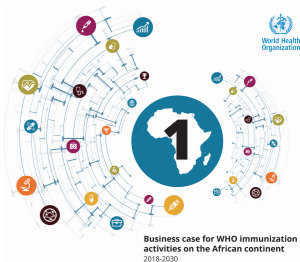


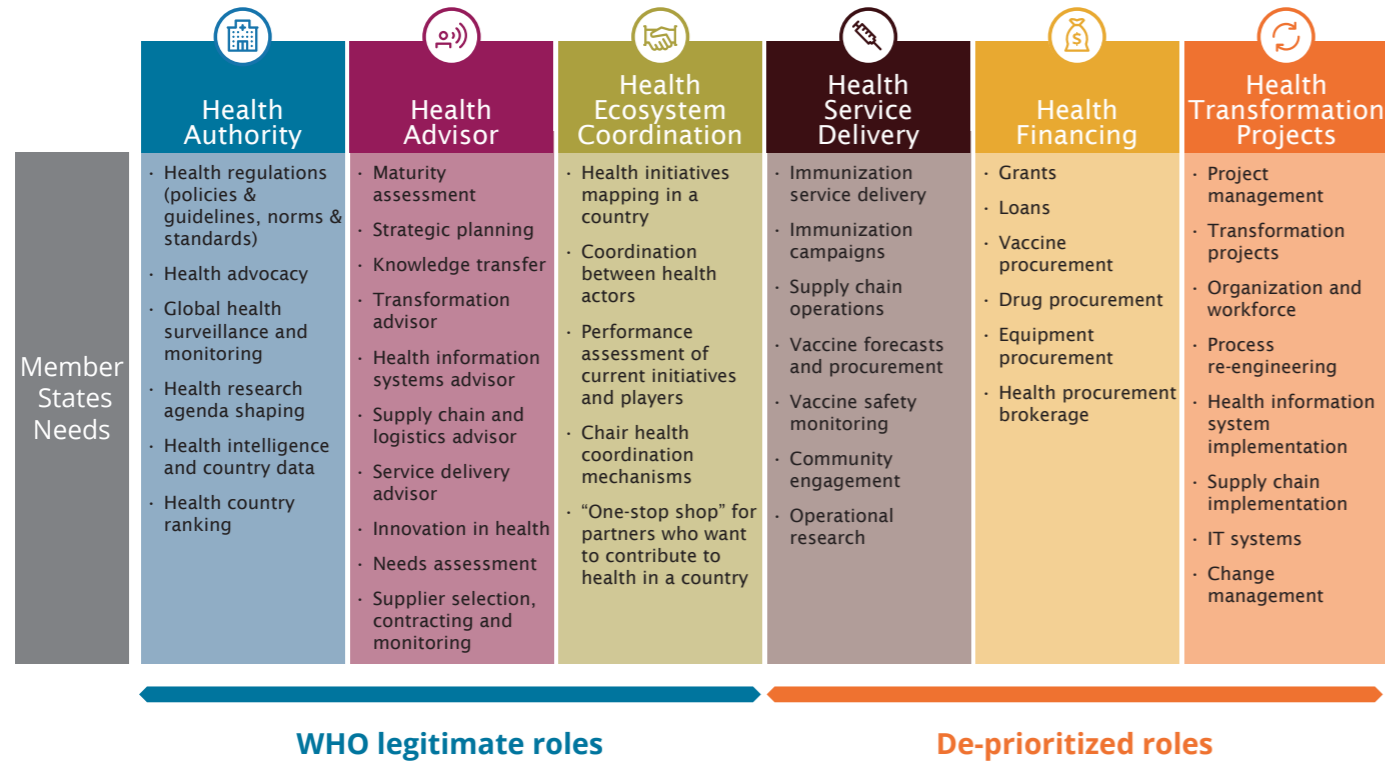


Business case for WHO immunization activities on the African continent 2018-2030



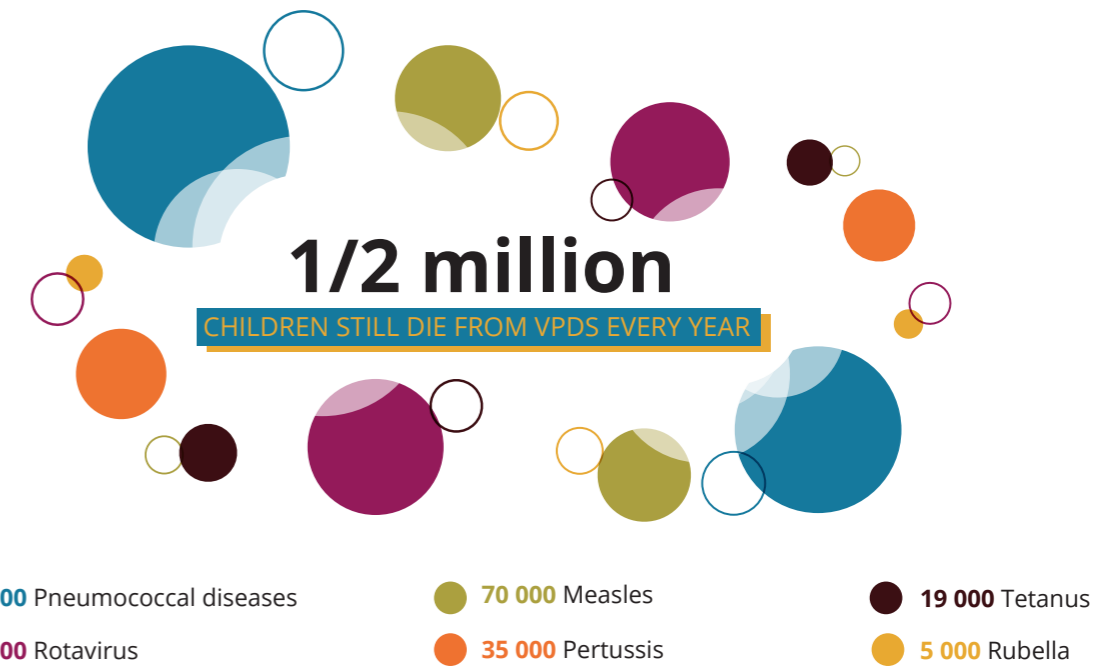
WHO ROLES

To maximize its impact, WHO will focus its efforts on three main roles (health authority, health advisor and health ecosystem coordinator), thus complementing other immunization stakeholders.



SITUATION ANALYSIS

More than half a million children still die from VPDs every year on the African continent, accounting for 58% of global deaths.



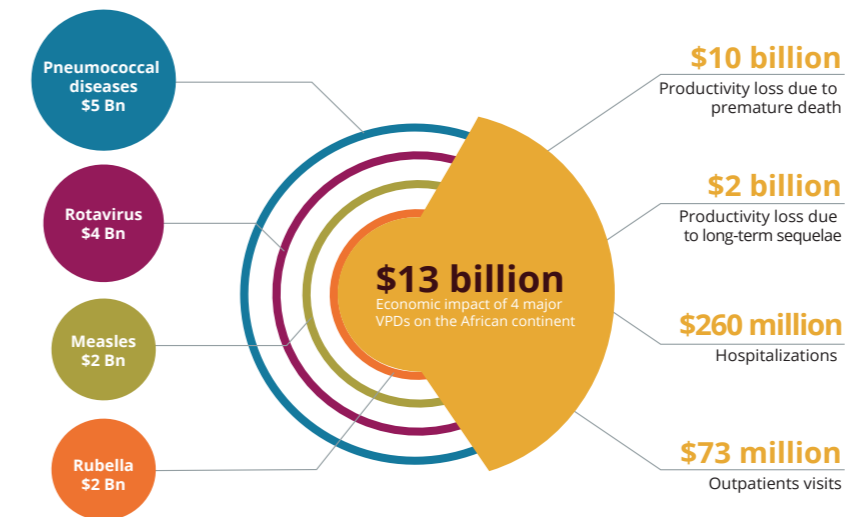
WHO TRANSFORMATION INITIATIVES

In order to achieve its ambition and new approach, WHO will engage in an unprecedented transformation, in line with the Transformation Agenda and the GPW13 priorities. This transformation will rely on six key initiatives that will be implemented in 2018 and 2019.



HEALTH IMPACT

Pneumococcal diseases, rotavirus, rubella and measles alone result in significant economic impact with annual estimates above \$13 billion for the African continent.



In January 2017, at the 28th African Union Summit, Heads of State from across Africa endorsed the Addis Declaration on Immunization (ADI). This endorsement paves the way for accelerated implementation of the ADI roadmap to ensure that everyone in Africa, no matter who they are or where they live, can access the vaccines they need to survive and thrive. This commitment from the highest level of government comes as a catalyst to immunization efforts on the continent to deliver on the promise of universal immunization coverage.



2030 AMBITION

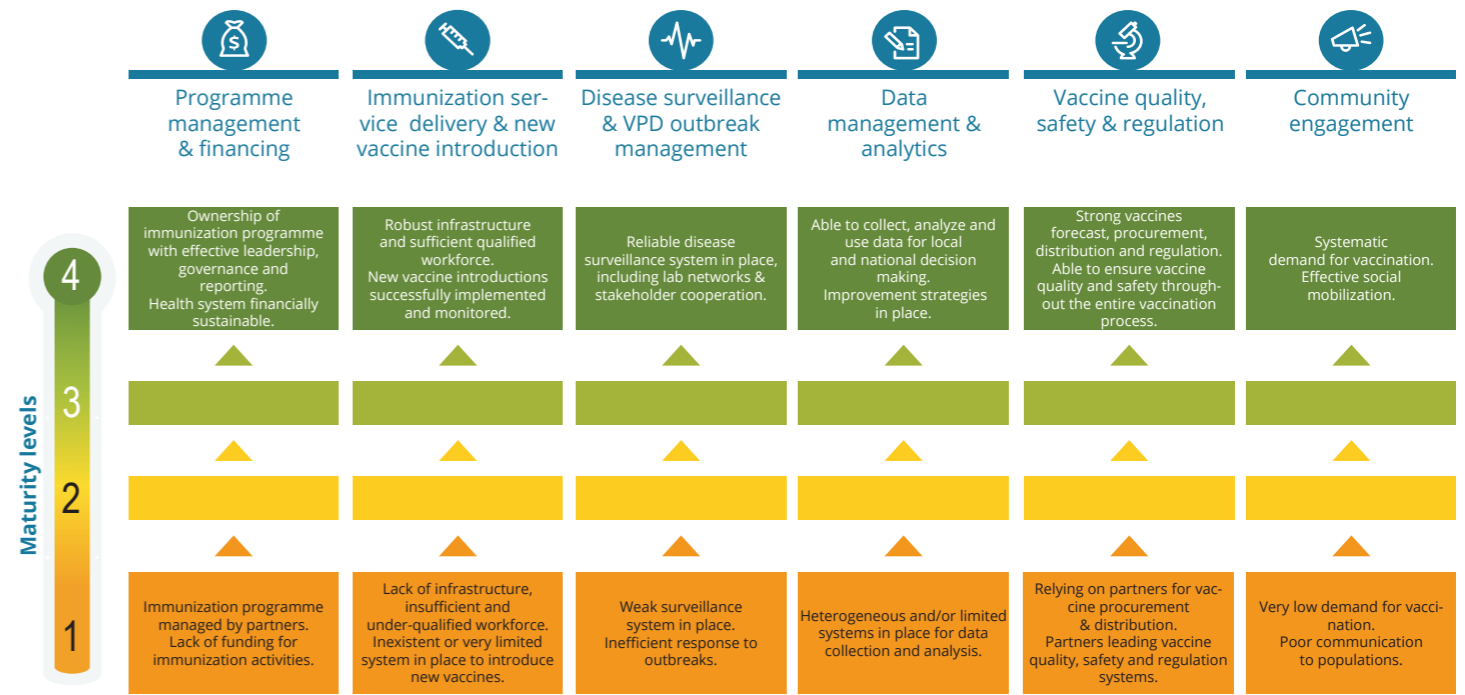
By 2030, WHO will have supported Member States sustain the control or elimination of key vaccine-preventable diseases as well as achieve a major decrease in the morbidity and mortality of rotavirus and pneumococcal diseases.

Sustain VPDs control, elimination and/or eradication	Reduce mortality of top killer VPDs	Empower high-risk countries against outbreaks
Poliomyelitis Sustain eradication of all polio viruses	Rotavirus Reduction of rotavirus diarrheal mortality by 60% compared to 2013	Meningitis All high-risk countries will have eliminated meningococcal meningitis outbreaks
Measles All countries to have sustained interruption of endemic measles transmission (i.e., incidence less than 1/1,000,000)	Pneumococcal diseases Reduction of invasive pneumococcal diseases mortality by 40% compared to 2013 (1/1,000,000)	Yellow fever All high-risk countries will have completed national preventive mass vaccination campaigns for yellow fever, with high coverage rates attained
Rubella All countries to have sustained interruption of rubella transmission (i.e., incidence less than 1/1,000,000)	Cervical cancer Reduction of premature mortality from cervical cancer by 33% compared to 2012	Cholera Reduction of cholera deaths by 90% compared to 2016
Hepatitis B Sero-prevalence of HbsAg* among under-five children will be sustained below 1% in each country	Malaria Reduction of mortality rates globally compared with 2015 by at least 90%	Typhoid All high-risk countries will have eliminated typhoid outbreaks
Tetanus Maternal and neonatal tetanus eliminated in all countries and sustained at less than 1/1,000 live-births in all districts		



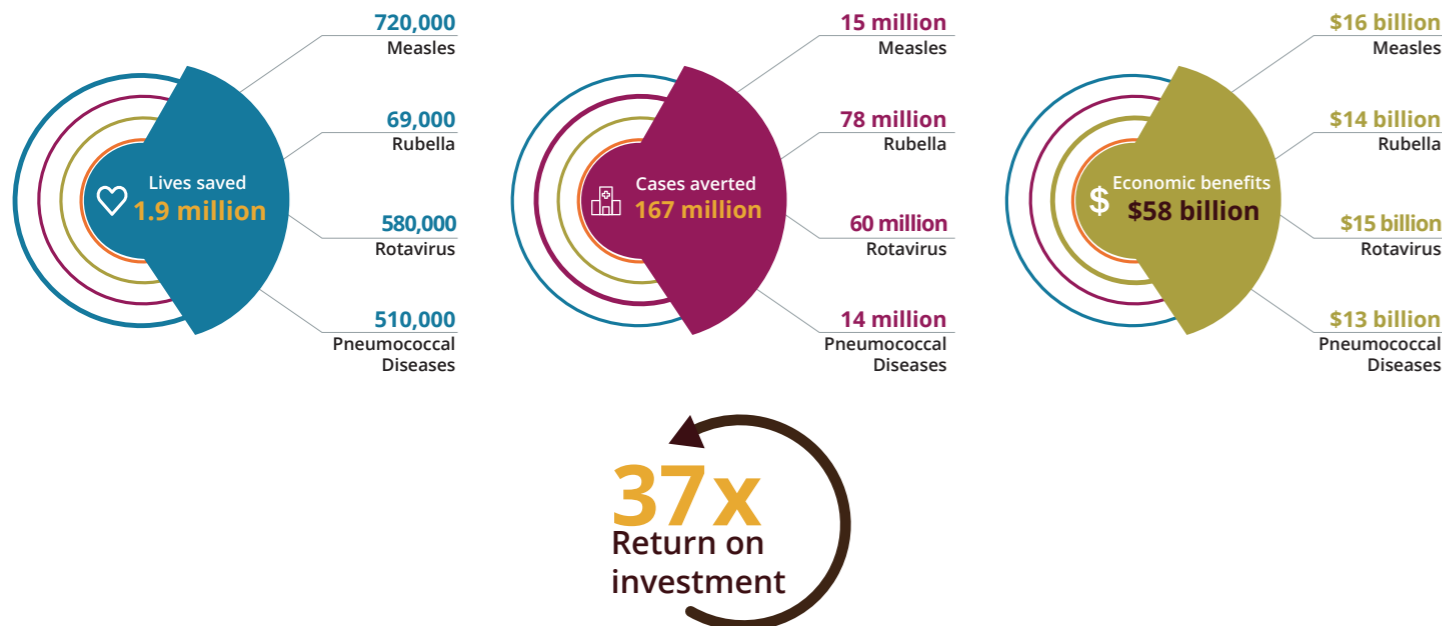
IMMUNIZATION MATURITY GRID

WHO has developed a four scale maturity grid to assess African countries' immunization systems maturity and performance for the six identified key immunization components.



BENEFITS (2020-2030)

Reaching the 2030 ambition will save more than 1.9 million lives over the next decade and it will generate \$58 billion of economic benefits, with a multiplying factor of 37x as a return on investment.



COUNTRY CATEGORIZATION

In Africa, seven countries have a very weak immunization system depicting major gaps in at least one of the six key components, while only twenty countries appear to have a robust operating immunization system.

