

## CONCEPT NOTE

### DEVELOPING AN ADVOCACY STRATEGY TO IMPROVE IMMUNIZATION OUTCOMES IN THE AFRICA REGION

PROPOSED DATES: OCTOBER 21<sup>ST</sup> – 25<sup>TH</sup> 2024

VENUE: ADDIS ABABA, ETHIOPIA

#### Context

Immunization is a proven public health intervention. Unfortunately, with only six years left to the Sustainable Development Goals (SDGs) target, countries especially in Africa are still struggling to reach every child with lifesaving vaccines. According to the 2024 WHO/UNICEF estimates of national immunization coverage (WUENIC) report, there has been no meaningful change in coverage compared to 2022. The report also noted that performance had not yet recovered to 2019 levels, which is the baseline for the Immunization Agenda 2030 (IA2030). Additionally, the number of completely unvaccinated children (zero-dose) is up from last year and still well above 2019 (pre-COVID) levels. Furthermore, some children are labeled as “drop out” or under immunized, meaning they received a first but not a third protective dose of diphtheria, tetanus, and pertussis (DTP) vaccine—a proxy measure for vaccine coverage. Likewise, global coverage for one dose of measles vaccine was still well above 2019 levels. The total number of un- and under-immunized children was 21 million in 2023, which is 2.7 million above the baseline. These statistics are testament to the fact that Africa is home to the largest numbers of zero dose children compared to other regions. There is need therefore to develop strategic advocacy approaches to reach zero-dose and under-immunized children in Africa if countries are to return to pre-pandemic performance and meet the SDG targets.

#### *Addis Declaration on Immunization*

The African Union Commission and Africa CDC have made significant commitments to advancing the immunization agenda in the region, notably through frameworks such as the Addis Declaration on Immunization (ADI) and Agenda 2063. Globally, IA2030 also requires contextualization and alignment with national immunization strategies and regional frameworks to ensure its effectiveness.

According to the draft review report of the ADI produced by the African Union, there have been notable improvements in performance on these commitments from 2016 to 2022. The overall average performance across the different commitments improved from 42% in 2016 to 46% in 2022. Specific commitments, such as Commitment 1 (increasing access) and Commitment 7 (implementing polio legacy plans), saw significant progress, rising from 33% to 60% and 46% to 86%, respectively. Commitments 8 (developing a capacitated African research sector) and 9 (building political will) also demonstrated strong gains, with Commitment 8 improving from 32% to 50% and Commitment 9 from 44% to 65%. While Commitments 2 (domestic resource investment), 3

(addressing barriers in vaccine and healthcare delivery systems), and 6 (monitoring progress toward immunization goals) showed moderate improvements, Commitment 4 saw a decline, dropping from 49% in 2016 to 22% in 2022.

Qualitative findings indicate that the ADI has encouraged immunization actions in some Member States by generating political will, engaging stakeholders, and leveraging champions and media to address immunization delivery challenges. However, the preliminary results also highlighted limited domestication of ADI commitments and insufficient targeted advocacy toward policymakers. While the ADI has been effective in mobilizing funding in some African Union Member States, securing sustainable domestic funding remains a critical challenge, particularly during the transition from GAVI support that many countries are facing.

### ***Gavi 6.0 strategy***

Gavi's current strategy (5.1) and the recently approved follow-on strategy, 6.0 underscore Gavi's mission to ensure that no one is left behind. The Gavi 5.1 strategy aims to cut the number of zero-dose children by 25% by 2025 and by 50% by 2030. Additionally, the Immunization Agenda 2030 (IA2030) envisions making vaccination accessible to everyone, everywhere, by 2030. This means Africa as a region with high numbers of zero-dose, under-immunized and missed communities needs strategic shifts to improve immunization performance to the 2030 targets.

### **Rational for the Africa Regional Advocacy Strategy on Immunization**

The development of the Africa Advocacy Strategy on Immunization is necessary to address the complex and varied challenges faced by countries in the African continent in reaching their immunization targets, including on zero-dose children and missed communities. This strategy will provide a coordinated, strategic advocacy approach to ensuring that all children receive life-saving vaccines, contributing to healthier populations and stronger health systems across the region. The strategy is important because of the diverse regional challenges as different countries in the region face unique challenges in immunization coverage, from vaccine hesitancy to logistical issues in vaccine delivery. The need to strengthen political will and governance which are essential for the success of immunization programs. Yet it often varies across countries; ensuring coordinated efforts for greater impact by aligning the advocacy efforts of various stakeholders—including governments, civil society, and international organizations; supporting resource mobilization as domestic resource investment is key for improving immunization outcomes. All these should be aligned to issues that cut across geographies, leveraging regional partnerships, and ensure mutual accountability for commitments and results in relation to the SDGs and IA2030.

That is why PATH is hosting a workshop to develop an Africa immunization advocacy strategy. The outcomes from this workshop will guide regional and country specific advocacy efforts toward improved immunization outcomes at all levels.

### Objectives of the workshop

1. Draft the Africa Regional Immunization Advocacy Strategy: To develop a cohesive and actionable advocacy strategy that aligns with national and regional priorities for reaching zero dose children and improving immunization coverage in African countries
2. Strengthen Collaboration: To foster stronger partnerships among advocates, technical leaders, and policymakers to ensure a unified approach in advancing immunization advocacy efforts.
3. Bring to the forefront challenges and opportunities for advancing zero-dose and routine immunization advocacy in Africa, thus contributing to the achievement of the ADI commitments, Agenda 2063 and SDGs

### Expected Outcomes

1. A draft regional immunization advocacy strategy that can be refined and adopted by country and regional immunization advocates.
2. Strengthened networks and partnerships among key stakeholders to support the implementation of the regional immunization advocacy strategy.
3. Increased knowledge on advocacy-related tactics to reach zero-dose and under-immunized in the Africa region

### Scheduled

The dates for the workshop are October 21<sup>st</sup> to 25<sup>th</sup> 2024 (21<sup>st</sup> and 25<sup>th</sup> are travel days).

### Venue

Skylight Hotel, Addis Ababa

### Targeted participants

This workshop will bring together the following

No.	Proposed participant	Country	Number
1.	EPI representatives	DRC, South Sudan, Nigeria, Ethiopia	5
2.	UNICEF regional representative	Regional Office	1
3.	WHO representative	Regional Office	1
4.	CSO constituency members	Uganda, Kenya, Burundi, Mozambique, South Sudan, Cameroon, Senegal, Malawi, Nigeria Ethiopia, Angola, Madagascar,	13
5.	Africa CDC		1
6.	AU representation (one for Anglophone and one for Francophone countries)	Regional Office	2
7.	Policy maker – Member of Parliament	Ethiopia	2

		Uganda	
8.	Gavi		2
9.	BMGF	Regional Office	1

### Proposed model for the workshop

- **Pre workshop**

Consultations on the advocacy engagements at country level: Using Survey Monkey, PATH will reach out to technical teams, political decision makers, and civil society advocates to ask them to share the key issues for advocacy. There will be intentionality to identify the linkages between country, regional, and global level immunization advocacy efforts. It will also be an opportunity to identify the community issues affecting coverage.

- **During the workshop**

The workshop will employ a mixed methodology including:

- **Presentations and plenary sessions:** To share the country context and the key advocacy issues and tactics.
- **Fireside chat:** This will be an opportunity for candid conversations with technical experts, policymakers, EPI managers, and/or civil society advocates on the key issues for advocacy
- **Group discussions:** These will be employed to share lessons, build consensus on the objectives and expected deliverables, and identify advocacy issues, strategies, key messages, and opportunities for engagement at all levels.
- **Facilitated sessions:** PATH will leverage its [10-part advocacy strategy development curriculum](#) to guide participants through the process of developing the regional immunization advocacy strategy.

### Post workshop

- Finalization of the strategy
- Launch of the strategy during key moments e.g. CPHIA
- Dissemination and popularization
- Implementation by individual advocates/organizations

### Selection Criteria for Participating Countries

Countries were selected based on their high burden of zero-dose children, placing them among Gavi’s priority high-impact nations. Additional considerations included countries facing crises such as conflict, fragility, climate change, and rapidly growing urban populations, as well as those experiencing insecurity due to low social and economic conditions. To ensure broad inclusion,

linguistic diversity (Anglophone, Francophone, and Lusophone countries) and regional representation across the continent were also considered.

Based on these criteria, the following countries have been included:

1. Nigeria
2. Ethiopia
3. Kenya
4. Madagascar
6. Uganda
6. Mozambique
7. DRC
8. Nigeria
9. South Sudan
10. Senegal
11. Cameroon
12. Malawi

### **Agenda**

Agenda will be shared soonest