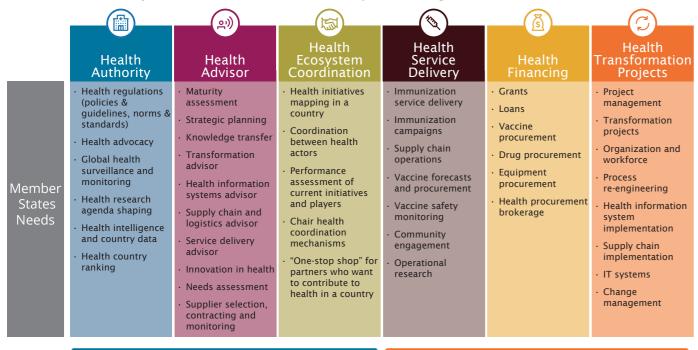


#### WHO ROLES

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.



**WHO legitimate roles** 

**De-prioritized roles** 

#### 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.

#### Organization & workforce transformation

- Adjustment of WHO country offices based on country categorization and internal WHO country functional review process
- Reinforcement of regional and sub-regional offices to better support country offices
- Alignment of skills and workforce at all levels

# 2 Simplicity and efficiency

- Internal process streamlining
- Development of management and leadership best practices
- Training in management
- Knowledge management tools (including templates and accelerators)

#### 3

# Operational planning strengthening

- Definition of milestones and activities
- Definition of working units and deliverablesDefinition of sourcing strategy and capacity
- planning

# 4 Accountability framework deployment

- Definition of KPIs, individual objectives in line with Performance Management and Development System (PMDS)
- Satisfaction surveys
- Internal controls and independent evaluations

# Communications and partnerships

- New communication strategy for immunization
- Coordination mechanisms with all stakeholders
- Ensure proximity of partners

# 6

# Innovation and data management

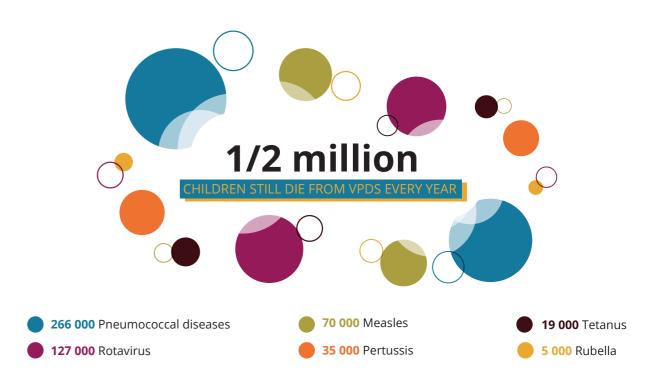
- · Innovation laboratory
- Integrated data platform
- Data analytics and health intelligence system

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



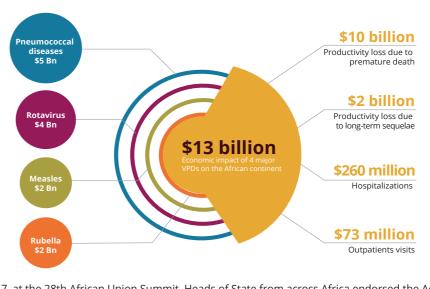
#### **SITUATION ANALYSIS**

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



#### **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.



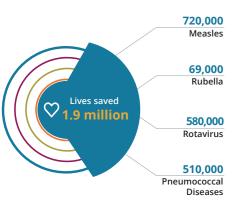
#### **2030 AMBITION**

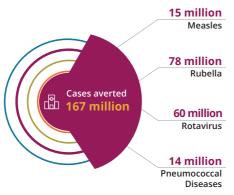
By 2030, WHO will have supported Member States sustain the control or elimination of key vaccine-preventable diseases as well as achieve a major decrease in the morbidity and mortality of rotavirus and pneumococcal diseases.

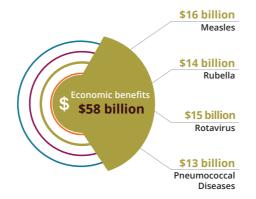
| Sustain VPDs control,<br>elimination and/or<br>eradication |  | Reduce mortality of top<br>killer VPDs |  | Empower high-risk<br>countries against outbreaks |  |
|--|--|--|--|--|--|
| Poliomyeliti   | Sustain eradication of all polio viruses   | Rotavirus                              | Reduction of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

# **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.





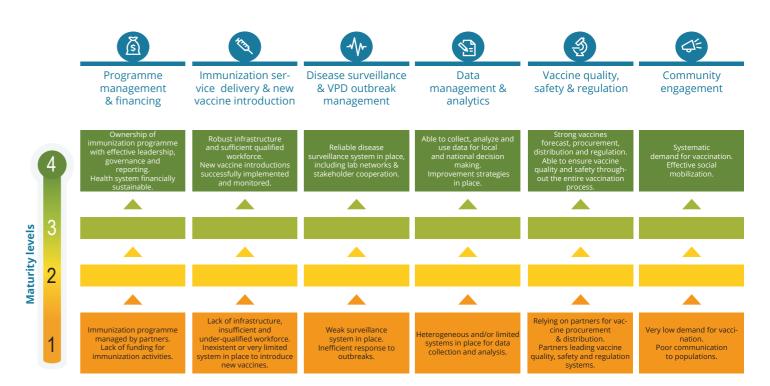






#### **IMMUNIZATION MATURITY GRID**

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



#### **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.

