

YAOUNDE DECLARATION ON ELIMINATION OF MENINGOCOCCAL MENINGITIS TYPE A EPIDEMICS AS A PUBLIC HEALTH PROBLEM IN AFRICA

Sub-Saharan Africa is plagued by repeated meningitis epidemics concentrated in the “meningitis belt”, a vast region stretching from Senegal, on the west coast, to Somalia, on the east coast. The epidemics occur every year, with recurrent peaks every 8 to 12 years. The disease takes a heavy socioeconomic and human toll.

More than a decade after a major meningitis epidemic in 1996 which resulted in more than 250 000 cases and 25 000 deaths, there is another threat to the countries of the African meningitis belt. An epidemiological survey of previous epidemics shows that *Neisseria meningitidis A* is the main cause of meningococcal meningitis epidemics in Africa. About 500 million people living in countries of the meningitis belt are at risk of contracting meningococcus type A. Despite an appropriate management of cases, at least 10% of patients still die from the disease and nearly 20% recover with serious irreversible sequelae.

For more than 20 years now, the control of meningitis epidemics is principally based on epidemiological surveillance and response mass immunization campaigns with meningococcal polysaccharide vaccines which have shown their limits.

The implementation of a new strategy to combat meningococcal meningitis epidemics in the African belt is necessary. It consists of organizing preventive mass campaigns and seeks to introduce a new meningococcal type A conjugate vaccine. It will help immunize, during the 2009 to 2015 period, about 250 million people aged 1 to 29 years, including 23 million children living in 25 African countries. Thanks to the conjugate vaccine, the African Region could prevent, by end 2015, more than 150 000 deaths due to epidemic meningitis and spare about 350 000 children the sequelae of meningitis.

The various clinical trials carried out on this vaccine, whose introduction could commence in 2009, were very conclusive and the cost of a dose is estimated at US\$0.40. The vaccine gives children and adults stronger and longer immunity.

Meeting on the fringes of the fifty-eighth session of the WHO Regional Committee held from 1 to 5 September 2008 in Yaounde, Cameroon, we, Ministers of Health of African countries of the meningitis belt,

- Drawing lessons from the frequent and increasing severity of meningitis epidemics in our countries since 1995, which are affecting essentially the young and active population, with a high case fatality rate;
- Considering the risk of occurrence of other major meningitis epidemics during the coming epidemic seasons;
- Considering the present means of combating these devastating epidemics, notably by immunization and utilization of antibiotics recommended by the World Health Organization;

- Considering the current international research efforts to develop new vaccines and in particular a meningococcal conjugate vaccine;
- Considering, in particular, the preliminary results of the immunogenicity of the new meningococcal A conjugate vaccine and the possibility of introducing it before long in countries at risk;
- Considering the need to strengthen the management of cases of meningitis by implementing the effective free administration of care to patients during the epidemic period;
- Considering the progress made by countries in improving disease surveillance indicators and the availability of standard operational procedures enabling the rapid detection of meningitis epidemics;

Recalling the Cooperation Protocol on the Control of Epidemics in West Africa, Algeria and Chad, signed by Ministers of Health and Ministers of Home Affairs in October 1996 in Ouagadougou, Burkina Faso;

Recalling the Bissau Declaration of 9 November 2007 on Accelerating the Control of Meningococcal Meningitis Epidemics in the African Meningitis Belt, adopted by Ministers of Health of member countries of the Economic Community of West African States, under the auspices of the West African Health Organization and WHO;

Mindful of the provisions of the International Health Regulations (2005) specifying the steps to be taken in the case of confirmation of epidemics;

Considering the need to implement all control components in order to eliminate meningococcal meningitis type A epidemics as a public health problem as soon as possible;

Cognizant of the international environment that is particularly favourable to the health sector, especially efforts to combat poverty and achieve the Millennium Development Goals, as well as the commitment of states and their key partners;

EXPRESS OUR GRATITUDE to our partners, in particular:

1. the member organizations of the Interagency Coordination Group (UNICEF, WHO, Federation of the Red Cross and Red Crescent and *Médecins sans Frontières*) for their support in controlling meningitis epidemics in Africa;
2. the Bill and Melinda Gates Foundation, the American NGO PATH and WHO for their resources and efforts necessary for the development of the meningococcal A conjugate vaccine;
3. the Global Alliance for Vaccines and Immunization for the financial resources that are going to be committed for the strengthening of meningitis surveillance, organization of preventive and response campaigns and introduction of the conjugate vaccine through national immunization services;

PLEDGE to:

1. prepare, with the support of our partners, adapted control plans including the strengthening of case-based surveillance, assessment of risk, organization of preventive and response campaigns and fast track introduction of the new meningococcal A conjugate vaccine once prequalified by the World Health Organization;
2. implement all meningococcal meningitis control strategies in a concentrated manner, taking into consideration the International Health Regulations (2005);
3. support one another by joint and efficient actions against the threat of meningococcal meningitis by conducting cross-border immunization and surveillance activities and enhancing the sharing of information among countries for a better epidemic response;
4. put in place in each of our countries funds that can be rapidly mobilized to contribute to the operational cost of epidemic control campaigns in general and meningitis epidemics in particular, in accordance with the October 1996 sub-regional cooperation protocol.

Yaounde, 4 September 2008