



ELIMINATE
YELLOW FEVER
EPIDEMICS

A WHO REPORT OF THE

**Eliminate Yellow Fever Epidemics (EYE)
strategy regional kick-off meeting
for Africa**

Abuja, Nigeria
April 10-12, 2018



WHO/WHE/IHM/2019.4

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Printed in Switzerland



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Acknowledgments

The EYE Secretariat and AFRO regional office would like to express its deepest appreciation for those who contributed to the preparation and completion of the meeting. A special gratitude to the Federal Ministry of Health of Nigeria, its national partnering agencies and the Nigeria WHO country office, whose hospitality, coordination and organization efforts were crucial to the success of this event.

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Acronyms

AEFI	Adverse Event Following Immunization
AFRO	WHO Regional Office for Africa
BMGF	Bill & Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention (United States)
DRC	Democratic Republic of Congo
ELISA	Enzyme-Linked Immunosorbent Assay
EMRO	WHO Regional Office for the Eastern Mediterranean
EPI	Expanded Programme on Immunization
FNV	French Neurotropic Vaccine
EYE	Eliminate Yellow Fever Epidemics
GAVI	Gavi, the Vaccine Alliance
HQ	WHO Headquarters
ICG	International Coordinating Group on vaccine provision
IHR	International Health Regulations (2005)
PAHO	Pan-American Health Organization
PCR	Polymerase Chain Reaction
PMVC	Preventive Mass Vaccination Campaigns
RI	Routine Immunization
SAGE	Strategic Advisory Group of Experts on Immunization
UNICEF	United Nations Children's Fund
VPD	Vaccine preventable disease
WAHO	West African Health Organization
WHO	World Health Organization
WUENIC	WHO/UNICEF Estimates of National Immunization Coverage
YF	Yellow Fever

Executive summary

The Eliminate Yellow Fever Epidemics (EYE) regional kick-off meeting for Africa was held in Abuja, Nigeria, from 10 to 12 April 2018. It was a successful event from the political and technical standpoints. The launch meeting gathered technical representatives from eleven African countries at higher risk for yellow fever in Africa (Angola, Congo, Ethiopia, Gabon, Guinea Bissau, Niger, Nigeria, the Democratic Republic of the Congo (DRC), Senegal, South Sudan, and Uganda¹), high-level stakeholders from the government of Nigeria including Professor Isaac Folorunso Adewole from Nigeria's Minister of Health, and Dr. Osagie E. Ehanire from Nigeria's Minister of State of Health), from the WHO including Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, and Dr. Matshidiso Moeti, WHO Regional Director for Africa, key representatives from the WHO Africa and Eastern and Mediterranean Regional offices (AFRO and EMRO) and headquarters, and from EYE partner agencies such as Bill & Melinda Gates Foundation (BMGF), Centers for Disease Control and Prevention (CDC), Gavi, the Vaccine Alliance and United Nations Children's Fund (UNICEF).

Discussions and achievements were concentrated on the three main current priorities for the EYE Strategy: preventive mass vaccination campaigns (PMVC), routine immunization (RI), and laboratory and surveillance capacities. The main outcomes of the meeting are:

- **Strong political engagement from priority countries**

Country representatives have expressed their engagement to implement PMVCs, RI programmes, and to build stronger surveillance and laboratory networks. A sustained commitment over the 10 years of the strategy will be essential for its success.

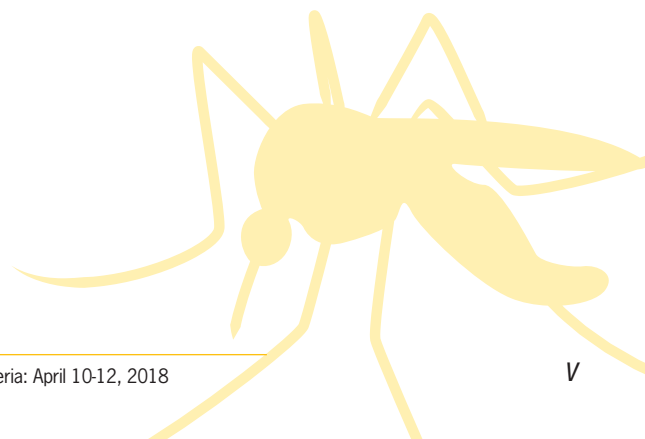
- **Full partners engagement**

Gavi, UNICEF, CDC, BMGF, and national agencies demonstrated their commitment and strong engagement to the EYE Strategy. Representatives from each agency presented their role in the strategy and how they could support countries implementing EYE.

- **Commitment to complete nationwide preventive mass campaigns and introduce yellow fever vaccination in routine immunization schedule**

Country representatives have committed to implement PMVC and RI based on epidemiological risks and priority per the EYE strategy, taking into account the global vaccine availability and competing priorities.

¹ Chad, Equatorial Guinea, Ghana and Sudan and were invited to the meeting but could not participate. Dedicated follow-up was implemented.





- **Bottlenecks and potential solutions for EYE current priorities are identified**

Main bottlenecks towards implementation were identified and practical solutions were proposed to assure quality implementation PMVC, RI, and strengthen laboratory and surveillance capacities.

- **11 high-risk countries drafted three-year national work plans for accelerated implementation of the EYE Strategy**

The three-year workplans include plans and timelines for PMVC and RI introduction. They will help ensure ongoing momentum toward elimination of yellow fever epidemics and that activities are embedded in the larger public health agenda. With the many priorities and needs in the respective health systems of these countries, these workplans are crucial to reduce risks. The countries will integrate interventions proposed through the EYE Strategy to other health programmes to maximize efficiencies.

- **Planned immunization activities and other plans are on track with what was proposed by the EYE Strategy and endorsed by the Gavi Board in December 2016.**

Figure 1: Main timelines for mass campaigns and Routine Immunization in Africa: 2018 – 2020*

	2018	2019	2020
Mass campaigns	Nigeria – 21 Mds Ghana – 6.1 Mds Sudan – 10 Mds	Nigeria – 26 Mds Ghana – 6.3 Mds Sudan – 12.2 Mds DRC – 15.4 Mds	Nigeria – 26 Mds DRC – 13.1 Mds Uganda – 17 Mds South Sudan – 7 Mds Ethiopia – 20 Mds Congo – 5.4 Mds

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