

2006-2009 EPI Strategic Plan

2006 Pretoria MLM Course

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**World Health
Organization**

Outline Of Presentation

- ❑ Background
- ❑ Situation analysis
- ❑ Structure of 2006-2009 Strategic Plan
- ❑ Objectives of 2006-2009 Strategic Plan
- ❑ Proposed Way forward



Background

- ❑ Last Regional EPI Strategic Plan covered the period 2001-2005.
- ❑ Recent Policy Developments
 - ❑ GIVS
 - ❑ Strategic Orientation for WHO work in the African Region 2005-2009
 - ❑ WHO Report on Health and MDGs
 - ❑ NEPAD Health Strategy...etc



Background (2)

- The 2006-2009 EPI Strategic Plan informed by
 - External review of RED, July 2005
 - External review of MLM, 2005
 - External review of 2001-2005 Strategic Plan

Structure of 2006-2009 Plan

- ❑ Executive Summary
- ❑ Introduction
- ❑ Situation Analysis
- ❑ Objectives
- ❑ Guiding Principles
- ❑ Priority Interventions
- ❑ Roles and Responsibilities
- ❑ Monitoring and Evaluation



Situation Analysis (1)

- DPT3 increased from 54% in 1995 to 69% in 2005 in AFR
- Number of polio endemic countries declined from 11 in 2000 to 1 at the end of 2005
- 60% decline in measles mortality in 2005 as compared to 1999
- 16 countries documented MNTE by end of



Situation Analysis (2)

- Number of countries incorporated YF into routine increased from 9 in 2000 to 23 in 2005
- Number of countries with Hep B increased from 6 in 2000 to 28 by end of 2005
- Hib only in 8 countries by end of 2005
- Number of countries using ADS increased from 1 in 2000 to 37 in 2004

Situation Analysis (3)


- Since 2001, nineteen countries used measles campaigns to integrate other child survival interventions

Critical Success Factors

- Political commitment and ownership
- Importance of district level micro-planning with involvement of communities
- Continuous training of health workers through supportive supervision and refresher training
- Strong district-based monitoring systems



Challenges

- Regional coverage hides disparities in immunisation coverage at national and sub-national level
- Countries with DPT3 coverage below 50%
- Lack of access to quality immunisation services due to frequent stock out of vaccines
- Inadequately equipped and staffed health facilities
-  Gaps in immunisation safety

General Objective

- ❑ To support the 46 member states in the WHO/AFR region to provide high quality immunization services that will
 - ❑ Prevent mortality, morbidity & disability from VPDs
 - ❑ Contribute to the strengthening of national health systems
 - ❑ Contribute to efforts to achieve MDG 4

Specific Objectives (1)

- ❑ Maximize access to immunization through strong district based EPI programmes
- ❑ Accelerate efforts to achieve Polio eradication, measles control, MNTE and Yellow fever control
- ❑ Introduce new and under-utilized vaccines and appropriate immunization technologies

Specific Objectives (2)

- ❑ Systematize access to integrated services in order to maximize benefits to mothers and children attending immunization sessions.
- ❑ Support countries in sustaining achieved immunisation coverage levels



Targets (1)

- 90% DPT3 coverage in 80% of countries
- 80% DPT3 coverage in all districts in 80% of countries
- No AFP associated with wild poliovirus
- 90% reduction in measles mortality compared to 1999
- MNTE in 80% of countries
- 80% routine coverage in countries at YF



Targets (2)

- Hep B introduced in all countries
- Hib introduced in 80% of countries
- ADS or equally safe technology in all countries
- 80% countries integrated child survival interventions with immunisation



Guiding Principles

- Linkages
- Partnerships
- RED
- Oversight



Priority Interventions

- Maximise access to immunisation through RED
- Capacity building, community involvement, effective vaccine management, sustainable funding
- SIAs, case-based surveillance, timely outbreak response



Priority Interventions (2)

- Enhance capacity of member states to conduct vaccine trials and compile evidence for decision-making on new vaccines
- Strengthen capacity of national regulators for vaccine management and immunisation safety
- Integrate child survival interventions with immunisation



Roles and Responsibilities (1)

Countries should:

- Develop comprehensive MYPs
- Enhance collaboration and partnerships
- Promote training, recruitment and retention of health workers
- Increase financial resources
- Review and update national immunisation policies and guidelines



Roles and Responsibilities (2)

WHO/UNICEF and other partners will

- Advocate among policy makers and international partners
- Provide technical, financial and material support for priority activities
- Strengthen co-ordination and partnerships
- Provide leadership and stewardship in EPI
- Sustain the achieved coverage of EPI



Monitoring and Evaluation

- Indicators of the 2001-2005 strategic plan will be used
- Indicators will be harmonised with UNICEF and GAVI
- Programme evaluation once every 2 years
- Evaluation instruments will be revised to reflect current priorities



THANK YOU FOR YOUR ATTENTION

