

THE SITUATION OF YELLOW FEVER IN THE AFRICAN REGION: THE PLAN TO END YF EPIDEMICS IN 2026

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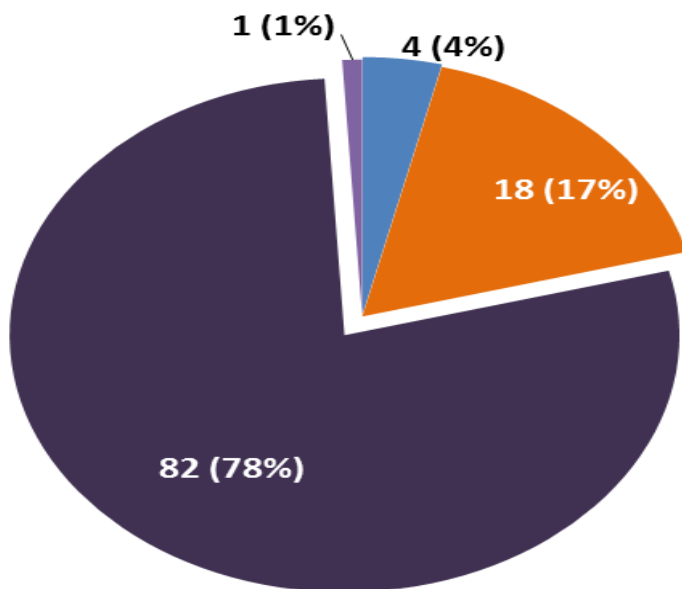
WHO AFRO Technical Coordinator for Health Emergencies



About 100 acute public health events annually

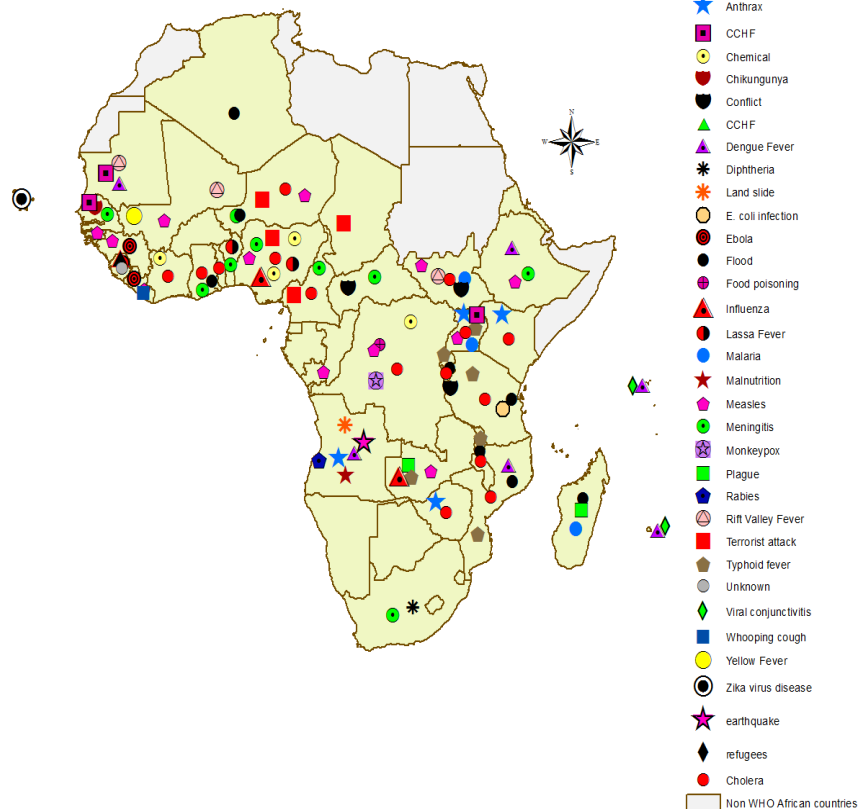
>100 public health events annually

- 82 (78%): Infectious diseases
- 18 (17%): Disaster
- 4 (4%): Chemical



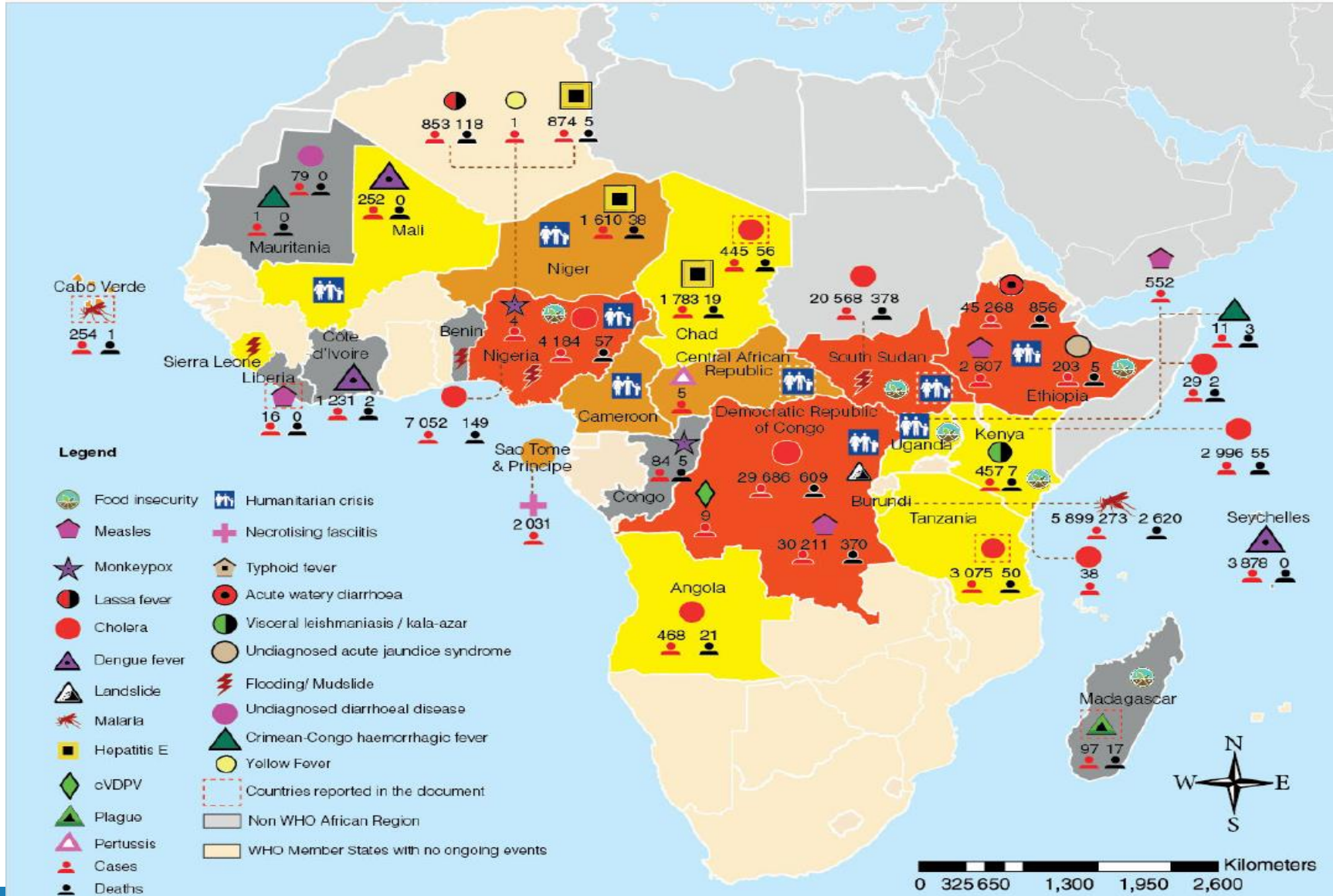
Chemical
Infectious

Disaster
Nutritional deficiency



Ongoing Public Health Events in AFR region

46 Ongoing
33 Outbreaks
16 Hum. Crises



2 Grade 3 events	7 Grade 2 events	9 Grade 1 events	28 Ungraded events
2 Protracted 3 events	0 Protracted 2 event	1 Protracted 1 event	



Week 39: 23-29 September 2017



Introduction

- Yellow fever (YF) remains a major challenge for public health in Africa, despite the availability, since the early 1930s of a vaccine with life-long immunity
- Frequent outbreaks in West Africa in the early 2000s led to the launch of the yellow fever initiative (YFI) in 2005 with the support of GAVI to reduce the risk of epidemics
- BUT outbreaks continue to occur in Africa through a sylvatic cycle involving monkeys as a natural reservoir
- The 2016 unprecedented YF outbreak in Angola and DRC prompted WHO to develop a global strategy for EYE

Yellow Fever Risk determinants in Africa

HIGH RISK

Climate & vector



Rapid urbanization



Social Vulnerability



Weak Health Systems



HIGH VULNERABILITY

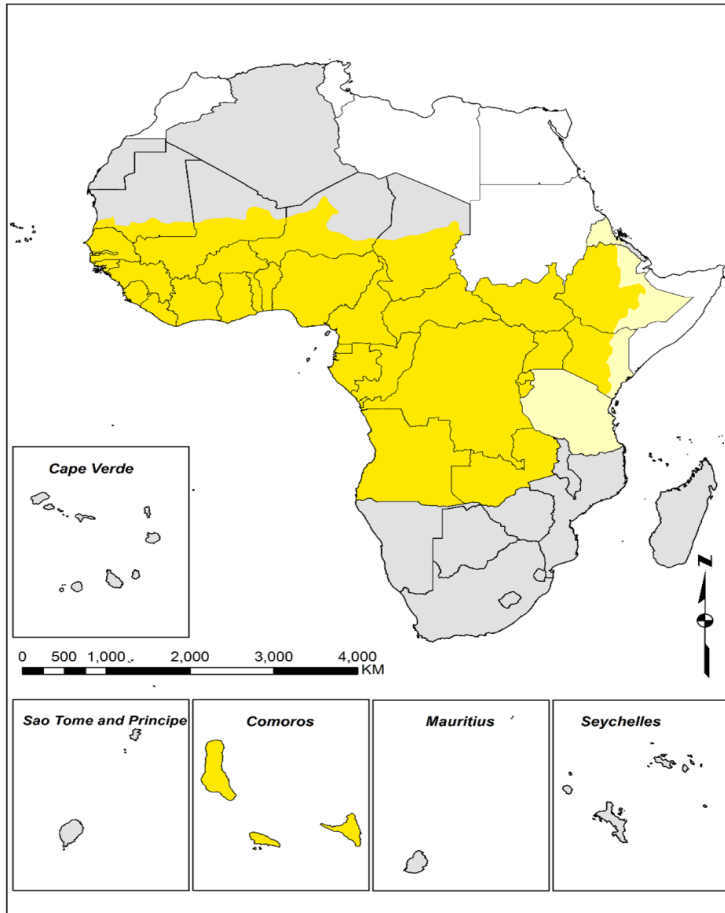


World Health Organization
REGIONAL OFFICE FOR Africa

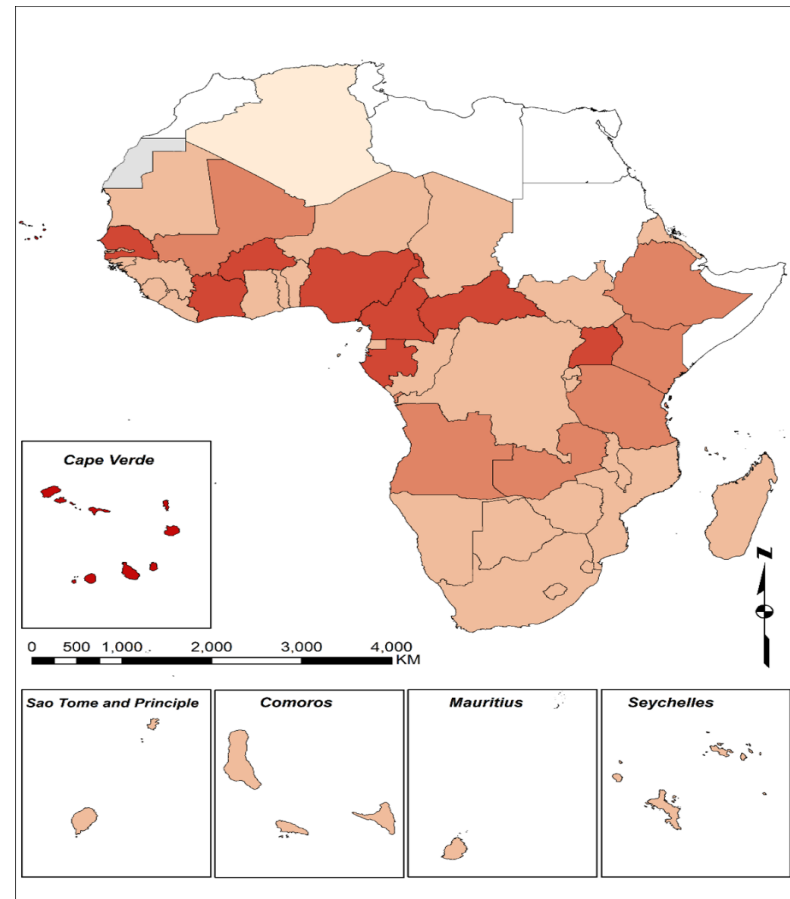


Making people healthier

Yellow fever and Zika risk mapping



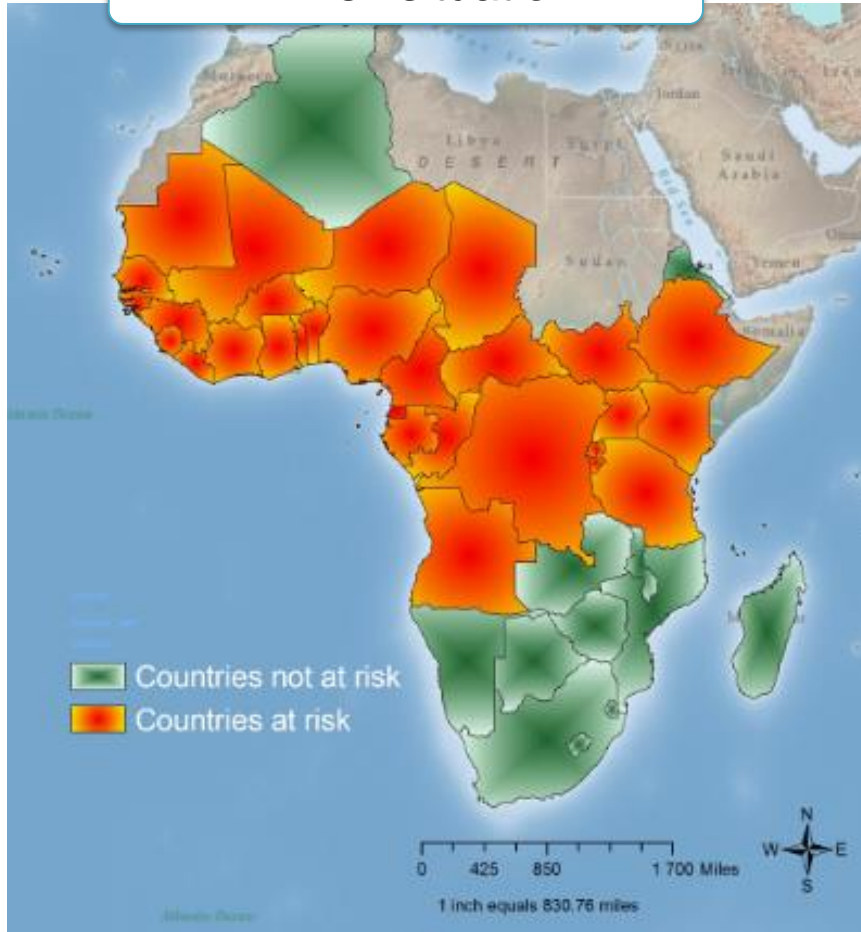
Moderate to high risk
 Low risk



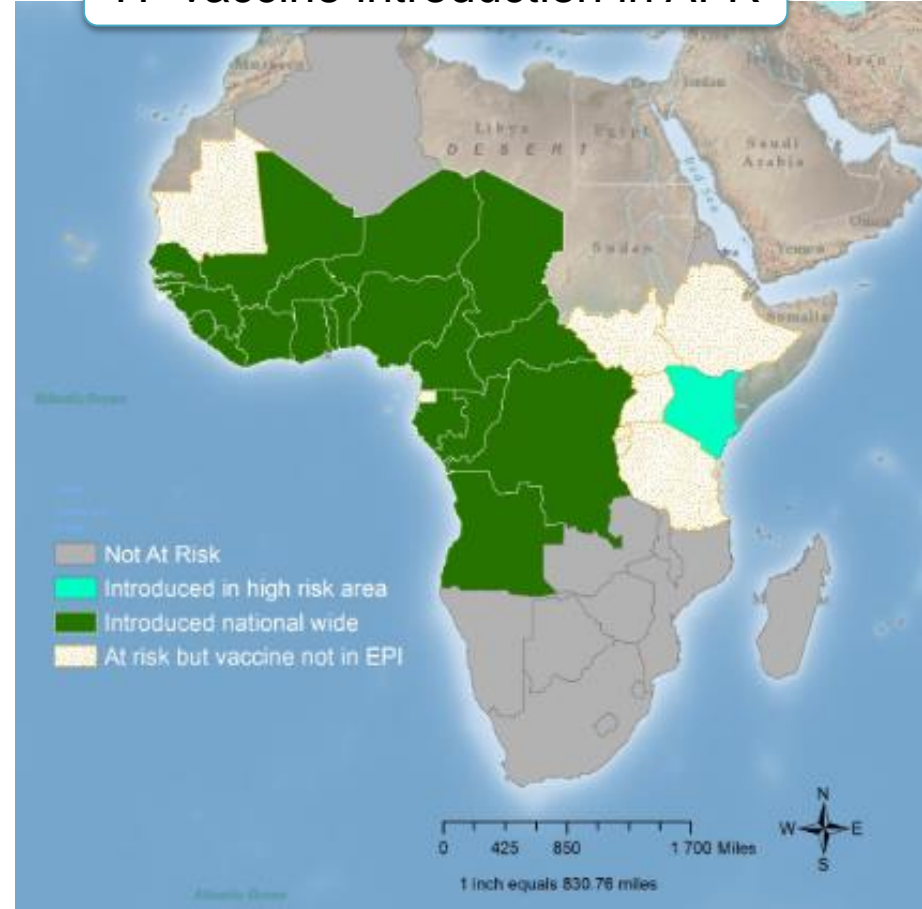
Presence of *Aedes aegypti* only
 Local cases of dengue and chikungunya
 Serological evidence only
 Past local cases
 Present local cases

Countries at risk of YF and vaccine introduction,

YF risk situation



YF vaccine introduction in AFR



Sao Tome Y Principe and Seychelles introduced but are not listed as at risk countries

8 countries at risk but not introduced : Burundi, Equatorial Guinea, Ethiopia, Mauritania, Kwanda, Somalia, South Sudan, Uganda

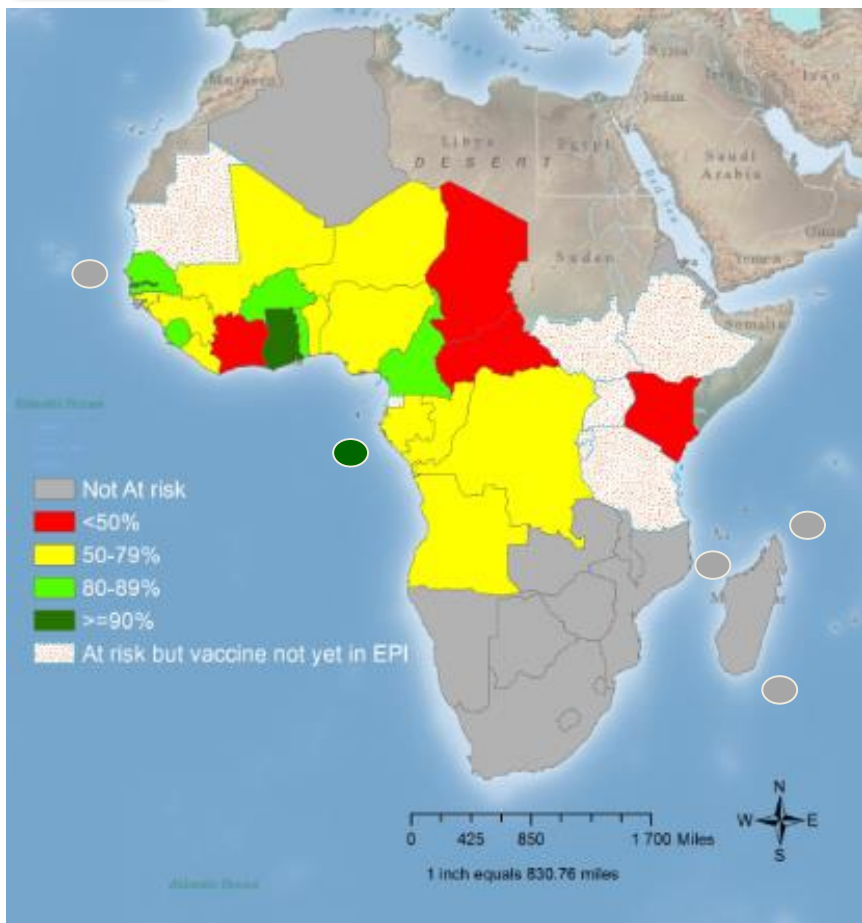
Regional Coverage=43%

64% for countries where it is fully introduced

Source: WUENIC 2015 released on July 2016

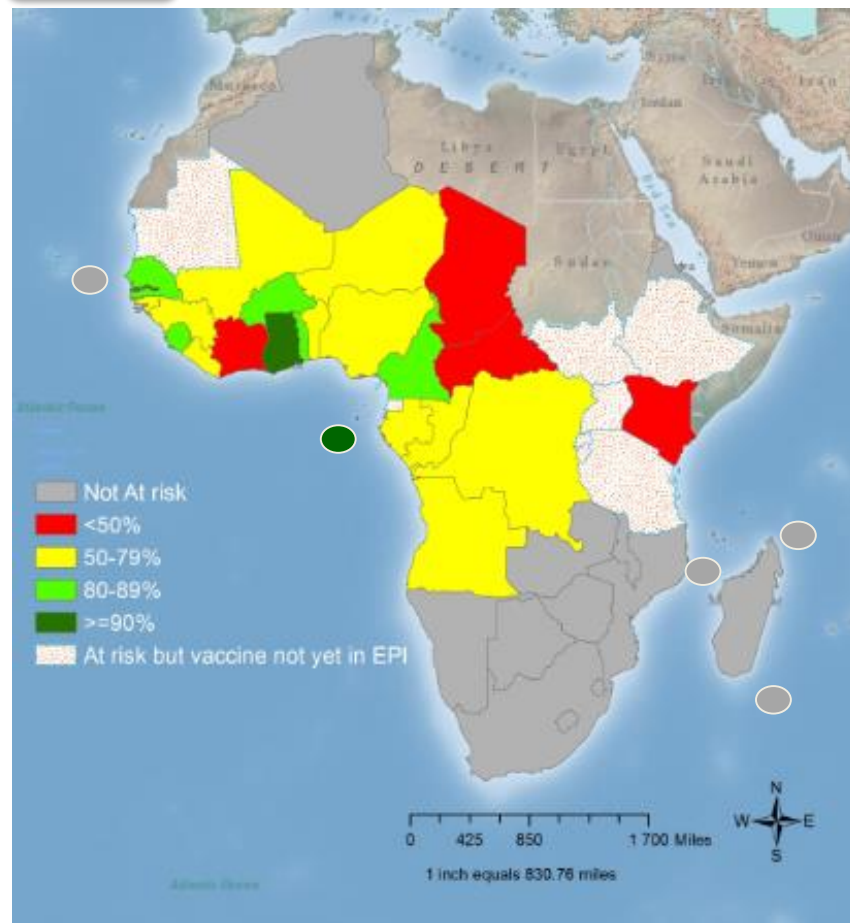
YF vaccine coverage (WHO and UNICEF Estimates of National Immunization Coverage [WUENIC]), AFR 2014 and 2015

2014



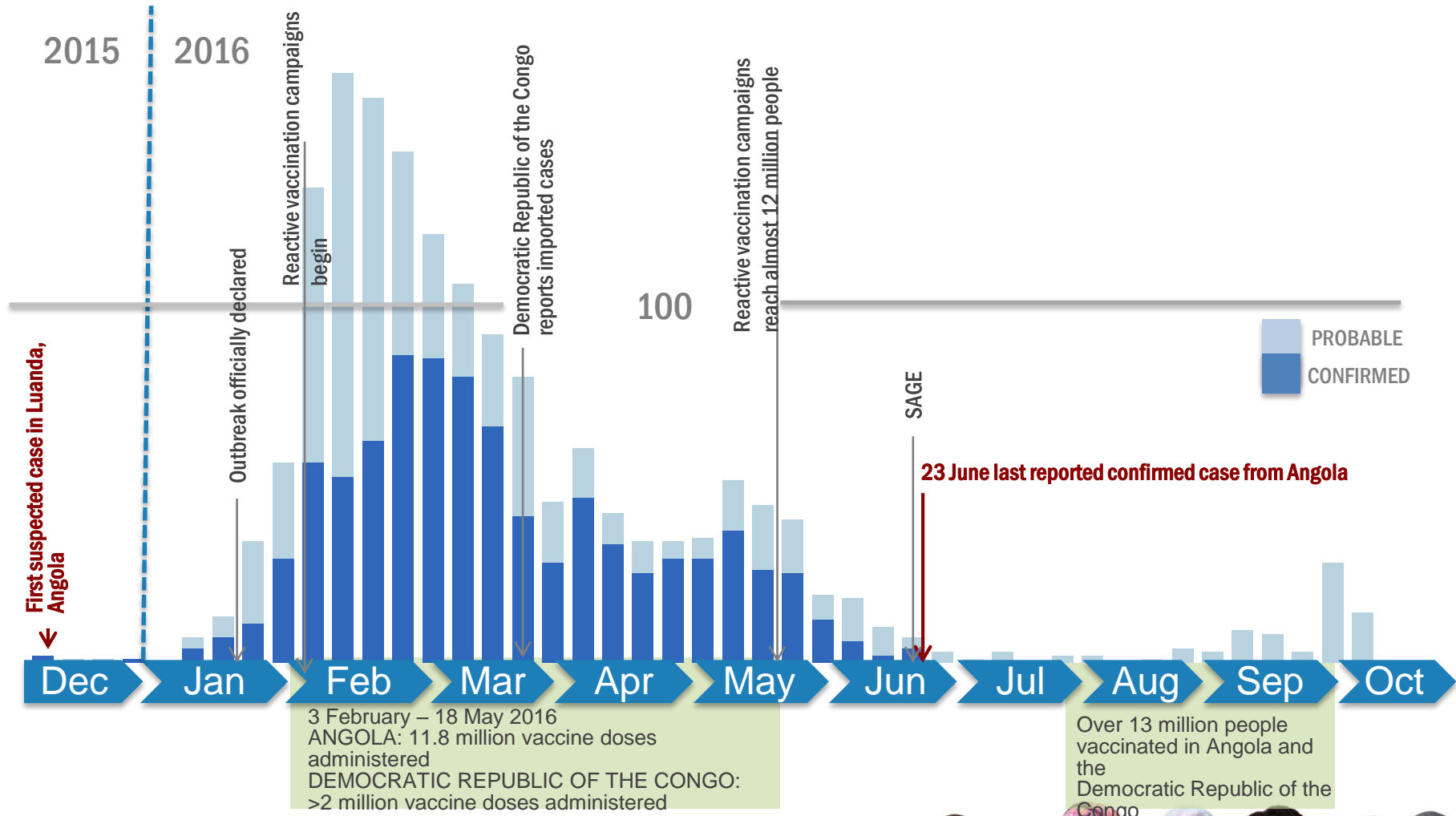
Regional Coverage=42%
63% for countries where it is fully introduced

2015



Regional Coverage=43%
64% for countries where it is fully introduced

Yellow fever in Angola and DR Congo



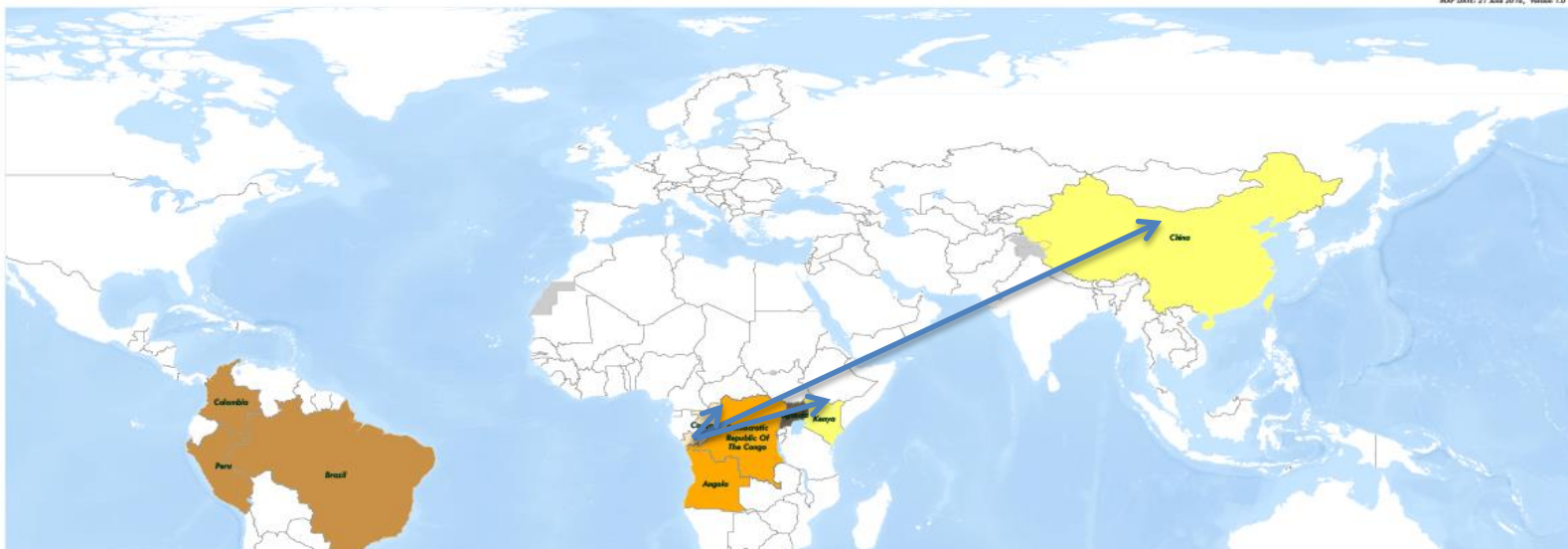
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Making people healthier

Yellow Fever - Demonstrated capacity for Global Spread

Map showing global status of Yellow Fever



COUNTRY	Total confirmed, probable, and suspected cases	Total confirmed cases	Comment
Angola	3818	879	Delayed response
DRC	2051	76	Lab challenges
China (Imported)	11	0	Contained
Kenya (Imported)	2	1	Contained
Uganda	91	3	Rapid control



Lessons Learnt From Recent Responses

Progress

- Early detection of risks
- Systematic use of IMS
- Access to contingency funds and vaccines (ICG)
- Pre-positioned prevention and control mechanisms
- Strong collaboration with technical programs (child/maternal health, R&D, NCDs, vector control, polio, etc.)
- Improved strategic and joint operations planning with partners (GOARN, IASC, R&D, technical networks)

Challenges

- Multiple competing demands
- Remaining capacity gaps
- WHO country business model
- Context for new IMS system
- Limited/delayed funding
- Replenishing contingency fund
- Reactive vs preventive approach
- Transition strategy
- Weak vector control

Yellow fever – lessons and next steps



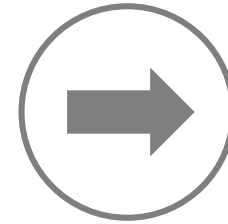
POSITIVE

1. 30 million people vaccinated (more than 90% coverage) in DRC and Angola: rapid access to global stockpile essential
2. CFE funds crucial for rapid response: 137 people deployed
3. Successful use of fractionated dose: quick adaptation of strategy
4. Partnerships worked well through IMS.
5. Negotiation with manufacturers: increased production



CHALLENGES

1. Roles and reporting line require more clarity
2. Different understanding and appreciation of IMS
3. Need for more clarity on delegated authority to IMS
4. Need to streamline regional and HQ support to WCO IMS, with minimal demand and pressure on them



NEXT

Elimination of Yellow fever epidemics



The Implementation Framework for EYE

- ◆ **Vision:** A WHO African region that is free of yellow fever epidemics.
- ◆ **Goal:** To eliminate YF epidemics in the African Region by 2026.
- ◆ **Objectives**
 1. To protect populations in all 35 countries at risk, through preventive and routine vaccination.
 2. To prevent international spread of YF through vaccination of travelers and robust screening and onsite vaccination for people not vaccinated at major points of entry.
 3. To detect, confirm and contain outbreaks rapidly.

Targets

- ◆ All high-risk countries will have completed national preventive mass vaccination campaigns
- ◆ At least 440 million people will have been vaccinated in the African Region.

Milestones-1

By the end of 2017:

- ◆ The Regional Committee of WHO in the African region adopted the implementation framework of the EYE strategy.
- ◆ All at risk countries will have initiated the implementation of this EYE framework.
- ◆ At least 25 million people will have been vaccinated in Angola, Congo, Ghana and Nigeria.

Milestones-2

By the end of 2018:

- Three reference laboratories in Africa will have fully functional confirmation capacity.

By the end of 2019:

- All high-risk countries will have introduced YF vaccination into routine immunization.

By the end of 2020:

- Six sub-regional reference laboratories will be fully functional for both serology and molecular diagnosis of YF

Milestones-3

By the end of 2021:

- ◆ Campaigns will have been completed in Nigeria and Ghana.

By the end of 2022:

- ◆ Seven of the 13 high-risk countries in the region will have completed preventive mass vaccination campaigns

By the end of 2024:




- ◆ All high-risk countries will have established diagnostic capacity to confirm YF

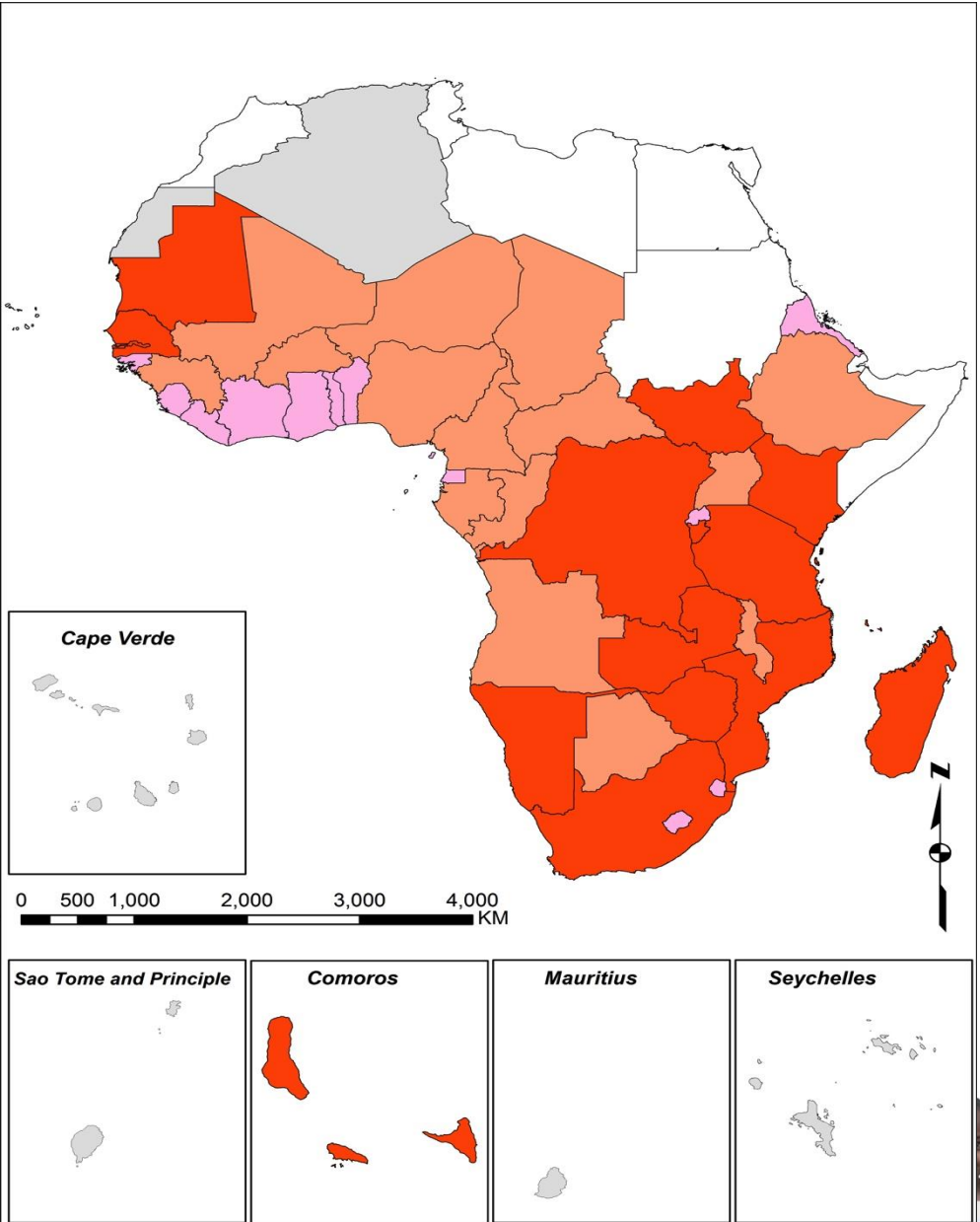
10 Priority Interventions

1. Undertaking risk assessment and catch-up campaigns
2. Applying the International Health Regulations
3. Vaccinating everyone in areas or countries at high risk of YF
4. Improving routine immunization and vaccinating every child
5. Protecting high-risk workers
6. Building resilient urban centres and establishing readiness plans
7. Sustaining vector surveillance and control programmes in cities
8. Strengthening surveillance and diagnosis for early detection
9. Ensuring emergency stockpile of YF vaccines
10. Fostering rapid outbreak response

Rift Valley Fever and Dengue Risk Mapping

Rift Valley fever virus ecological zones mapped using a combination of reported cases, serological evidence and potential risk of transmission based on the presence of the Aedes mosquito.

-  Countries with reported large outbreaks
-  Countries with periodic cases/serological evidence
-  Aedes mosquito present, no reported cases





Weak health systems including infrastructure: Flexibility, adaptability



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Ending Yellow Fever Epidemics



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