



Address by
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WHO EASTERN MEDITERRANEAN REGION
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Excellency, Honourable Prime Minister Hailemariam Desalegn,
Your Excellency, Dr Nkosazana Dlamini Zuma, Chairperson of the African Union Commission,
Honourable ministers, Distinguished Guests, Ladies and gentlemen, Good morning.

I would like to begin by thanking our Ethiopian brothers and sisters for their warm hospitality.
They have, in true African spirit, welcomed us to their beautiful country – *amaseganalehu*
(*thank you*).

I also wish to express my sincere gratitude to all of you present today for taking the time to be
here. Your attendance reiterates your individual, organizational and national commitments to
attaining universal access to immunization.

I am honoured to be speaking to you here today on behalf of the World Health Organization's
Regional Office for the Eastern Mediterranean, which represents seven countries in Africa:
Djibouti, Egypt, Libya, Morocco, Somalia, Sudan and Tunisia. We are pleased to be partnering
with the WHO Regional Office for Africa, the African Union and the Government of Ethiopia on
this Ministerial Conference on Immunization in Africa, together representing the entire continent
of Africa.

We are here this week to talk about one of the most powerful public health interventions of our
time: vaccines. Since vaccines started to become widely available in Africa, the results have
been tremendous. Child mortality has dropped exponentially and, consequently, more children
than ever before are living to celebrate their fifth birthdays.

As Dr Moeti mentioned, one of our biggest success stories is undoubtedly what we have done –
together – on polio eradication. Africa has shown the world what we can do when we all come
together around the common goal of saving children's lives. That is why it is so significant that
today, representatives from across Africa are gathered here in Addis to demonstrate our
collective commitment to expanding access to lifesaving vaccines.

We are here because our progress, while impressive, is not enough. Today, one in five children
does not receive basic vaccines – and too many children across Africa are still dying of entirely

preventable causes. This is unacceptable. Diseases like measles, rotavirus and pneumonia, for which powerful vaccines are available, must no longer be death sentences for Africa's children – in fact, these diseases should not be around at all.

We are here because we know we can – and we must – do more to save our children's lives, and we stand ready, as leaders on this great continent, to do so.

And we are here because we can learn from each other. One of the greatest benefits of having so many countries represented here today is that we have an opportunity to share our successes, discuss our biggest challenges and chart the way forward.

I would like to share some of the experiences on immunization programmes in the Eastern Mediterranean Region to help kick-start this dialogue.

Despite recent political and economic turmoil in many of our countries, the Region has made outstanding progress toward maintaining high routine immunization coverage rates and introducing new vaccines in recent years. This is thanks to strong commitments from governments and, of course, Gavi support in the eligible countries: Djibouti, Somalia and Sudan.

In Somalia, the government has been successful in controlling disease outbreaks, including an outbreak of polio in 2013-2014 that threatened to derail the continent's early progress in containing the disease. Somalia's success demonstrates that vaccines can be deployed, even in conflict situations, to stop outbreaks and ensure children are protected against life-threatening illnesses.

In post-revolution Libya, the government has been able to introduce new vaccines, all through its own domestic resources. Children there are now protected from more diseases, including pneumococcal, human papillomavirus, rotavirus, varicella and meningococcal diseases. Moreover, routine immunization coverage in Libya has not dropped below 94% since the start of the conflict. This provides remarkable model for ensuring immunization remains a priority, even in the face of serious political turmoil.

Both Egypt and Tunisia have also made major achievements in the past three years, in spite of economic constraints and the absence of donor funding. Egypt introduced Hib vaccine in 2013, immunized 24 million children against measles and rubella, and maintained routine immunization coverage of at least 93%. Tunisia introduced the inactivated polio vaccine in 2014 and kept its routine immunization coverage above 95%.

Djibouti and Sudan have introduced Hib, Pneumococcal and rotavirus vaccines with support from Gavi, the Vaccine Alliance, and both countries have significantly increased the government contribution to immunization to fulfil the co-financing requirement. The success of Sudan in increasing routine vaccination coverage from 60% to more than 94% in the past decade clearly demonstrates that it can be done even in resource-constrained countries.

In fact, our region still faces quite serious challenges when it comes to immunization. Geo-political and security challenges threaten vaccine procurement and delivery. Measles outbreaks are still a challenge in several countries of the Region, meaning our elimination and control

efforts have not been entirely successful. And we must remain vigilant for polio and continue quality immunization and surveillance until the disease is officially eradicated.

But, as you have seen, we also have quite a number of lessons to share. As I have already discussed, we offer robust models on how to maintain strong immunization coverage and even introduce new vaccines in conflict and post-conflict settings and in countries experiencing other forms of political or economic constraints. I am sure my colleagues from the different countries would be willing to share their experiences.

Another major lesson is around vaccine financing. The majority of African countries in our region – four out of seven – do not receive support from Gavi and are, thus, fully funding their own immunization programmes. These countries are Egypt, Libya, Morocco and Tunisia. As you have seen, what these countries have been able to do without donor support is truly commendable. Their progress offers models both for countries that are not currently eligible for Gavi support and for countries that will be graduating from Gavi support in the near future.

As countries in Africa grow economically and donor budgets become more constrained, focusing on domestic financing for health and, in particular, immunization is an absolute must. Countries simply cannot continue to depend exclusively on the generosity of donors – it is imperative to find creative solutions and innovative financing mechanisms to ensure the long-term sustainability of the vaccination programmes.

To say that governments face competing priorities is, of course, an understatement. But there is no question that vaccines are a best buy in global health. New data published in *Health Affairs* show that, for every dollar spent on immunization, we get US\$16 back that we can in turn invest in our people. Between 2011 and 2020, Africa will collectively gain US\$224 billion in economic benefits by investing in immunization programmes.

Beyond the economics, we must remember that every child we lose to preventable causes is a son or a daughter, a brother or a sister, a future doctor, teacher or Noble Peace Prize winner. Simply put, we cannot afford for Africa's children NOT to survive, thrive and reach their full potential.

Let us use these next two days to learn from each other and recommit ourselves to the ambitious but achievable goal of ensuring each and every African child, no matter where he or she is born, has access to the lifesaving vaccines they need. Delivering on our promise to Africa's children is not an option, it is a necessity – and together, we can make it a reality.

Thank you.