



ELIMINATE  
**YELLOW FEVER**  
EPIDEMICS

A WHO REPORT OF THE  
**Eliminate Yellow Fever Epidemics (EYE)  
Strategy Partners' Meeting**

Geneva, Switzerland  
May 9-10, 2017



This report was originally prepared by Ellen Rosskam PhD, MPH with further inputs from the EYE Secretariat within the Infectious Hazards Management (IHM) Department, WHO Health Emergencies (WHE).



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# Acronyms

<b>AFRO</b>	WHO Regional Office for Africa
<b>DFID</b>	UK Department for International Development
<b>EPI</b>	Expanded Program on Immunization
<b>EYE</b>	Eliminate Yellow Fever Epidemics
<b>Gavi</b>	Gavi, the Vaccine Alliance
<b>ICG</b>	International Coordinating Group (on Vaccine Provision)
<b>ICVP</b>	International Certificate of Vaccination or Prophylaxis
<b>IMS</b>	Integrated Management Systems
<b>KAP</b>	Knowledge, Attitudes and Practice
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-governmental organization
<b>PAHO</b>	Pan American Health Organization
<b>PMG</b>	Programme Management Group
<b>TAG</b>	Technical Advisory Group
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>WHO</b>	World Health Organization
<b>YF</b>	Yellow Fever

# Executive summary

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‘ History shows that it is possible to  
control Yellow Fever ’

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The comprehensive global strategy to Eliminate Yellow Fever Epidemics (EYE) was developed by WHO and partners to build a global coalition that will tackle by 2026 the increased risk of Yellow Fever (YF) epidemics in a coordinated manner.<sup>1</sup>

The EYE strategy is an opportunity to demonstrate new ways of managing the complex world of immunization today. A meeting of partners held 9-10 May, 2017, in Geneva, brought together 65 participants representing agencies, individual experts, and other entities contributing to the efforts of eliminating YF epidemics. Core EYE partners include the World Health Organization (WHO), Gavi, the Vaccine Alliance, and the United Nations International Children's Emergency Fund (UNICEF). The May meeting brought together the partners present for the same reason: the desire to eliminate yellow fever epidemics.

Four priority areas were identified for the next 12 months, each with activities, expected outcomes, and milestones proposed. These four areas are:

1. Development of a global prioritization matrix for vaccine allocation and implementation
2. Sustained vaccine supply
3. Increased capacity to diagnose YF quickly and accurately
4. Partners' communication and engagement

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<sup>1</sup> For more details see: *Weekly Epidemiological Record*, 2017, 92 (16), 193–204: Eliminate Yellow Fever Epidemics (EYE): a global strategy, 2017–2026. Available from: [www.who.int/wer/2017/wer9216/en/](http://www.who.int/wer/2017/wer9216/en/)



A simplified multi-layered EYE governance structure was developed clarifying roles and punctuating the importance of accountability for Strategic Direction and Decision-Making, for the Contributing Partners, and for Implementation and Coordination. EYE's new governance's structure is expected to streamline and improve decision-making, implementation, monitoring and evaluation, and impact assessment of the strategy, through transparent concerted processes. The partners agreed that decisions will be made by the Leadership Group in order to allow the Programme Management Group (PMG) managed by the EYE Secretariat to move forward on strategy implementation. The partners further agreed on the means to improve communication, they outlined regional priorities through comprehensive work plans, and they identified technical priorities.

The immediate next steps identified by the EYE partners include finalizing a global prioritization matrix for vaccine allocation; preparing for endorsement of the EYE strategy by Member States at the regional level, through the Regional Committee at the WHO Regional Office for Africa (AFRO) and regional Technical Advisory Group at the Pan American Health Organization (PAHO) meetings; operationalizing the newly-simplified EYE governance structure; tackling technical priorities such as global risk evaluation with support from modelling; monitoring progress through an EYE portal with indicators and a quarterly report; and holding EYE annual meetings.

The partners closed the meeting with agreement on points achieved by consensus. They agreed that the need to implement the EYE strategy is urgent; that EYE has to respond to the demand for accountability; that regular and clear communication is essential; and that EYE partners have moved the needle to incorporate the emergency response aspects of YF to encompass market shaping and how to carry out mass vaccine campaigns. They further gave high importance to prioritising and developing a plan to move forward in the various technical areas.

The implementation of EYE will have moving parts that will need clarification on an on-

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