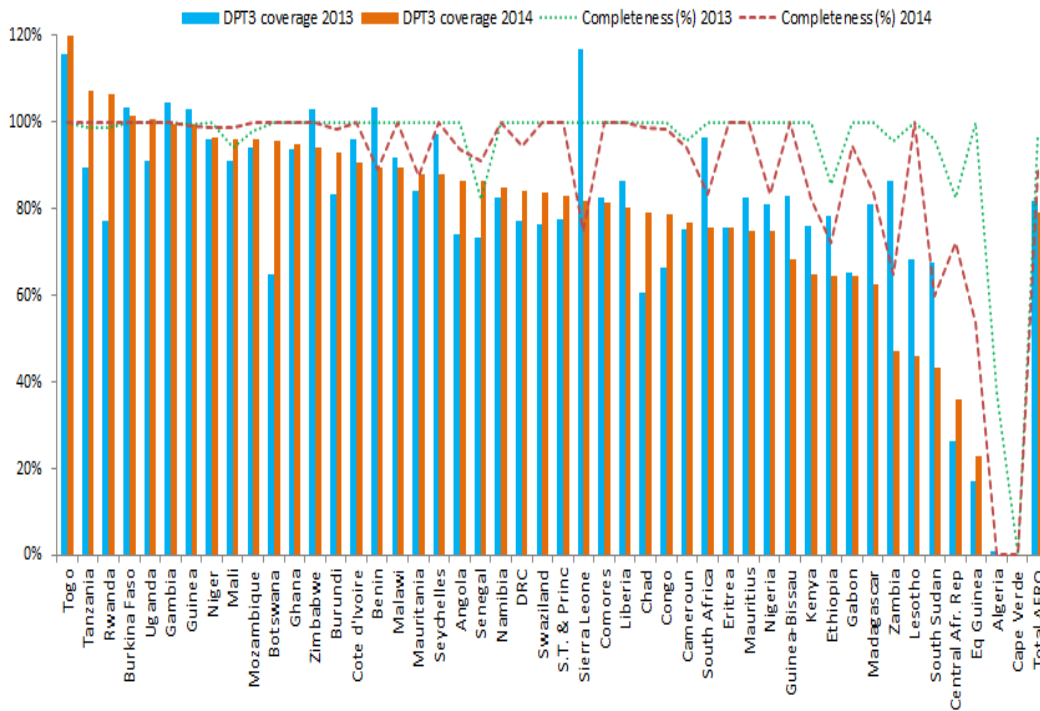


# IMMUNIZATION MONTHLY UPDATE IN THE AFRICAN REGION

August 2014 (Vol 2, issue N° 8)

## District data completeness and DTP3 coverage in the AFR Jan-June 2013-2014



### Highlights

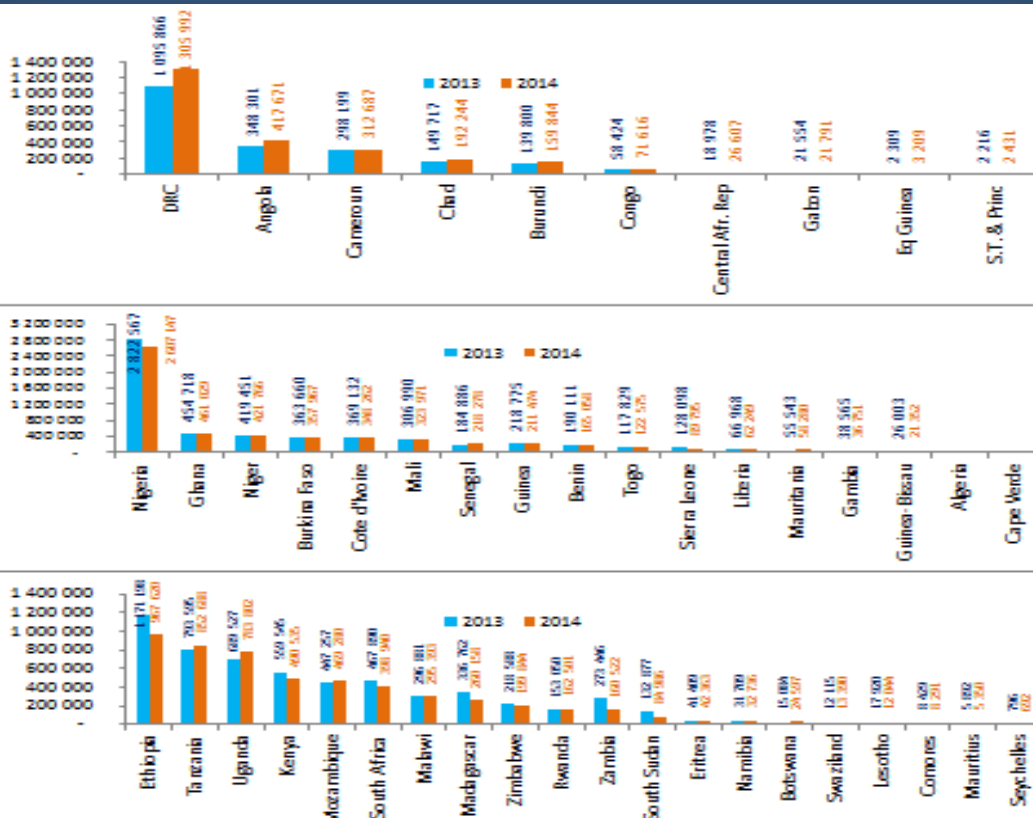
The data reported in this issue covers the period January to June 2014 with a completeness of 89% & 98% in 2014 & 2013 respectively.

2/47 countries (Algeria, Cape Verde) have not reported for the period and 03/47 (CAR, South Sudan & Zambia) have a completeness < 70%. The administrative reported regional DTP3-containing vaccine & Measles coverage was 79% & 80% in 2014 compared to 82% & 85% respectively for the same period of last year.

Seventeen countries have achieved a coverage > 90% among which 5 reported coverage above 100% for DTP3 (Tanzania, Uganda, Rwanda, Togo & Burkina Faso) and 6 for measles (Burkina Faso, Guinea, Namibia, Togo, Rwanda & Tanzania).

Five countries reported a coverage < 50% (Equatorial Guinea, CAR, Lesotho, South Sudan & Zambia).

## Number of vaccinated children with DTP3 Jan– June 2013-2014



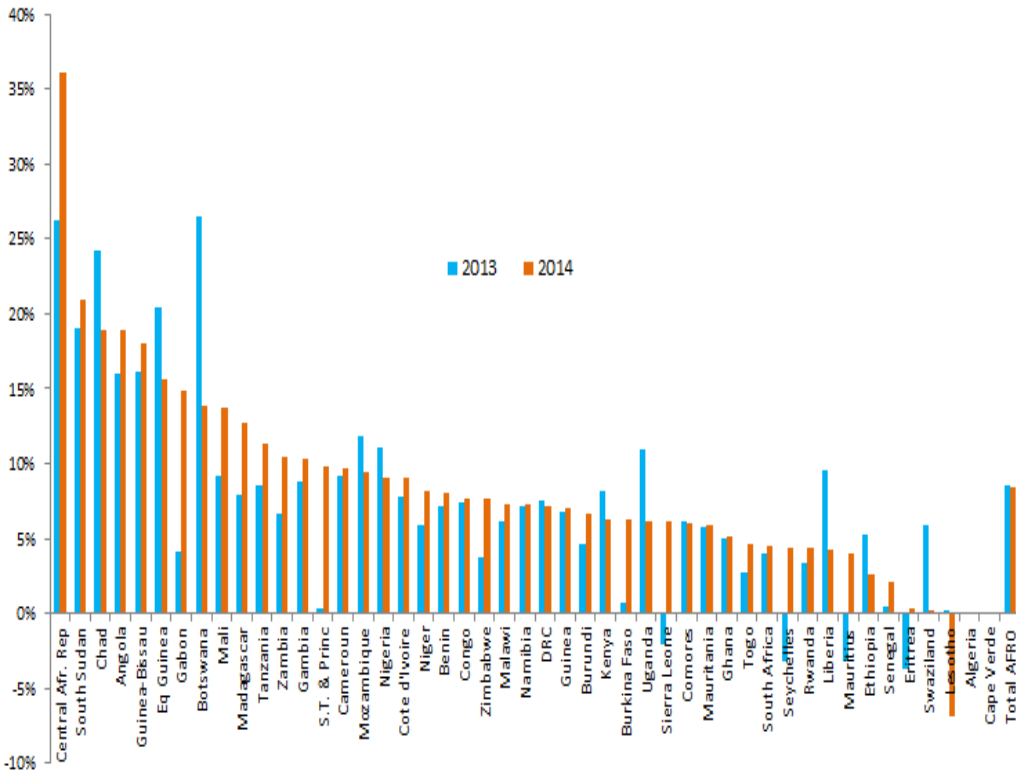
### Highlights

The data reported show that to date, more than 13 million children have been vaccinated with DTP3-containing vaccine in the Region out of 17 million targeted for the period. January – June 2014.

An increase in the number of vaccinated children was reported in 22/47 countries with a significant increase (>50 000) in Angola, DRC, Tanzania & Uganda, moderate increase (>20 000) in Burundi, Chad, Mozambique & Senegal. Nigeria & Ethiopia which are among the most populated countries in the Region, reported the highest number of unimmunized for the period (>200 000). All 10 countries in IST/Central reported an increased number of vaccinated children for the period.

Mid year monitoring review meetings conducted in most of the countries have identified areas to focus on during the 2nd semester to achieve results, as well as the implementation of data verification mechanism at all levels to improve data quality.

## Drop out rate between DTP1 and 3: January– June 2013-2014



## Highlights

- The reported regional DTP1/DTP3 containing vaccine Drop Out Rate (DOR) remained at 8% for the same period in 2013 & 2014, while the DTP1/Measles drop out rate was 7% & 5% respectively in 2014 & 2013.
- Lesotho only reported a negative drop out rate for the period, while 11 countries have reported DTP DOR above 10% among which 2 (CAR & South Sudan) reported figures > 20%. Sixteen countries reported a DOR between DTP and measles above 10% among which 3 reported figures > 20% (Cote d'Ivoire Gambia & Senegal).
- The successful implementation of appropriate corrective strategies in some countries to reduce high drop out rate has started producing good results as is the case in Chad whose DTP DOR has decreased from 24% last year to 19%.

## Country good practice: Malawi mid year feedback EPI RI bulletin

RI Summary data.

Jan-June. 2014. Malawi



### January-June 2014 Routine Immunization Summary Data Malawi

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January-June 2014 Edition.

#### 1. RI Performance Comparison data. Jan-June. 2013 & 2014. Malawi



#### POTENTIAL ISSUES

RI coverage declined in Jan-June 2014 reporting period as compared to the same period in 2013

The country performed poorly in OPV3 coverage as it did not achieve the recommended >80% coverage target.

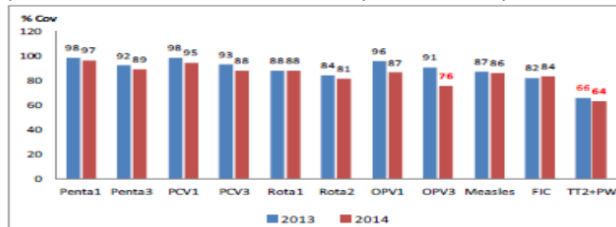
#### POSSIBLE CAUSES

The stock outs, which the country experienced between Jan-March 2014 for OPV3 vaccine and 0.5mls syringe, is still having some negative impact on the RI performance indicators at all levels.

#### POSSIBLE SOLUTION

The District & Zone officers to monitor reporting & availability of vaccines in all Facilities.

Indicator	2013	2014
% children vaccinated with Penta1	98	97
% children vaccinated with Penta3	92	89
% children vaccinated with PCV1	98	95
% children vaccinated with PCV3	93	88
% children vaccinated with Rota1	88	88
% children vaccinated with Rota2	84	81
% children vaccinated with OPV1	96	87
% children vaccinated with OPV3	91	76
% children vaccinated with Measles	87	86
% children Fully Immunized	82	84
% PW vaccinated with TT	66	64



#### 2. Unvaccinated children against Penta3 & Measles: Jan-June. 2013 & 2014.

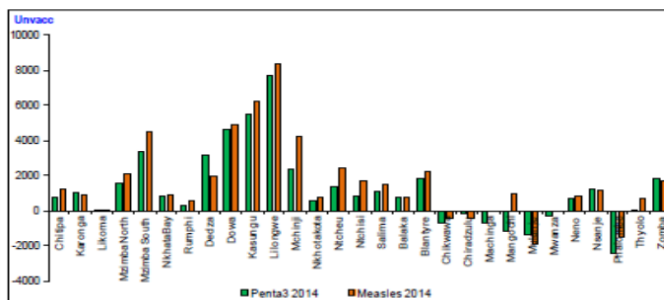


#### TOP THREE DISTRICTS WITH HIGH NUMBER OF UNVACCINATED CHILDREN AGAINST MEASLES

Lilongwe (8,354)  
Kasungu (6,235)  
Mzimba South (4,500)

#### TOP THREE DISTRICTS WITH HIGH NUMBER OF UNVACCINATED CHILDREN AGAINST PENTA3

Lilongwe (7,693)  
Kasungu (5,489)  
Dowa (4,627)



## Highlights

RI coverage in Malawi declined in Jan-June 2014 compared to the same period in 2013 mainly due to stock out of vaccines in the first quarter of 2014. A relative improvement is observed in some districts, however there is still more work to be done to achieve the planned target.

A national EPI review meeting took place in June involving all the 28 DHMTs, MOH national level and partners. Challenges and constraints affecting EPI in Malawi were discussed and action points agreed for the different levels. UNICEF SD shipped into the country an emergency order of vaccines and in terms of stocks, at least for now they are adequate.

Efforts are underway to explore locally available financial resources to fill the MOH EPI budget for FY 2014-2015.

A National Health Financing summit was held last month in Lilongwe for the Health Sector. Parliament is expected to convene in September 2014 to pass the FY budget.

## 2014 Q1 Indicators dashboard for 6 IMG “focus countries” in the AFR.

Category	Indicator	Country											
		Angola		Chad		DR Congo		Ethiopia		Nigeria		South Sudan	
		HR	Non-HR	HR	Non-HR	HR	Non-HR	HR	Non-HR	HR	Non-HR	HR	Non-HR
Plan	Annual EPI plans include the 5 recommended components	100%		100%		80%		100%		100%		80%	
	% of districts which have achieved ≥10% relative increase in DTP3 coverage compared with prior year	42%	47%	32%	47%	38%	30%	37%	56%	46%	41%	53%	30%
Outcome	% of districts which have achieved ≥10% relative decrease in the percentage of children unimmunized with DTP3 compared with prior year	46%	71%	37%	47%	43%	44%	37%	44%	59%	50%	34%	30%
	National level percent decrease in the number of children unimmunized with DTP3 compared with prior year	13%		3%		-2%		9%		42%		-38%	
	% of districts which have achieved ≥10% relative decrease in the number of children unimmunized with DTP3 compared with prior year	46%	71%	58%	53%	47%	43%	56%	67%	59%	50%	34%	33%
	% of children immunized with DTP3 compared with prior year	46%	71%	37%	24%	44%	34%	41%	37%	52%	45%	76%	NA
	% of districts which have achieved ≥80% scheduled fixed PI sessions conducted	NA	NA	50%	67%	NA	NA	NA	NA	59%	76%	4%	33%
Process	% of districts which have achieved ≥80% scheduled outreach PI sessions conducted	NA	NA	NA	NA	NA	NA	NA	NA	44%	52%	NA	NA
	% of districts with stockouts / supply chain interruptions	NA	NA	NA	NA	93%	87%	NA	NA	NA	NA	NA	NA
	% districts with updated immunization microplans	NA	NA	100%	100%	100%	100%	NA	NA	82%	82%	31%	77%
	% of districts receiving supervision from next higher level	NA	NA	53%	53%	NA	NA	NA	NA	NA	NA	20%	77%
Data quality	% of districts with complete immunization data from all health facilities for the period	NA	NA	NA	NA	NA	NA	NA	NA	33%	47%	NA	NA
	% of districts reporting complete immunization data for the period	92%	91%	100%	100%	100%	93%	NA	NA	96%	95%	43%	33%
	% of districts with negative DTP1-3 dropout	13%	11%	0%	4%	6%	5%	NA	NA	20%	12%	8%	0%
	% of districts reporting >100% DTP3 coverage	25%	40%	11%	22%	12%	21%	7%	33%	30%	33%	3%	0%

### Face to Face meeting of the Immunization Systems Management Group (IMG) Geneva, 26-28 August 2014

The second face to face meeting of the IMG was held from 26 to 28 August 2014 in Geneva, Switzerland to review key progress in 2014 and identify challenges to be addressed in 2015 on Implementation, Regulatory, Financing, Communications activities. An update was given to all IMG members on Routine Immunization activities planned in focus countries and links with Red List Task Team.

Discussion also focused on key IMG activities which should start as early as in 2015 to prepare a successful switch from TOPV to bOPV planned in April 2016. Joint 2015 WHO/UNICEF regional work plans and budgets were finalized.

## Highlights

Objective 2 of the polio Eradication end-game strategic plan 2013-2018 aims to use the GPEI infrastructure to more effectively strengthen immunization services, particularly in the 10 IMG “focus countries” among which 6 are in the AFR region (Angola, Chad, DRC, Ethiopia, Nigeria & South Sudan).

The key milestones on this objective’s path include the achievement of at least a 10% year-on-year increase in diphtheria-tetanus-pertussis vaccine third dose (DTP3) coverage in the majority of worst-performing districts in focus countries from 2014-2018, the introduction of at least one dose of IPV in all OPV-using countries in 2015 and the withdrawal of OPV2 in 2016.

To coordinate partners activities at global level, an **Immunization System Management Group (IMG)** has been established. The group comprises 6 sub group among which the IMG Routine Immunization subgroup. This subgroup is responsible of supporting countries to strengthen immunization services and monitor achievements.

In this line, the group monitored to measure progress in the focus countries. The situation in Q1 2014 for the High risk (HR) and non High risk districts in the 6 IMG “focus countries” in the AFR is summarized in the dashboard on the left side. It expected that countries will put in place mechanism to improve availability of most indicators.

## Highlights

Two workshops were organized in West Africa (18-20 August) and in Central Africa (26-28 August) to review new vaccines applications including IPV.

These workshops gathered representatives of 16 countries including non GAVI eligible countries (Gabon and Algeria) who used this opportunity to also develop their IPV introduction plan.

Seven countries participated in IST/Central (Angola, Burundi, Congo, CAR, Gabon, Sao Tome, Chad) and 9 countries in IST/West (Algeria, Burkina Faso, Cote d’Ivoire, Ghana, Guinea Bissau, Mali, Mauritania, Niger, Togo). Equatorial Guinea & Sierra Leone did not participate but sent their documents for the peer review.

At the end of the workshops, all countries went back with a reasonable level of completion of their introduction plan and application document and with an agreed timeline on its completion before GAVI application deadline of September 15th 2014.

## Peer review workshop on GAVI applications for West Africa countries: Ouagadougou, 18-20 August, 2014



Group photo of participants to the Peer review workshop on GAVI applications for West Africa countries in Ouagadougou: 18-20 August 2014.