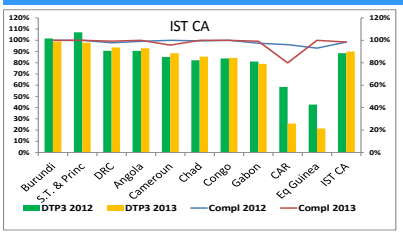
World Health Organization
REGIONAL OFFICE FOR Africa

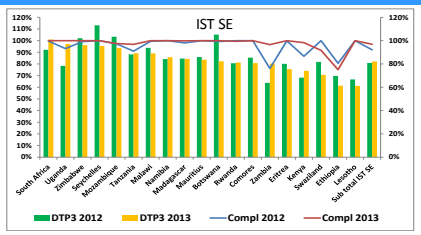
IMMUNIZATION VACCINES & EMERGENCIES 40 YEARS 1974-2014

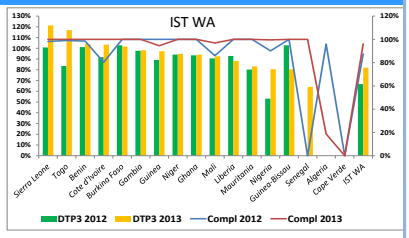
IMMUNIZATION MONTHLY UPDATE IN THE AFRICAN REGION

March 2014 (Vol 2, issue N° 3)

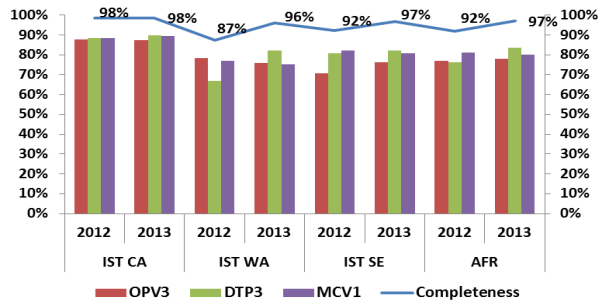
DTP3 coverage in the AFR Jan-Dec 2012/2013



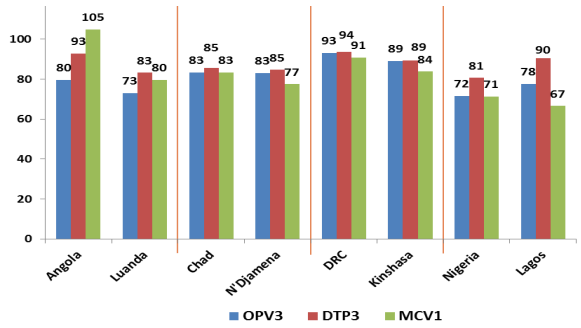




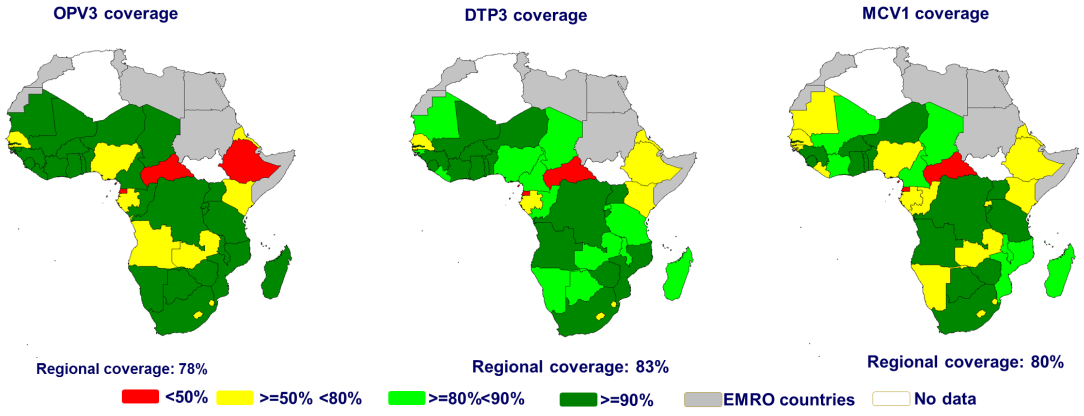
DTP3 performance and district data completeness by IST, 2012-2013



DTP3 performance of big cities in selected countries-2013



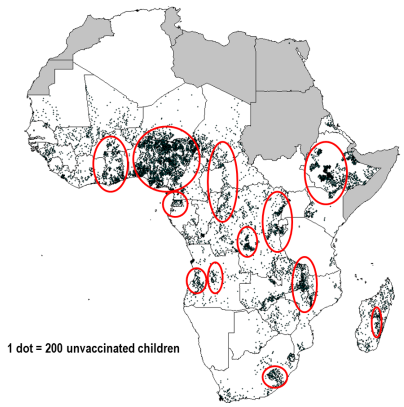
Comparative OPV3, DTP3 & MCV1 coverage in countries of the AFR 2013*



*Data not yet final
Note: Ethiopia system does not systematically collect OPV data, Algeria monthly has started to be shared, but is not yet representative of the country performance, Senegal has stated to share monthly RI data by district
Source : Monthly reported administrative data by district from member states.

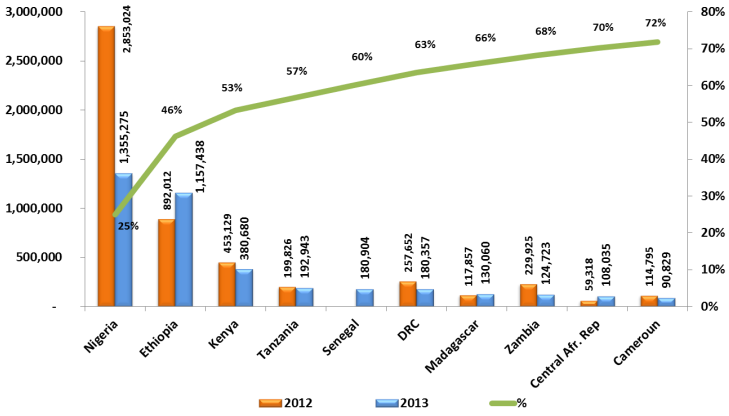
Unimmunized children in the AFR Jan-December 2012/20123

Location of un immunized children (DTP3), 2013



* Ethiopia data completeness is 75% & CAR 80%

Location of un immunized children (DTP3), 2013



Source: Country reported administrative data

Highlights

The data reported in this bulletin covers the period January to December 2013 with a completeness of 97% & 92% in 2013 & 2012 respectively .

The administrative reported regional DTP3-containing vaccine coverage was 83% in 2013 compared to 76% for the same period of last year. An additional number of 3,372,493 children were vaccinated in 2013 in 24 countries: 5/10 in IST/CE, 11/17 in IST/West and 8/19 in IST/ESA. Data from South Sudan, Algeria & Cap Verde are not included in this analysis while Senegal has started to share monthly RI data by district

A total of 20/46 countries have reported DTP3 coverage ≥ 90%. However, 10 & 5 countries respectively in 2012 & 2013 reported vaccine coverage >100%. 3 of them have presented this situation for 2 consecutive years (Benin, Burkina Faso, and Sierra Leone). Nineteen countries did report a decreased number of vaccinated children for the period. Two countries, located in central Africa, CAR & Equatorial Guinea, reported DTP3 coverage <50%.

Despite the relatively high coverage observed in some selected big cities, a lot of children are still being missed and special strategies need to be implemented to address this issue.

A comparative analysis of OPV3, DTP3 and MCV1 coverage shows a regional coverage respectively of 78%, 83% and 80% with disparities between countries. These regional averages are influenced by the coverage achieved by the big countries (Nigeria, Ethiopia, DRC, Angola). Ethiopia system does not systematically collect OPV data for example.

An estimated number of 5,432,044 children did not received DTP3-containing vaccine in 2013 compared to ~ 7,5 millions in 2012. Seventy-two percent of these children are located in 10 countries (Nigeria, Ethiopia, Kenya, Tanzania, Senegal, DRC, Madagascar, Zambia, CAR and Cameroon). The map here over shows the pockets where those children are located.

The rigorous implementation of the RED strategy combined with other proven strategies (PIRI, AVW…) are capital to reverse this trend.

EPI Managers' meeting in IST/SE 10-14 March 2014

Group pictures of the participants to the EPI managers meeting in IST/South East

The annual meeting of the East and Southern Africa (ESA) Expanded Programme on Immunization (EPI) managers was held in Harare, Zimbabwe, 10-14 March 2014. Over 150 participants from the Ministries of Health, WHO and UNICEF in the 20 ESA countries, as well as representatives from international agencies and partners attended the meeting and made recommendations for 2014.

The major objectives of the meeting were to review progress and challenges in reaching the unreached target population with routine immunization services and new vaccines , to discuss the interruption of Wild Polio Virus transmission in the Horn of Africa countries and the maintenance of the polio free status in the rest of ESA countries. The meeting also focused on measles and Maternal and Neo natal Tetanus (MNT) elimination and control of other Vaccine Preventable Diseases as well as data management and social mobilisation issues.

Recommendations were made in the 6 areas of Immunization systems strengthening (13), Polio eradication initiative (5), Accelerated immunization initiative (7), data quality improvement (2), communication (2), integration (2) and 5 recommendations for the partners

Highlights

Key recommendations to countries included :

- RI is one of the 4 strategies for PEI and as such all countries should ensure that from the planning stage, Routine Immunization needs are integrated in to mainstream polio eradication activities and support provided is documented.
- Realizing that the end game process is already being rolled out, all countries should rapidly develop plans to introduce IPV into their routine programmes according to available guidelines.
- In order to bridge immunity gaps, all countries should ensure that all routine immunization antigens are included during the implementation of the PIRI, MNCH and AVW weeks based on evidence (e.g. areas with large numbers of un/under immunized children).
- Countries whose RI coverage stagnated or declined (Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Namibia, Rwanda, Swaziland and Zambia) should conduct a study on the strengths and weakness of immunization systems in order to address challenges and guide decision making on interventions such as new vaccine introduction.
- All health facilities in all countries should fully implement the Reaching Every Community (REC) approach including developing and/or operationalizing community-health facility based microplans and report on implementations status quarterly.
- All countries should develop a framework linking direct support to immunization systems strengthening from ongoing disease control, elimination and eradication (e.g. PEI, Measles and MNT) and new vaccine introduction initiatives and document the support.
- Countries should conduct capacity building on data management and monitor data quality at national and sub-national levels including DQS principles and report to IST quarterly.
- Countries should utilize available communication and social data to inform their Communication and Social Mobilization plans and activities (Coverage surveys, KAP studies, IM data); monitor and report on the progress to WHO and UNICEF.

EPI Managers' meeting in IST/West 03-07 March 2014

Group pictures of the participants to the EPI managers meeting in IST/West

The 2014 EPI manager's meeting for countries of the West Africa sub region was held in Ouagadougou. The meeting was attended by the 17 country teams and immunization partners (WHO,UNICEF, GAVI, AMP, TFI, Rotary, CDC,MSF & ECOWAS). Recommendations were made in the 5 areas of Polio eradication initiative (4), Immunization systems strengthening & logistics (7), Accelerated immunization initiative (5), data quality improvement (2) and laboratories (1)

Highlights

Key recommendations to countries included :

- Each country to develop its IPV introduction plan into RI by 31 July 2014
- Each country to follow up on a quarterly basis the implementation of the 5 components of the RED Approach
- Each country to design a mechanism of a better involvement of the private sector into the provision of all vaccination services and to ease the incorporation of their data into the national database
- Every country to develop and implement specific strategies to reach low-income populations living in special neighborhood areas in cities and in the inter-country bordering areas
- Each country to revise his comprehensive Multi Years Plans (cMYP) before end June 2014 to take into account the activities related to MCV2 and rubella vaccine introduction & laboratories
- Countries that have not reached the performance set for the two main surveillance indicators for measles elimination should conduct a desk review to identify bottlenecks, develop and implement a plan for surveillance performance improvement
- Every certified country to develop a plan for maintaining his MNT status whereas those on progress are encouraged to proceed with the implementation of the elimination strategies
- Establish a quarterly review of data quality improvement plan to be presented at ICC meeting and shared with IST.

EPI Managers' meeting in IST/CE 24-28 February 2014

Group pictures of EPI managers & partners with the Burundi government officials

The 2014 EPI manager's meeting for countries of the Central Africa sub-region held in Burundi was opened by the 2nd Vice-president of the Republic. The meeting was attended by the 10 country teams and immunization partners (WHO,UNICEF, GAVI, AMP, TFI, Rotary, CDC,MSF & CEEAC). Recommendations were made in the 4 areas of Polio eradication initiative (7), Immunization systems strengthening (9), Accelerated immunization initiative (7), data quality improvement (2) and 6 recommendations for the partners

Highlights

Key recommendations to countries included :

- All GAVI eligible countries to submit application for the introduction of the inactivated polio vaccine by end 2014
- Revise their CMYp to align them on the GVAP
- Reinforce advocacy to ensure national resources funding for immunization with timely mobilization
- Strengthen primarily the implementation of RED approach, and use additional strategies (PIRI, CHD's, etc) where RED cannot be used and mobilize resource locally.
- Document routine immunization intensification activities particularly during AVW.
- Introduce hepatitis B birth dose at least in Sao Tome
- Strengthen measles surveillance to ensure that target indicators are meet and validate their strategic measles elimination plan by June 2014
- Conduct a desk review on rubella data
- Conduct activities to maintain the status of neonatal elimination and to conduct activities to accelerate neonatal tetanus elimination
- Ensure activities to improve data quality are included in the annual plan and that data verification mechanism are put in place before data are sent to the next level.

CAMEROON LAUNCHES THE INTRODUCTION OF ROTAVIRUS VACCINE IN HIS NATIONAL IMMUNIZATION PROGRAMME

Group picture of the 1st lady of Cameroon with the Minister of health, partners and mother during official launch

Administration of rotavirus vaccine by Cameroon's 1st lady Mrs Chantal Biya

Cameroon's 1st lady greeting Dr JM Okwo Bele, director of immunization at WHO/HQ at launch place

Highlights

Yaoundé, 28 March 2014 – Cameroon has become the latest in a growing number of African countries to introduce rotavirus vaccine into its national immunization programme. Thanks to this introduction, children across Cameroon will be protected against the leading cause of severe diarrhea which claims almost 6,000 lives each year in the country. Diarrhea is one of the leading killers of children in Cameroon, causing approximately 13% of deaths in children under the age of five. It is estimated that one-third of all under-five diarrheal disease hospitalizations in Cameroon are caused by rotavirus .

The launching event chaired by Cameroon's 1st Lady and was attended by government officials as well as a large number of immunization partners among whom Mrs Helen Evans, GAVI deputy CEO, Dr JM Okwo Bele Director of immunization at WHO/HQ and UNICEF, The launch was preceded by a number of activities among which, briefing of in-country immunization partners and a symposium for pediatricians and health workers in charge of child health.

WHO recommends that rotavirus vaccines be introduced as part of a comprehensive strategy to control diarrheal diseases with the scaling up of both prevention and treatment packages.

The introduction of rotavirus vaccine in Cameroon brings to 14/47 the number of countries in the African region with rotavirus vaccines in their national immunization programmes