REPORT ON
Ministerial Conference on Immunization in Africa (MCIA16)
24-25 February, 2016
Addis Ababa, Ethiopia

Core Conveners: WHO AFRO, WHO EMRO and the African Union Commission

Theme:
Toward Universal Immunization Coverage as a Cornerstone for Heath and Development in Africa

Participants:
Speakers at the opening ceremony were:
- Dr Matshidiso Moeti, WHO Regional Director for Africa
- Dr Ala Alwan, WHO Regional Director for Eastern Mediterranean
- H.E. Hailemariam Desalegn, Prime Minister of Ethiopia
- The Chairperson of the African Union Commission was represented by H.E. Dr Mustapha Sidiki Kaloko, AU Commissioner for Social Affairs
- A video statement from Dr. Margaret Chan, Director-General, WHO
Also present were:

- Ministers of Health of Nigeria, Libya, DRC, Cameroon, Ethiopia, Egypt, Mozambique, Sudan
- Ministers with other portfolio: Minister of State for Planning, Uganda; Minister of Partnership and Development of State Teleservices, Senegal
- Members of Parliament: DRC
- WHO
- Gavi, the Vaccine Alliance: Dr Ngozi Okonjo-Iweala, Chair-elect of Gavi Board, Dr Seth Berkley, CEO of Gavi
- UNICEF
- Bill and Melinda Gates Foundation
- USAID
- Global Funds Department, DFID, UK
- Center for Disease Control and Prevention
- ONE Africa
- African Center for Gender, UN Economic Commission for Africa
- Johns Hopkins University IVAC
- African Vaccine Manufacturing Initiative
- CSOs – Action Now
- Religious leaders: Amirul Mumineen Sultan Muhammadu SA’AD Abubakar IV, THE Sultan of Sokoto, Nigeria
- U3 System Works

Gavi CSO representatives: Joan Awunyo-Akaba (Ghana, former CSO Steering Committee member and former Gavi Board Member), Hannah Bowen (USA, Gavi CSO Steering Committee member and organiser for the CSO Side event), Clarisse Loé Loumou (Cameroon, Gavi CSO Steering Committee member, Gavi Board Alternate, and organiser of the CSO Side event), Louis Merlin Tsamo (Cameroon, Gavi CSO Steering Committee member), Jackson Ndwega (Kenya, Gavi CSO Steering Committee member), Dorothy Esangbedo (Nigeria, Gavi CSO Steering Committee vice Chair) and Monica Njoroge (Kenya, CRS)

**Moderators:**
Nikiwe Biktsha of Amargi Media, (Master of Ceremony), Jeff Koinange (Talk show host), and Trevor Ncube (Publisher)

**Themes of the sessions:**
1. Achieving the Goal: Toward High and Equitable Immunization Coverage
2. Laying the Groundwork: The Role of Communities in Coverage and Demand
3. Building on Success: Harnessing Polio’s Legacy to Support Other Public Health Interventions
4. Ministerial Declaration
   And The CSO Declaration was read by Dr Joan (English) and --- (French)

At the Dinner/Gala Night, Nigeria was recognised for the success in containing the transmission of Wild Polio Virus (WPV)
Points from the Sessions:

1. The importance of Routine Immunisation in achieving the SDGs
   In the speech by Dr Seth Berkley, he proposed again that Immunisation is a sensitive indicator of political will and national economy and should be included in the indicators for the SDGs.

2. Overcoming vaccine delivery challenges calls for:
   - structural adjustments and drive to overcome poverty,
   - improve female education,
   - improve male involvement,
   - increase efforts to reach displaced children, and
   - Increased effort to access hard to reach areas.
   - Health System strengthening and Strengthen PHC
   - Sustained functional Cold chain
   - Community engagement
   - Research improvement in Africa with need to increase the capacity of researchers. The underinvestment in research was brought to the fore.

3. Advocacy for vaccine coverage
   - It was pointed out that the world is connected not only through sharing of food, water, and travel but also through knowledge in this new era of information technology.
   - Critical role of CSOs noted
   - With the expanding vaccination program, and the replacement of TOPV with IPV, it has become essential to
     - Manage program well
     - Learn and adapt quickly
     - Monitor and evaluate
     - Team work and partnership
   These were summed up as: “there are three key components to a successful program:
     a. political commitment
     b. Technical assistance
     c. Operational excellence
   - High level political will and involvement:
     - Example was efforts of the President of Cameroon
     - DPT3/Penta3 coverage in Cameroon 85%
   - The critical role of routine immunization to a sustained success of vaccine program was emphasised.

4. The Nigerian success with interrupting transmission of WPV involved
   - Engaged traditional and religious leaders, survivors of Polio
   - Development infrastructure
   - Improved cold chain
   - Improved Tracking of vaccines
   - Well-funded program
   - Motivated healthcare workers
Questions:

What role for both religious and traditional leaders and polio survivors in post PEI era?

5. Immunization in Conflict zones
   - Sudan gave insight into how both sides of conflict were persuaded to allow services for immunisation ....

6. Vaccine pricing generated vibrant debate. Issue of transparency was raised and Seth Berkley referred to UNICEF regular publication of vaccine prices and supplies A comment suggested that there should be no profit making from vaccines because immunization is for common good.

7. Pillars of Successful Disease Eradication Program
   a. Efficient laboratory and Surveillance system
   b. Use of data
   c. Vibrant use of partnership

8. Polio survivor from Nigeria
   - Pointed out that he was disappointed that the beautiful AU building has no facilities for the physically challenged like himself.
   - Not enough done to rehabilitate survivors of polio such as funds for health care, surgical interventions, education, economic empowerment and provision of employment.

9. WHO shared information on Zika virus
   - a global emerging health challenge,
   - the clinical presentation of the disease,
   - diagnostic modalities, and the
   - efforts so far to develop candidate Zika vaccine.

10. Ensuring sustainable vaccine financing
    Vaccine financing should be
    - Predictable
    - Sustainable
    - Fund disbursement as and at when due

Africa needs 17 billion dollars to finance vaccination from 2016 -2020
- 6 billion from governments
- 6 billion from donors
- 5 billion dollar deficit remains
Economic benefits of Immunization highlighted:

For every $1 – there is $16 benefit

This increases to $44 if other benefits are included such as poverty alleviation

Financial contribution of countries to Gavi

- Presently, 14 African countries are not paying their co-financing
- 9 countries pay irregularly

Issues in financing:

1. Planning (short, medium and long term)
2. Budget (affordable and comprehensive budget)
3. Resource prioritisation among competing programs
4. Legislative support for sustainable financing
5. Developing and sustaining donation for Immunization

Legislation and vaccine financing

- What % of total budget is for Immunization – usually <0.5%
- Need to prioritise immunization to improve chances of increasing budget for immunization
- Mobilise colleagues in Parliament to prioritise immunization program

Dialogue between Ministries of Finance and Health necessary

- Timing of presentation of requests for funding of immunisation is critical

Accountability

- Efficient and effective use of funds
- Expenditure review
- Budget tracking
- Audit

Reward effective program

- Encourages healthcare workers

Some Points made by Gavi CSO at Main event:

1. The importance of establishing National Immunisation Technical Advisory group as a component to drive local ownership of immunization program
2. Need to be mindful of transfer of obsolete technology that requires machinery that cannot be replaced/reppaired and therefore results in wasteful expenditure

CONCLUSION

African Ministers of Health and other related ministries in recognition of the immunization gap in Africa and the critical impact of immunization in reducing child morbidity and mortality, signed a
declaration to prioritise immunization in the child health agenda and to promote the use of vaccines to protect people of all ages against vaccine-preventable diseases and close the immunization gap by 2020.

**CSO Side Event**

The CSO side meeting provided an opportunity for CSOs to discuss their roles in improving vaccine access and coverage in Africa. Participants came together to review current and best practices in community-level immunization advocacy and outreach and to identify ways that CSOs can continue to work together. The side event also provided a forum for a broader health and development audience to join the conversation and provide their perspective on CSO engagement in immunization efforts. The meeting was structured through panel sessions and small group discussions. CSOs in the lead up to the summit drafted and signed a Declaration on Immunization that was presented at the main Ministerial Conference: