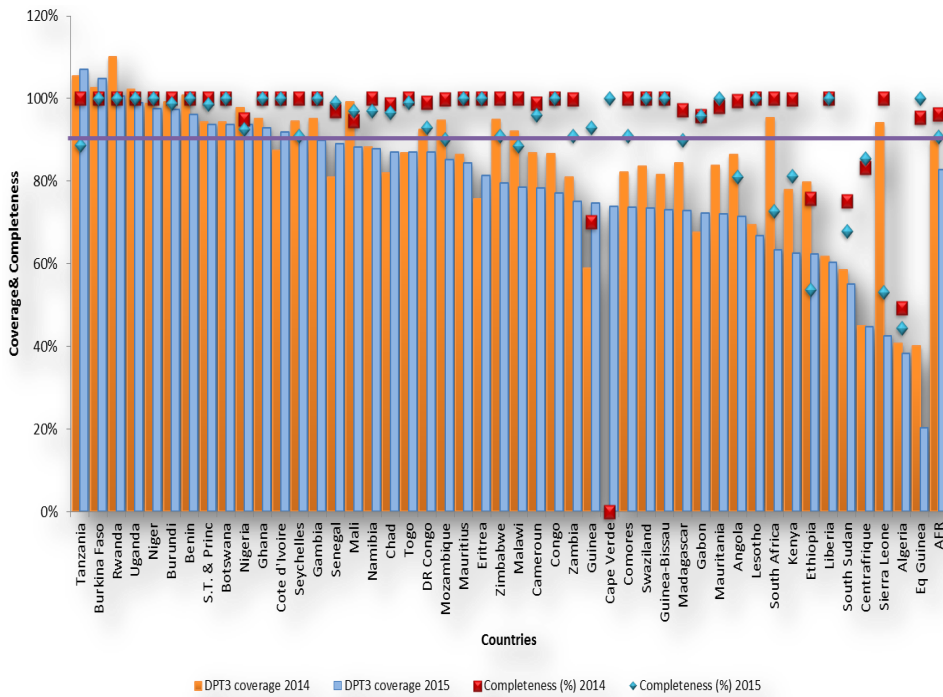




# MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

January 2016 (Vol 4, issue N° 1)

## Coverage and district data completeness January-November 2014-2015



### Highlights

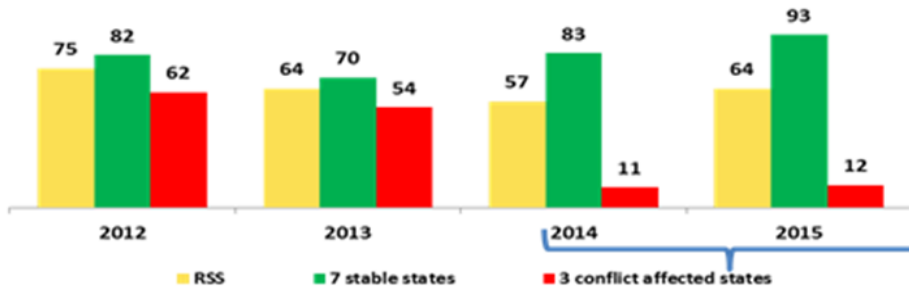
Data reported in this issue cover the period January to November 2015 compared to the same period of last year. The regional completeness was 96% and 91% in 2014 & 2015 respectively. A completeness <70% was reported by Algeria, Central African Republic, Equatorial Guinea and Sierra Leone.

The regional administrative reported coverage for the DTP3 & Measles containing vaccine was 83% for both vaccines in 2015 compared to 90% and 85% respectively in 2014.

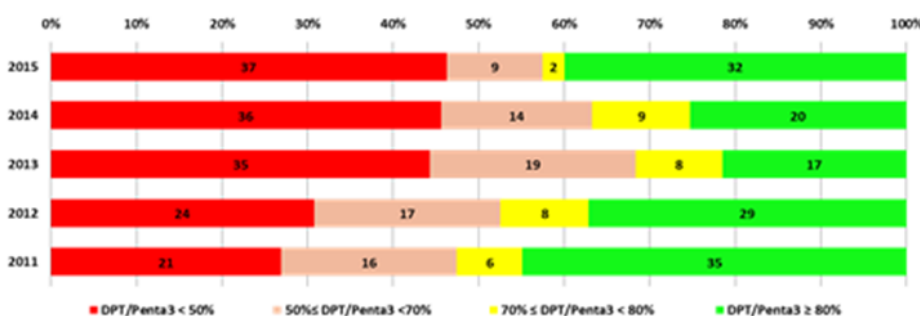
A total of 25.8 million children were vaccinated with three doses of DTP containing vaccine compared to 27.5 million during the same period in 2014.

Fifteen countries reported an increased number of children vaccinated during the period with the highest number reported in Cote d'Ivoire and Chad.

## Progress in Routine Immunization in South Sudan



### Coverage of DTP3 containing vaccine 2012 to 2015



### Categorization of counties per DTP/Penta-3 coverage range: 2011 to 2015

### Highlights

Despite the deteriorating security situation, efforts of coordination to enhance routine immunization are also continued especially in 7 stable states. The use of standard strategies: fixed, outreach, and mobile were re-emphasized and partners were also encouraged to use other innovative strategies such as population registration, food distribution and rapid response programs in the three conflict affected states.

The national coverage is mainly affected by the three conflict affected states with the reported Penta-3 coverage of 12%.

Routine immunization service in these were mainly limited to Protection of Civilian (PoC) sites, IDP camps and few accessible counties through implementing partners. The cumulative Penta-3 coverage of PoCs and IDP camps in the three conflict affected states is 80% at the end of Nov 2015, the highest coverage was recorded in Minkkaman with 92%.

Despite the improvement of Penta3 coverage in the PoCs for the last 6 months, the overall Penta-1 to Penta-3 dropout rate is higher than expected at 22%. This has been attributed to high mobility of IDPs in and out of the PoCs.





**“Close immunization gap,  
Stay polio free!”**  
24-30 April 2016

- ◆ The 6th edition of the AVW will be celebrated as usual during the last week of April ie 24-30 April 2016.
- ◆ This will coincide with the Switch from tOPV to bOPV ie removing type 2 component (OPV2) from immunization programmes worldwide during the period from 17 April to 1st May 2016.
- ◆ This year’s theme is aligned with the global one with a component on polio that is: **“Close the immunization Gap, stay polio free!!”** in French **“Comblons les lacunes sur la vaccination, restons sans polio”**,
- ◆ As for the previous years, the event will be celebrated in partnership with immunization partners. All countries are expected to participate, through raising awareness or advocacy on immunization, and/or providing not only vaccines but also other life saving interventions.

## “The switch” 17 April—1st May 2016

- ◆ Remarkable progress has been made towards interruption of the transmission of wild poliovirus (WPV) in the African Region with no WPV case reported since 18 months (last case reported was on 24th July 2014 in Nigeria).
- ◆ In September 2015, the Global certification committee declared the eradication of the type 2 poliovirus worldwide as the last case was reported in 1999. Subsequently, in October 2015, the SAGE recommended the switch from trivalent OPV (tOPV) to bivalent OPV (bOPV) to be conducted in a globally synchronized manner during the period from 17 April to 1st May 2016 coinciding with World Immunization Week/ African Vaccination Week .
- ◆ To date, all countries have a national plan for switch endorsed by their Interagency Coordination Committee (ICC). They have registered or are in process to register bOPV. Most countries will switch the first week of the global date.
- ◆ WHO AFRO in collaboration with UNICEF (WCARO and ESA-RO) is supporting, the preparatory activities. Three workshops are being organized in February and March in the 3 WHO sub regions to orient national logisticians and members of the switch validation committee.

## Best Practices workshop on Reaching Every District/ Community, Equity and integration of child survival interventions in Eastern and Southern Africa: 25-29 January 2016 ,Cape Town, South Africa



Group picture of participants at the meeting in cape town

### Recommendations of the meeting

- Countries to further review the best practices identified, adapt and plan for use in the national context, and develop an operation framework based on the integrated RED/REC strategic approach
- The African Region and partners to adapt the current RED strategic approach guidelines to include the expansion of RED components with equity and integration
- EPI managers to brief their respective ministers on the need to capitalize on the gains and expand RED approach to address inequities before the ministerial meeting
- WHO and partners should develop a regional framework for equitable and integrated delivery of child survival interventions in order to address inequities and make progress towards achieving Universal Health Coverage.

### Highlights

- ◆ This first workshop jointly organized by WHO, UNICEF and JSI, MCSP/USAID, gathered one hundred forty six (146) delegates drawn from the Ministries of Health child health and immunization programmes, partner organizations namely, WHO, UNICEF, JSI/MCSP, CDC, Bill and Melinda Gates Foundation, Sabin Vaccine Institute, the Gavi Alliance and PATH.
- ◆ The RED approach encourages countries and partners to conduct micro-planning of immunization and child health services at health facility level. It places special emphasis on gap identification and tailoring strategies to address them. It is instrumental in planning and budgeting, implementation and monitoring of quality of services to those missed, unreached and underserved populations, focusing on and working with strong involvement of communities
- ◆ All the countries represented reviewed the best practices shared and identified key lessons / best practices for adaptation into their own national draft integrated RED/REC strategic approach guide to improve the coverage of immunization and other child survival interventions.
- ◆ Beyond the technical discussion on operationalization of RED/REC approach in countries, this workshop also consolidated partnership and networking of concerned parties.