

WHO Regional Strategic Plan for EPI 2006-2009

Presentation at North West EPI
meeting

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Introduction

- VPD still account for high burden of childhood morbidity & mortality in the African region
- 58th WHA approved Global immunization vision & strategy 2006-2015
- Regional Strategic plan for EPI 2006-2009 aim: improve performance of national EPI programmes, strengthen national health systems and contribute to the attainment of MDG 4

Progress

- DPT3 coverage in African region increased from 54% in 1995 to 69% in 2005.
- One country remained polio-endemic.
- 60% decline in measles mortality in 2005 compared to 1999
- 16 countries had eliminated MNT
- 23 countries included Yellow fever in routine immunisation
- 8 countries introduced Haemophilus influenzae b vaccine.

However, 8 million children not immunised by end 2004

Regional EPI strategic plan

- **Goal:**

Prevent mortality, morbidity and disability from VPD.

- **Specific objectives:**

- Strengthen district-based immunisation programmes (access & utilisation).
- Accelerate efforts to eradicate polio, control measles, eliminate MNT & control yellow fever.
- Promote innovations, including vaccine research & introduction of new & underutilised vaccines.
- Improve vaccine, immunisation & injection safety.
- Systemize access to integrated services & maximize benefits to mothers & children attending immunisation sessions.

Targets by end 2009

- 80% of countries attain 90% DPT3 at national level.
- 80% of countries attain 80% DPT3 in all districts.
- No WPV assoc. with acute flaccid paralysis
- 90% reduction in measles mortality.
- 80% of countries eliminate MNT
- Routine yellow fever vaccination coverage 80% in countries at risk.
- All countries introduced hepatitis B vaccine
- All countries adopted auto-disable syringes or an equally safe injection technology.
- 80% of countries integrated additional child survival interventions with immunisation.

Guiding principles

- Linkages (priorities 2005-09)
- Partnerships
- RED approach – planning & management of district health teams will be supported.
- Oversight – Technical under leadership of the Task Force on Immunisation in Africa.

Interventions

- Maximise access to immunisation through RED approach.
- Build relevant capacities & strengthen community participation.
- Put in place supplemental immunisation activities
- Use evidence based policies to guide introduction of vaccines in EPI prog.
- Vaccine, immunisation & injection safety
- Integrate EPI with other child survival interventions.

Roles & responsibilities (i)

Countries:

- Development of comprehensive multi-year EPI plans
- Enhancement of multisectoral collaboration & partnerships.
- Promotion of training, recruitment & retention of HWs
- Provision of financial resources for immunisation
- Review & updating of national EPI policies & guidelines.

Roles & responsibilities (ii)

WHO & Partners:

- Advocating among policy makers & international partners.
- Providing technical, financial & material support for priority activities.
- Strengthening coordination & Partnerships
- Continue providing leadership & stewardship in EPI
- Sustain the achieved coverage of EPI.

M & E

- Monitoring indicators same as 2001-2005 regional EPI strategic plan
- Evaluation every 2 years.

Conclusion

- In spite of gains made 2001-2005, more children need to be immunised to achieve global & regional targets.