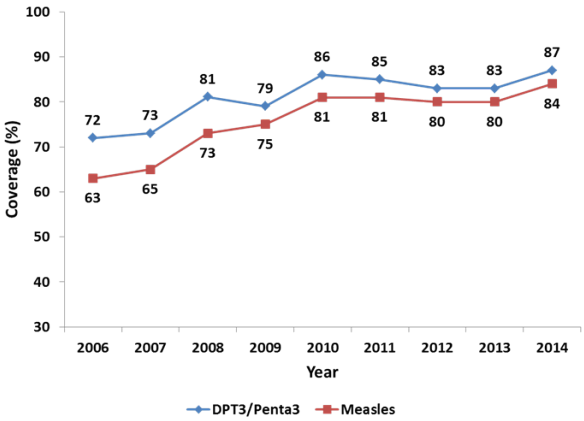


- Strong Political leadership & commitment
- Strong coordination mechanism, multi-sectorial approach, community engagement and participation
- Effective communication and sensitization strategies
- Adequate resources (Human and Logistics)
- IPC measures are key for immunisations services in Ebola settings (require additional resources)
- Previous experience in Ebola management contribute to timely response

The floor was opened for discussion among TFI members and participants. The TFI chair concluded by noting that the secretariat should give regular updates to TFI on how the revitalization is progressing. TFI would like to have more information on governments not communicating or not having adequate communication strategies regarding revitalizing of immunization services. She also noted the importance of closely monitoring the research and confusion around the vaccine trails and the EPI program,

3.3 For Discussion and Decision

Overview of Immunization in Ethiopia
MOH/Ethiopia



The presenter reviewed the country profile, background of EPI in Ethiopia, progress, major challenge, and priorities for the future. The presenter explained the development of the EPI Improvement Plan for 2014-2015. The key challenges of the program were identified as shortcomings in service delivery strategies and human

resource capacity, threats to immunization supply chain management and logistics, constraints in data quality management, archiving and analysis, and gaps in monitoring and supportive supervision. The presenter then reviewed the progress to date including increased leadership an political commitment, reaching every district micro planning, capacity building for EPI, cold chain and vaccine management, increasing access, data management, communication and social mobilization and program management. The presenter then reviewed the strengthening of routine EPI through the polio outbreak response.

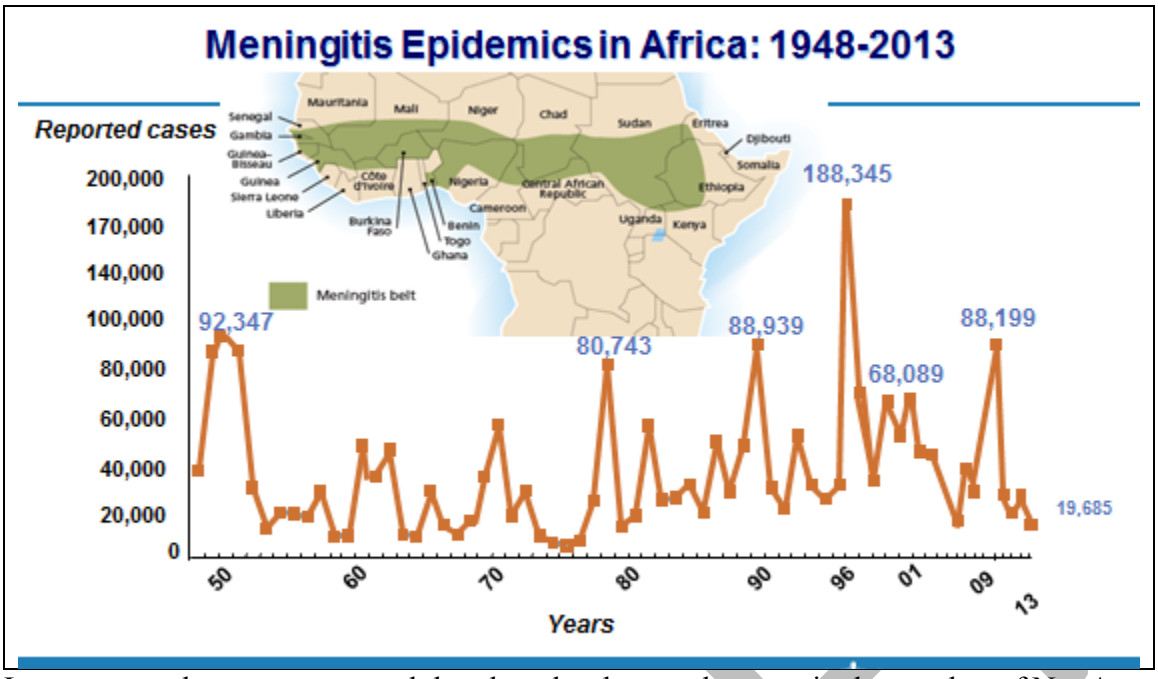
Although there has been great progress, challenges remain and include high staff turnover at all levels, disparities in performance between regions, ooverlapping of various priorities: RI improvement, polio outbreak response, new vaccine introduction (Meningitis A, Rota, HPV, IPV), late and incomplete reporting of EPI activities, inadequate and unpredictable funding for implementation of improvement plan and wide age range measles SIAs, and instability in neighbouring countries that share long porous borders with Ethiopia (South Sudan, Somalia). The priorities for 2015 include to continue routine immunization improvement plan implementation and close monitoring, new vaccine introduction: IPV, HPV demo, Men A (3rd phase – 16.1 million), continue intensified Polio Eradication efforts, emphasis on routine EPI and surveillance , legacy planning, preparations for the tOPV-bOPV switch scheduled for April 2016, measles Elimination, and to strengthen data management at national level.

Key Recommendation following presentation on Immunization in Ethiopia

Considering the encouraging level of community engagement for immunization activities in Ethiopia and noting that some countries in the Region have developed some good mechanisms in this area, WHO/AFRO should establish a platform for countries to share best practices in that regard.	WHO/AFRO	Ongoing

Meningitis Outbreaks in West Africa
Dr. Amadou Fall, Inter-Country Support Team West Africa

The presenter gave an overview and background on the outbreaks, the MeAfriVac roll out plan, surveillance, summary, and a way forward. The MenAfriVac roll out plan included mass campaigns targeting 250 million aged 1-29 years across the meningitis belt countries with routine immunization planned by 2016. With the roll out of MenAfriVac there was a need for increased surveillance. Despite efforts in surveillance there have been discrepancies between reported suspected cases and CSF, poor timeliness and completeness, delayed in lab results being received, CBS implementation delays in three countries as well as lack of reagents and lack of training in lab staff.



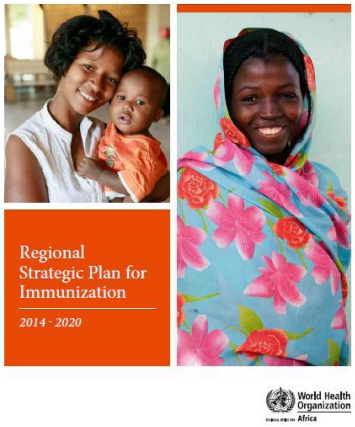
In summary, the presenter noted that there has been a decrease in the number of Nm A cases (99% in BFA, Ryan & al), no carriage after vaccination in Burkina Faso (Christiansen & al) and Chad (Daugla & al), decrease in the overall number of meningitis suspected cases, and an increase in the proportion of cases due to other Nm (W, X, Y) and other bacteria (Spn, Hib). There is a need to revise the definition of meningitis alert and epidemic thresholds (no longer the same) and to adapt the meningitis outbreak response strategies. As a way forward, the presenter reviewed the MenafriVac campaigns scheduled in 2015-2016, reviewed plans for risk assessments in 2015-2016, enhanced surveillance, and introduction into routine immunization.

Key Recommendation on Meningitis Outbreak in West Africa

Given the emergence of other Neisseria meningitidis serotypes after the introduction of the MenAfriVac® in the African Meningitis Belt Countries, WHO/AFRO should advocate for the development of affordable meningitis quadrivalent (ACYW135) conjugate vaccines. WHO and partners should also advocate to GAVI to consider the inclusion of such a new vaccine (conjugate quadrivalent vaccines) in its next vaccine investment strategy.	WHO/AFRO	June 2018
Noting the recent experience of meningitis outbreaks in Niger and Nigeria related to the scarce availability of polysaccharide vaccines (ACYW135), WHO/AFRO should advocate for a review of the current modalities for accessing the vaccine through the ICG mechanism and find ways of increasing awareness of countries in needs to use such platform.	WHO/AFRO	June 2016

GVAP - Regional Strategic Plan: Indicators Review
Dr. Richard Mihigo, WHO Regional Office for Africa

The presenter reviewed the GVAP mid-point targets as well as the status of the 2015 milestones of the Regional Strategic Plan for Immunization. He noted that many of the GVAP mid-point targets are off track except for the introduction of under-utilized vaccines. The presenter then reviewed the objectives of the Regional Strategic Plan and gave an update which includes increasing vaccination coverage beyond the current levels, to complete interruption of polio transmission and ensuring virus containment, to eliminate measles and advocate for the elimination of rubella and congenital rubella syndrome, and to attain and maintain elimination/control of other vaccine-preventable diseases.



After a review of the status of each milestone, the presenter reviewed the way forward to increase ability to achieve targets which include the convening of a ministerial conference on immunization which will increase country ownership and enhance demand creation, the use of the Regional Committee and World Health Assembly platform to report back regularly to member states on the implementation of the plan, strengthening immunization systems within the broad health systems strengthening agenda, and the creation of a collation of partners including NGOs and CSOs to support immunization activities in the Region.

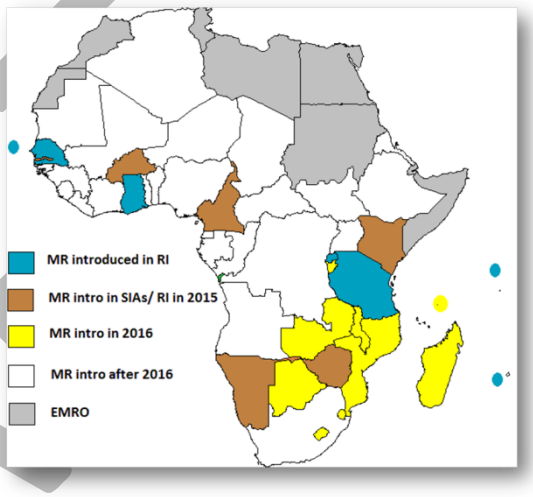
Key Recommendations on Regional Strategic Plan for Immunization Indicator Review

Considering the fact that data quality, interpretation and use remain major issues, especially the at operational level in many AFR countries, WHO/AFRO should support member states on establishing teams to closely implement and monitor data quality improvement plans.	WHO/AFRO	June 2016
In preparation to the ministerial conference on immunization and noting the high quality analysis prepared by WHO/AFRO using administrative data during the July 2015 TFI meeting, WHO/AFRO should prepare similar analysis of the mid review of RVAP using the 2014 WHO/UNICEF estimates when available	WHO/AFRO	September/October 2015
Considering the importance of the mid-term review of the implementation of the RVAP, WHO/AFRO should allocate enough time to this topic in subsequent TFI meetings	WHO/AFRO	December 2015

Status of measles elimination and rubella vaccine introduction in the African Region
Dr. Balcha Masresha, Who Regional Office for Africa

The presenter gave an overview of measles elimination targets, routine immunization targets, SIA quality, surveillance, and overall progress. He outlines the African Regional goal for measles elimination which includes:

- ≥95% MCV1 coverage at national and district level
- ≥ 95% SIAs coverage
- Incidence of < 1 case / 10^6 population /year (excluding imported cases).
- Achieve the surveillance performance targets



He proceeded to give an update on routine immunization and noted that more that 5.7 million infants in the region to not get MCV1 every year. He then reviewed the status of MR introduction noting that 7 countries with MR have integrated it into routine EPI. Burkina Faso did MR SIAs and will introduce in 2015. MR IAs were done in Cameroon, Gambia, Kenya, Namibia, and Zimbabwe in 2015.

He then reviewed the major challenges which include:

- Routine MCV1 coverage not improving in countries with large populations,
- MCV2 coverage quite low
- Lack of timely funding for [wide-age range] SIAs
- Limited funding for measles-rubella surveillance and lab, esp as AFR scales-up to elimination mode surveillance
- Disruption of scheduled activities in EVD affected countries

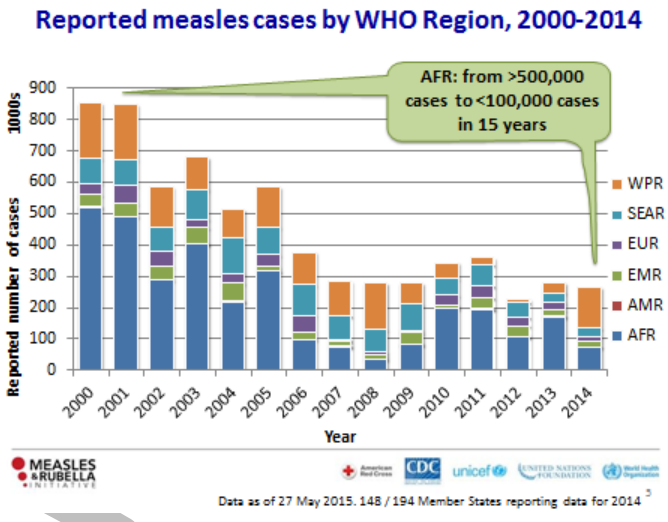
Finally, the presenter proposed a way forward which includes big advocacy drive possibly using the interruption of WPV as momentum as well as the ministerial meeting and next RC meeting, working to improve RI and SIA coverage, scale up of MR elimination standard surveillance, and the strengthening of the network of CRS surveillance sites.

Deliberation and recommendations from the Measles/Rubella TAG Meeting in June 2015
Robin Biellik, TAG Chair

The presenter began by reviewing the measles and rubella targets. He then outlined the achievements to date. In late 1990s, southern African countries showed that strategies pioneered in Latin America were equally effective in Africa. There has been excellent progress made in AFR since 2000 in reducing measles cases and deaths. Routine MCV1[1] coverage increased, a few countries introduced routine MCV2, and a few countries introduced routine RCV[2]. Nationwide "catch-up" measles SIAs were done, then periodic "follow-up" SIAs, were

conducted in almost all countries, and major investments were made in epidemiological surveillance and lab confirmation of cases to facilitate case-based surveillance. After an initial "honeymoon" period of low measles incidence, resurgence occurred, more rapidly in large countries. Measles resurgence has been characterized by:

- Increasing median age of cases, especially where routine coverage remains stagnant and SIAs coverage sub-optimal,
- Increasing tendency, especially in large countries, to delay or under-fund SIAs,
- Increasing tendency to inflate reported admin coverage, causing complacency and shorter intervals between SIAs and outbreaks,
- Slow progress on introducing routine MCV2 and RCV vaccine,
- Stagnation in surveillance performance indicators.



With 5 years remaining to achieve the goal, the major challenges are political and financial rather than technical. National ownership, leadership and priority remain weak. Some countries are not committing adequate funds for extra activities designed to reach the unimmunized and complete routine schedules and some countries are not committing adequate funds to cover their portion of operational costs for SIAs. Consequently, IEC, community mobilization, supervision and post-SIA coverage surveys may be cut back or deleted from budgets. These days, SIAs are rarely launched by Heads of State or Ministers, and consequently, routine is stagnant, SIAs have declined in quality and impact. Children are missed during SIAs remain susceptible into adolescence. The median age of cases rises, traditional 9-59m "follow-up" SIAs fail to reach them, and outbreaks begin to occur after a shorter interval. Second, GAVI funding is critical for eligible countries, but currently it is not fully aligned with GVAP goals. These fragmented policies of support cause some of the poorer AFR countries to conduct limited age-range SIAs where wider age-ranges may be indicated, and delay MCV2 and RCV introduction, due to uncertainty about current and future financial commitments. GAVI will conduct a review of its M/R support strategies in July 2015 in advance of the next Board meeting. Since GAVI is a signatory to GVAP, it is critical to convince the Board to embrace all GVAP goals unreservedly, including M/R elimination. And third, Polio Legacy exercise has not secured a clear partner and donor commitment to transfer sustainable resources to M/R elimination.

The presenter concluded by reviewing the TAG recommendations:

Ownership and leadership:

- At Ministerial GVAP implementation meeting, AFRO to advocate for stronger ownership, visible leadership and improved coordination for M/R elimination,
- AFRO to renew clear commitment to regional M/R elimination goal with partners and donors.

Service delivery:

- AFRO to implement innovative strategies to raise routine and SIAs coverage,
- MS to intensify advocacy and communication regarding M/R elimination,
- MS to update national policies and operational guidelines,
- MS to ensure timely administration of MCV2 and RCV doses,
- AFRO to provide guidance on elimination of invalid vaccine doses.

MCV2 and RCV introduction:

- GAVI to support an integrated platform for 2 doses of MR as required for routine and SIAs, in accordance with recommended target age-ranges,
- AFRO and partners to assist MS to set targets for MCV2 coverage and to monitor and eliminate MCV1-MCV2 drop-out,
- AFRO to renew commitment to M/R elimination with partners and donors.

SIAs quality:

- ICCs and NITAGs to encourage MS to update their cMYPs and start planning for SIAs (including post-campaign surveys) 15-18 months in advance to ensure timely funds release.
- MS to adapt and deploy WHO risk assessment tool, SIAs readiness assessment and monitoring tools, and SIAs quality indicators to improve SIAs quality.

Epidemiological surveillance and lab support:

- Partners and donors to expand support to strengthen surveillance and the lab network, particularly to fund lab equipment, reagents and test kits,
- AFRO to link with technical agencies and initiatives to mobilize resources and forge collaborations to strengthen disease surveillance and lab support.

Vaccine supply:

- MS to encourage their NRAs to register multiple alternative MCV and RVC products to assure better vaccine security.

Emergencies:

- AFRO to continue support to EVD-affected MS to restore routine service delivery and prevent M/R outbreaks.

Both presentations on measles, which were well received generated debates and discussions on the way forward. TFI members contributed freely to the discussion, at the end of which the Chair concluded as follows:

"We will look at your presentation to draw our recommendation. I feel optimistic that we are half way through the race. If we don't push this race who would? Measles is a surrogate for RI. If we don't get it right we may not get others right.

"The second thing is that we have an opportunity. The Ministers have signed this and there is a Ministerial meeting. We can go and take the opportunity to push them and let them know that we need to finish the race.

In terms of what you are doing and the recommendations, we have quite a number to look at. There also going to be specific things we need to look at. Can we safely do anything to broaden this. There is a growing consensus that we should be chose the evidence. Now there is new evidence GAVI needs to support MR in totality. We will also look at the working group recommendation"

Key Recommendations on Measles Elimination and Rubella Vaccine Introduction

Noting the importance of measles elimination goal WHO/AFRO and partners should support countries to ensure that ongoing efforts towards elimination targets are vigorously pursued	WHO/AFRO	Ongoing
Given the shift on age group affected by measles outbreaks in many countries of the region WHO/AFRO and partners should support countries to plan response activities taking into account local epidemiology, including older age groups during SIAs and should strengthen routine immunization	WHO/AFRO	Ongoing
GPEI partners and donors should give serious consideration to the transferring of support from GPEI in 2018 to broader support for country immunization programmes, including the attainment of all elimination targets	WHO/AFRO and Partners	Ongoing

4.0 FURTHER STEPS TO IMPROVE OPERATIONS OF IMMUNIZATION PROGRAMME IN THE AFRICAN REGION

4.1 Additional Recommendations

In addition to the recommendations listed above, the TFI also advocated for the following ways to improve the overall operations and communications of the immunization programme in the region.

- Status of implementation of action points from previous TFI meetings
    - To optimize the inputs of TFI members and create environment for the successful implementation of the recommendations WHO/AFRO is required to give more information on the challenges encountered in trying to implement the recommendations
    - Given the increasing call of optimization of research for health, there was a call for strengthening research in Africa WHO/AFRO and TFI should explore ways of strengthening research in this region. New proposals and projects might be something to be revisited.
- SAGE April 2015 recommendations: implication for the African Region
    - Hep A and Hep B should be put on TFI standing agenda
    - Given the graduation of GAVI eligible countries and the likely withdrawal of GPEI funding, the TFI should consider ways of making vaccines available for Routine Immunization
- EPI Managers Meetings
    - Continued focus on the EPI Managers and their interactions by limiting presentations and discussions by partners. Support should be given to any structure of the agenda that would enhance listening to the people
    - Continued inclusion of TFI members in the meetings
    - To enhance TFI support for country plans WHO/AFRO should work out plans to optimize TFI inputs and constructive feedback through a peer review process
    - WHO/AFRO should communicate TFI appreciation of the invitation to participate in the EPI managers' meeting that we support them in implementing
    - WHO/AFRO should collate critical issues of importance to the EPI managers for TFI consideration
    - The recommendations from the EPI managers meetings are to the EPI managers themselves and to determine which recommendations are critical and what might be specific recommendations- perhaps have more nuanced
    - WHO/AFRO should support countries in implementing their recommendation. WHO should give feedback on the annual plan and annual progress report
- Feedback to Countries

  - Increased review and feedback from the secretariat provided to countries on cMYPs, annual reports, work plans, and all other program documents submitted
  - Increased monitoring of plans for revitalizing immunization services in Ebola affected countries
- The TFI discussed the possible inputs of the revitalized working group to the forth-coming Ministerial meeting and requested each working group to prepare briefing documents that should be 1 to 3 pages in length.
- Outcome of 2015 Regional NITAG Meeting
  - Given the existence of many advisory groups on immunization in the countries there should be a hard look at the groups to see if they could be restructured, consolidated to minimize overlap and confusion
  - In recognition of the limitation of resources countries should be guided to think of innovative ways of developing a NITAG. They should consider possibility of building it up slowly
  - In many countries things are written around regulations. However, partners should advise the MOH to apply their regulatory policies to guide the committees where they exist
  - In terms of memberships, it was recommended that communication experts and CSO that understand how to create demand be added
  - Given the need for the NITAG to be truly independent, when the TOR of NITAG is written there should be a declaration of interest which members must review to ascertain the independence of the group

- Polio eradication update
  - The plans to improve surveillance in the Region should extend Central Africa to include Lake Chad and also Horn of Africa
  - In addressing gaps in prioritized areas of concerns in the next 6-12 months and improving quality of surveillance including Madagascar, South Sudan, CAR, Niger, Cameroon, Eq Guinea, Lake Chad region, and Horn of Africa—including surge and consultants, training of staff, and environmental surveillance. Drill down to regions and areas of high risk and access is a problem and really focus on quality of surveillance
  - Given the urgency to find unimmunized children in high risk areas where they are at high risk or have high risk populations, weak surveillance, or weak SIAs. We are also noting the problem of cVDPV which indicates weak surveillance and weak routine immunization. We are going to ask for strengthening SIAs in terms on quality and independent monitoring as well as strengthened surveillance. There should be a report on this in the next TFI

- Revitalization of immunization services in EVD affected countries
    - In recognition of the existence of plans for the three countries, WHO/AFRO should circulate those plans and give regular updates on how well they are being implemented. TFI should monitor the progress of implementation of these plans
    - WHO/AFRO should update TFI about governments not communicating. If the Governments lack adequate communication strategy for the restoration of immunization, TFI could have more feedback for government
    - TFI needs to monitor quite closely the research and confusion on vaccine trials and EPI program. Important for TFI to keep an eye on vaccine trial and understand the response of the community and understand if there is some confusion at the community level
    - TFI should monitor human resource issues

- Meningitis outbreak in West Africa
    - To be able to document the eruption of other serotype following the withdrawal of one serotype WHO/AFRO should strengthen monitoring
    - WHO/AFRO should articulate and document the various best practices, such as the buy in of the community and getting youth buy in
    - WHO/AFRO should endeavour to train the relevant personnel in anticipation of crisis communication to counter misrepresentation in the media and deploy same as needed
    - There is need to request a review to the current mechanism for accessing the ICG stock. There is a need to review the ICG
    - TFI should work out strategically, where together with the RD, TFI could add pressure on the pricing of the vaccines

- GVAP – Regional Strategic Plan: Indicators Review
    - Given the reality that some of the targets are on track and others are not, WHO/AFRO should focus on those not on track
    - There are issues that are of great concern eg data quality, AFI stockouts etc. and the stockouts will hinder our chances of achieving these goals
    - It will be useful to interrogate the big issues that may stop us, eg stockout and data quality issues
    - Before the Ministerial Meeting, focus on things that are not on track and are really a threat
    - Data quality and interpretation remain major issues. The monitoring of the RVAP will require the combined application of valid data from the both administrative and WHO/UNICEF estimates. Furthermore, the idea of triangulation of data on other areas like stockout versus coverage is recommended

- TFI to review reports from the secretariat whenever WHO/UNICEF data is available
- Identify critical issues where focus makes a difference (e.g. data quality, stockout, community participation and demand creation)
- On demand creation, the TFI suggests a re-examination of the mid-term indicators to see if a better indicator can be identified
- The chair of TFI and Dr Richard to prepare a consultative process to allow final development of report for Ministerial meeting

4.2 Agenda for the next TFI Meeting

- The agenda for the next TFI, which is scheduled for December 3 and 4, 2015 in Brazzaville were discussed. The following agenda items were agreed upon:
  - Past TFI recommendations
    - Recommendations from last 2 meetings
    - Review over-arching list of issues that are persistently not addressed
  - Hepatitis A & B
  - Polio progress, especially with reference to:
    - Wild polio
    - cVDPV
    - IPV introduction
    - tOPV – bOPV switch readiness
  - Update on the restoration of EPI in EVD affected countries
  - Review the Regional Vaccine Action Plan (RVAP) with special focus on stockouts, immunization financing, routine immunization among special populations, unstable population, documentation etc
- Presentation on communication and demand creation by UNICEF
- Consultation with CSOs around key issues like demand creation

5.0 WRAP UP AND CLOSURE

In her closing remarks, the Chair thanked everyone present at this meeting for their participation in the very important discussions aimed at advancing the course of immunization programmes in the Region. She expressed her gratitude to TFI members as well as the WHO Secretariat, and all colleagues in and outside the room who have worked tirelessly to ensure a successful meeting. She also thanked all the colleagues who came from Geneva as well as those from partner organizations for the show of solidarity African member states.

On behalf of the Regional Director, Dr Richard Mihigo, the Programme Manager, Immunization and Vaccine Preventable Diseases, IVD thanked the Chair and the TFI members for finding time to review and guide the Secretariat on its work. He thanked the immunization partners for coming.

He expressed the eagerness of the Region to receive the TFI recommendations and promised to share them with executive management as well as with EPI managers and other implementation partners. He assured the TFI that the recommendations will be shared with the EPI managers in the first quarter and the implementation, next year, will start with that. He also noted the promise in the working groups and assured that the one extra day will continue to be observed for the face-to-face interaction of the working groups.