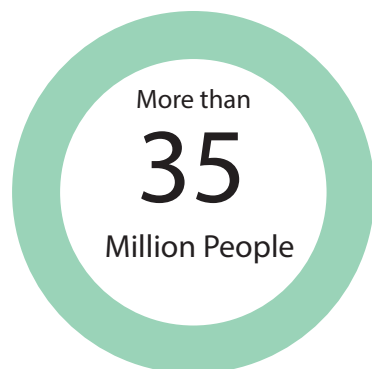


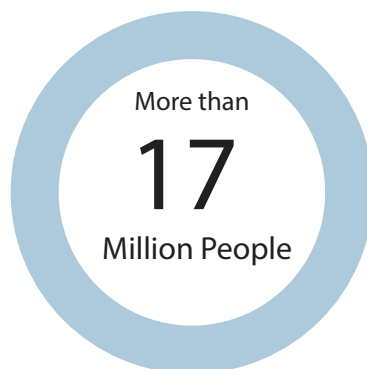
## 2018 HIGHLIGHTS

2018 was a year of good results. Thanks to the increased commitment and engagement of countries and partners, EYE has become a solid partnership, protecting millions of people worldwide.

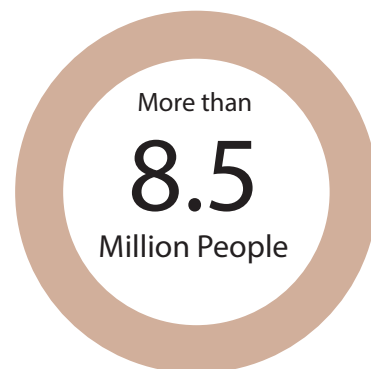
**MORE THAN 61 MILLION** PEOPLE VACCINATED AGAINST YELLOW FEVER IN AFRICA



Protected through  
Preventive Mass Vaccination  
Campaigns in Ghana and Nigeria



Protected through  
Routine Immunization  
programmes in Africa



Protected through Reactive  
campaigns in Ethiopia,  
Republic of Congo, and Nigeria

### HIGH-LEVEL, REGIONAL, AND ANNUAL MEETINGS



**EYE Regional Kick-off Meeting:** From left - Matshidiso Moeti, WHO Regional Director for Africa, Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Professor Isaac Folorunso Adewole, Nigeria's Minister of Health.

**EYE Regional kick-off meeting in Africa:** On 10 April, a high-level ceremony marked the official launch of the EYE Strategy in Africa. Representatives from 11 African countries at high-risk for yellow fever epidemics reiterated their commitment to the EYE Strategy. The outcomes of the 3-day meeting included: a 3-year timeline for the implementation of immunization activities in Africa; the development of 3-year work plans to roll-out the strategy at national level; identification of bottlenecks and potential solutions to accelerate EYE implementation.

**2nd Annual Partners Meeting:** On 11-13 September, partners, country representatives, vaccine manufacturers, donors, and YF and vaccine experts came together to discuss the EYE Strategy achievements to date, and what the main challenges anticipated looking forward are. Key highlights from the meeting include: the launch of two new technical

working groups - supply and demand, and immunization and operational guidance; increasing engagement of the vaccine manufacturers; greater understanding of supply availability and countries' needs; the presentation of the EYE Country Guidance Toolkit, which provides practical guidance for countries to implement YF-activities (including investigation); the commitment to the establishment of two additional regional reference laboratories to increase laboratory capacity.

**WHO/PAHO Regional Workshop on Yellow Fever:** On 13-15 November, the Pan American Health Organization (PAHO) held a Yellow Fever workshop addressed to the thirteen endemic countries in the Region, in Lima, Peru. The objectives of the workshop were to assess the yellow fever risk characterization of the endemic countries in the region; review the populations targeted for vaccination; identify immunization gaps; and define immunization strategies for the next five years. As a result of the workshop, it is expected that the countries will be able to update their risk assessments and develop short-term and mid-term immunization plans.

# ELIMINATE YELLOW FEVER EPIDEMICS

## OUTBREAK RESPONSE

Over the year, yellow fever outbreaks were recorded in Brazil, Ethiopia, Nigeria, and the Republic of Congo. In Africa, a higher risk existed in Edo state, Nigeria, and Offa Woreda in Wolayita zone of Southern Nations, Nationalities, and Peoples' Region (SNNP), Ethiopia, where clusters of cases and deaths signaled active epidemic amplification near urban areas. To respond to these epidemics, there was intense coordination among partners, deployment of WHO staff to provide technical support, and careful management of vaccine supply, all underpinned by country leadership to quickly protect their populations through reactive vaccination campaigns. YF cases were confirmed in DRC and South Sudan. Investigations are ongoing to understand their significance.



## TECHNICAL WORKING GROUPS

There are currently 4 technical working groups dedicated to:

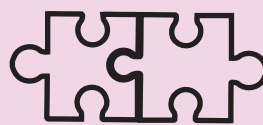
### Risk Prioritization Analysis



### Laboratory



### Supply and Demand



### Immunization Operational Guidance



## GAVI APPLICATIONS

4

countries applied for Gavi support for:

- **Routine Immunization Introduction:** Kenya
  - **Preventive Mass Vaccination Campaigns:** Nigeria (3-year support within a 10 year outlook), Ghana (to complete nationwide protection), DRC (for incremental nationwide protection)
- Ethiopia application for routine and mass campaign anticipated in January 2019.

## VACCINE SUPPLY

58%

increase in yellow fever vaccine availability to Africa compared to 2017: supply was guaranteed to routine immunization programmes and increased vastly for preventive mass campaigns, as countries engaged in the EYE strategy. More than 72 million doses of YF vaccines were supplied to Africa.

## IMPROVING LABORATORY CAPACITY

### 1 NEW REGIONAL REFERENCE LABORATORY IN AFRICA AND APPROVAL OF GAVI SUPPORT TO IMPROVE YF LAB CAPACITY AND NETWORK IN AFRICA

In October 2018, the Ugandan Virus Research Institute (UVRI) joined the Institut Pasteur Dakar as a yellow fever regional reference laboratory. The lab will support diagnosis confirmation and will provide quality control support for national laboratories in Southeast Africa. Additionally, in November 2018, the Gavi Board endorsed a yellow fever diagnostics proposal for improving laboratory capacity and network in Africa.

## PLANNED TIMELINE FOR ROUTINE IMMUNIZATION AND PREVENTIVE MASS VACCINATION CAMPAIGNS

| RI   | Kenya (2.6 Mds)                     | Sudan (2.2 Mds)<br>Ethiopia (5.2 Mds)*                              | South Sudan (0.8 Mds)*<br>Uganda (2.9 Mds)*   |
|------|-------------------------------------|---|---|
|      | 2018                                | 2019  | 2020  |
| PMVC | Nigeria (21 Mds)<br>Ghana (6.1 Mds) | Sudan (10 Mds); Nigeria (26 Mds)<br>Ghana (6.3 Mds); DRC (15.4 Mds) | Nigeria (26 Mds); DRC (13.1 Mds);<br>South Sudan (7 Mds)*; Uganda (17 Mds)*;<br>Congo (5.4 Mds); Ethiopia (20 Mds)* |

Doses are expressed as millions of doses (Mds) and indicate estimated country demand for yellow fever vaccine, and may increase

\*Gavi application dependant

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