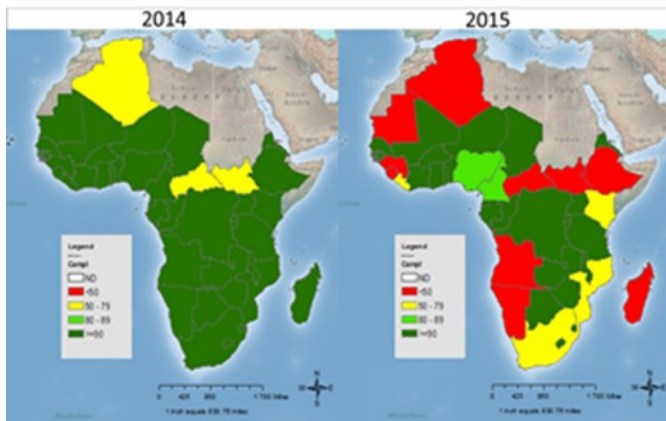


MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

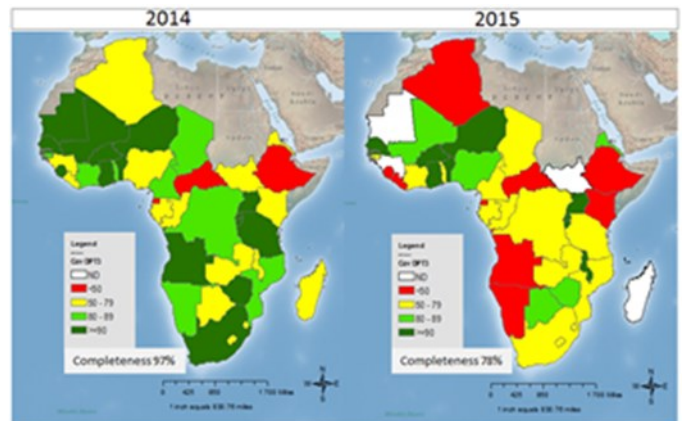
May 2015 (Vol 3, issue N° 4)

DTP3-containing vaccine coverage and data completeness by country in the AFR January — March 2014/2015

District monthly reports Completeness



Third dose DTP containing vaccine coverage



Source : RI districts monthly reports from Member States, IVD/FRH WHO AFRO

Highlights

The data reported in this issue cover the period January to March 2014/2015. The completeness was 97% and 78% in 2014 & 2015 respectively. Six countries (Cap Verde, Mauritius, Guinea, Mauritania, Madagascar and South Sudan) did not report for the period and 6 others (Algeria, Angola, CAR, Ethiopia, Namibia, Sierra Leone) reported a completeness less than 50%. The regional administrative reported DTP3-containing vaccine & Measles vaccine coverage was 67% in 2015 for both antigens compared to 86% and 87% respectively in 2014.

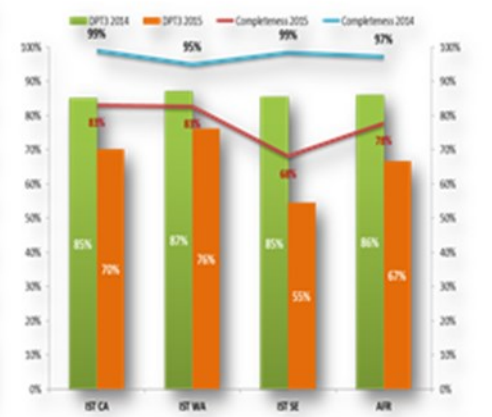
A total of 17/47 countries reported a coverage $\geq 80\%$ among which 7 countries with a coverage between 80-89%, and 10 others with a coverage $>90\%$. 10 countries reported coverage $\leq 50\%$ including some of the most populated countries (Angola, Ethiopia, Kenya). There is a vaccine coverage decline trend that is observed in many countries for the period partly due to low completeness in some countries. An in depth analysis needs to be conducted to identify the causes and apply appropriate corrective measures

Number children vaccinated with 3 doses of DTP containing vaccine by country in the AFR , January—March 2014/2015

DTP3 coverage and data completeness by sub region in the AFR January—March 2014/2015

Country	2014	2015	Country	2014	2015	Country	2014	2015
Nigeria	1 470 031	1 407 582	Senegal	123 803	128 854	Botswana	12 388	10 857
DRC	677 115	627 883	Angola	220 698	113 263	Lesotho	9 796	8 841
Uganda	391 702	362 629	Chad	98 226	99 511	Swaziland	6 584	6 122
Tanzania	386 749	278 290	Zimbabwe	100 368	93 988	Namibia	15 794	5 183
Ghana	231 937	229 531	Benin	92 384	91 046	Centrafrique	7 553	5 161
Niger	213 453	213 940	Burundi	84 171	83 167	Mauritius	2 645	2 522
Burkina Faso	182 809	202 483	Rwanda	81 060	82 772	Eq Guinea	3 080	2 374
Kenya	298 804	181 364	Algeria	120 042	66 717	S.T. & Princ	1 210	1 263
Ethiopia	566 722	170 789	Togo	60 666	54 321	Seychelles	347	378
Cote d'Ivoire	164 486	157 356	Congo	34 295	36 023	Guinea	108 562	nd
South Africa	240 126	154 237	Eritrea	21 331	21 000	Mauritania	33 046	nd
Malawi	147 002	154 007	Gambia	16 728	17 702	Comores	4 362	nd
Mozambique	217 640	142 228	Sierra Leone	59 780	14 919	Madagascar	136 190	nd
Mali	162 490	142 042	Liberia	32 060	13 613	South Sudan	49 724	nd
Zambia	129 340	135 825	Gabon	10 910	12 061	Cape Verde	nd	nd
Cameroun	168 733	131 620	Guinea-Bissau	12 559	11 831	Total AFR	7 209 501	5 675 295

Source : RI districts monthly reports from Member States, IVD/FRH WHO AFRO



Highlights

The reported data for the period January-March 2015 show that out of a target population of 8.5 million surviving infants, 5,675 million have been vaccinated with three doses of DTP containing vaccine for the period compared to 7,2 million during the same period in 2014. Nevertheless, an increase in the number of vaccinated children was observed in 12 /47 countries. The highest increase ($>5,000$) was observed in Burkina Faso, Malawi, Zambia & Senegal .

Four countries (Angola, Mozambique, Kenya and Ethiopia) reported the highest number ($>100,000$) of under immunized children. Data per sub region show that the lowest completeness and coverage for the period were observed in the South and Eastern sub region.

Reported RI Coverage by country in the AFR , Jan-March 2014-2015

RI Coverage (%)

Country	Districts reports Completeness		BCG		OPV3		DPT3		YF		MCV1		TT2		Pneumo 3		Rota Last	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Angola	100%	42%	88%	42%	91%	47%	91%	47%	90%	41%	101%	46%	14%	41%	58%	41%	na	35%
Burundi	100%	99%	81%	82%	97%	94%	97%	94%	na	na	106%	104%	20%	nd	34%	93%	34%	93%
Cameroun	99%	83%	82%	60%	82%	63%	82%	63%	80%	54%	80%	60%	13%	nd	82%	62%	0%	50%
Centrafrique	78%	27%	33%	14%	20%	13%	20%	13%	22%	12%	22%	12%	4%	nd	18%	13%	na	na
Chad	100%	95%	82%	92%	79%	71%	79%	71%	73%	72%	78%	76%	16%	84%	na	na	na	na
Congo	100%	100%	83%	82%	75%	77%	75%	77%	75%	71%	76%	81%	18%	83%	74%	76%	na	73%
Eq Guinea	98%	96%	80%	38%	37%	26%	37%	26%	na	0%	52%	25%	9%	24%	na	na	na	na
Gabon	99%	99%	72%	68%	64%	69%	64%	69%	70%	69%	71%	69%	10%	63%	na	na	na	na
DRC	100%	93%	78%	74%	88%	79%	88%	79%	53%	67%	84%	77%	86%	77%	58%	67%	na	na
S.T. & Princ	100%	100%	87%	77%	83%	85%	83%	85%	95%	61%	94%	95%	14%	59%	83%	85%	na	na
IST CA	99%	83%	79%	67%	85%	70%	85%	70%	65%	60%	85%	70%	26%	86%	60%	62%	10%	52%
Algeria	54%	31%	41%	24%	50%	27%	50%	27%	nd	nd	45%	21%	nd	nd	na	na	na	na
Benin	100%	100%	103%	100%	95%	93%	95%	93%	104%	96%	103%	96%	78%	71%	99%	92%	na	na
Burkina Faso	100%	100%	98%	99%	101%	111%	101%	111%	99%	109%	99%	108%	85%	83%	0%	0%	0%	0%
Cape Verde	0%	0%	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	na	na	na	na
Cote d'Ivoire	100%	100%	82%	36%	80%	72%	80%	72%	68%	5%	75%	70%	80%	71%	0%	30%	na	na
Gambia	100%	100%	74%	75%	88%	91%	88%	91%	85%	64%	86%	83%	49%	49%	65%	93%	70%	88%
Ghana	100%	100%	97%	82%	90%	92%	90%	92%	94%	98%	95%	98%	71%	67%	90%	91%	87%	88%
Guinea	100%	0%	87%	0%	67%	nd	67%	0%	91%	nd	92%	nd	32%	0%	na	na	na	na
Guinea-Bissau	100%	100%	103%	99%	83%	77%	83%	77%	25%	66%	92%	81%	0%	47%	na	na	na	na
Liberia	100%	67%	83%	35%	75%	34%	75%	34%	64%	36%	68%	51%	74%	32%	20%	32%	na	na
Mali	97%	92%	93%	91%	94%	83%	94%	83%	85%	82%	86%	84%	67%	60%	94%	44%	0%	0%
Mauritania	98%	nd	95%	nd	99%	nd	99%	0%	nd	nd	74%	nd	45%	nd	68%	0%	0%	0%
Niger	100%	100%	107%	109%	97%	98%	97%	98%	94%	96%	96%	99%	nd	nd	0%	0%	0%	67%
Nigeria	95%	85%	86%	85%	59%	83%	59%	83%	84%	85%	95%	87%	50%	47%	0%	4%	na	na
Senegal	100%	95%	95%	90%	89%	97%	89%	97%	70%	73%	69%	73%	65%	50%	62%	97%	0%	81%
Sierra Leone	100%	26%	102%	26%	104%	23%	104%	23%	99%	54%	99%	23%	138%	28%	103%	23%	0%	22%
Togo	100%	99%	83%	65%	80%	76%	80%	76%	88%	76%	87%	76%	84%	72%	0%	0%	0%	0%
IST WA	95%	83%	87%	75%	72%	77%	72%	77%	79%	72%	88%	78%	60%	53%	22%	22%	21%	44%
Botswana	100%	97%	99%	90%	74%	81%	74%	81%	na	na	97%	93%	67%	67%	78%	77%	80%	74%
Comores	100%	0%	78%	nd	82%	nd	82%	0%	na	na	86%	nd	nd	nd	na	na	na	na
Eritrea	100%	100%	67%	nd	76%	83%	76%	83%	na	na	69%	80%	nd	nd	na	na	na	na
Ethiopia	95%	33%	18%	24%	7%	20%	7%	20%	na	na	76%	23%	1%	nd	33%	24%	21%	23%
Kenya	100%	69%	75%	47%	78%	49%	78%	49%	nd	nd	80%	51%	52%	36%	78%	50%	0%	37%
Lesotho	100%	100%	62%	95%	71%	67%	71%	67%	na	na	61%	70%	nd	7%	na	na	na	na
Madagascar	100%	0%	70%	nd	65%	nd	65%	0%	na	na	65%	nd	41%	nd	64%	0%	na	na
Malawi	100%	100%	97%	94%	67%	92%	67%	92%	na	na	87%	85%	46%	54%	88%	92%	81%	86%
Mauritius	100%	100%	80%	79%	81%	79%	81%	79%	na	na	90%	89%	64%	66%	na	na	na	na
Mozambique	100%	67%	100%	60%	88%	56%	88%	56%	na	na	84%	51%	0%	0%	82%	54%	na	na
Namibia	100%	38%	88%	24%	82%	27%	82%	27%	na	na	78%	24%	nd	3%	na	18%	na	21%
Rwanda	100%	100%	107%	98%	106%	98%	106%	98%	na	na	109%	105%	88%	78%	105%	97%	105%	98%
Seychelles	100%	100%	93%	108%	88%	98%	88%	98%	nd	nd	101%	99%	nd	nd	na	na	na	na
South Africa	100%	67%	92%	63%	na	na	91%	60%	na	na	91%	64%	nd	nd	90%	63%	89%	59%
South Sudan	78%	0%	54%	nd	50%	nd	50%	0%	na	na	59%	nd	nd	nd	na	na	na	na
Swaziland	100%	100%	49%	60%	77%	73%	77%	73%	na	na	74%	72%	55%	51%	na	73%	na	na
Tanzania	100%	92%	143%	92%	94%	70%	94%	70%	na	na	108%	74%	105%	73%	91%	66%	96%	71%
Uganda	100%	100%	92%	90%	100%	114%	100%	114%	na	na	97%	82%	55%	55%	5%	79%	na	na
Zambia	100%	100%	81%	86%	76%	77%	76%	77%	na	na	74%	81%	73%	0%	0%	70%	65%	67%
Zimbabwe	100%	100%	138%	9%	95%	86%	95%	86%	na	na	99%	89%	5%	30%	94%	85%	0%	82%
IST ESA	99%	68%	78%	46%	61%	51%	68%	56%	0%	0%	85%	54%	29%	26%	58%	54%	48%	52%
AFR	97%	78%	82%	61%	70%	66%	73%	67%	69%	64%	87%	67%	37%	46%	43%	42%	37%	50%

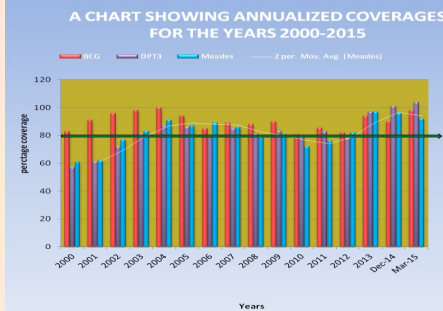
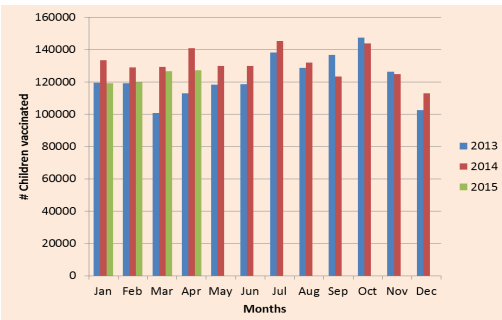
Source : RI districts monthly reports from Member States, IVD/FRH WHO AFRO

Highlights

29/34 and **19/25** countries that have introduced pneumococcal (PCV) & Rotavirus vaccines respectively by December 2014, reported data on children vaccinated with these antigens. Burkina Faso, Madagascar, Mauritania, & Togo who introduced both vaccines did not report for the period. Mali & Eritrea did not report for Rotavirus vaccine, nor Niger for PCV. Nine countries reported coverage ≥ 80% among which 7 with coverage ≥ 90%. For rotavirus vaccine, they were respectively 7 and 2 (Burundi & Rwanda).

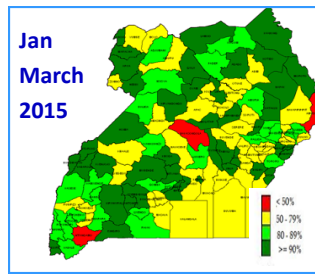
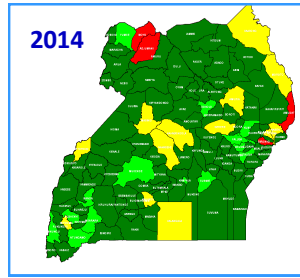
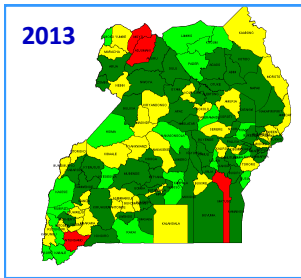
In 16 countries, the same level of coverage was observed between the 3rd dose of DTP3 containing vaccine and the 3rd dose of PCV. Major coverage discrepancies (>10%) between these 2 antigens were observed in Botswana, Cote d'Ivoire, Nigeria, Uganda & Zambia. These countries are encouraged to analyze factors contributing to this discrepancy and apply corrective measures.

Uganda graduates from priority countries in the AFR



Number of children vaccinated by year & month DTP3

Coverage of selected antigens 2000– March 2015



Coverage with DTP3 containing vaccine by district in Uganda 2013- 2015

Graphs and maps presented above show that Uganda has increased his coverage over the years and has continued to sustain it during the first quarter of 2015, at national level and in most districts. The national coverage for DTP3 containing vaccine for the period January-March 2015 was 103%. Country is still facing denominator issues. It is expected that the results of the census conducted in 2014 will solve it. The implementation of the current data quality improvement plan will highly contribute to a better quality of immunization data.

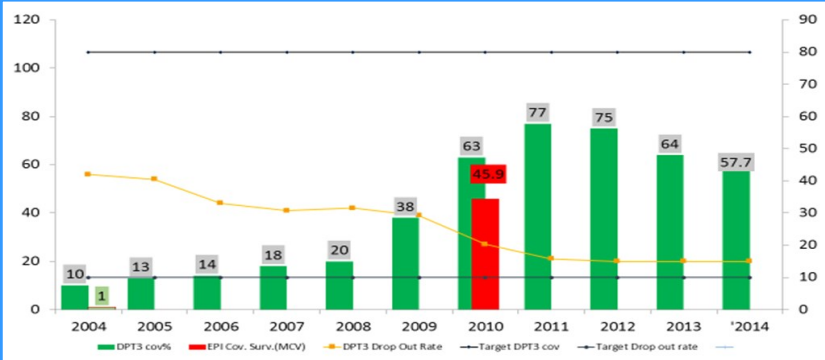
Highlights

March 2015: Uganda was officially notified the end of the weekly 30-minute Thursday calls which started in 2012 due to the declining performance of the routine immunization during the previous years, and to the fact that Uganda was one of the countries contributing high numbers of unimmunized children in the region.

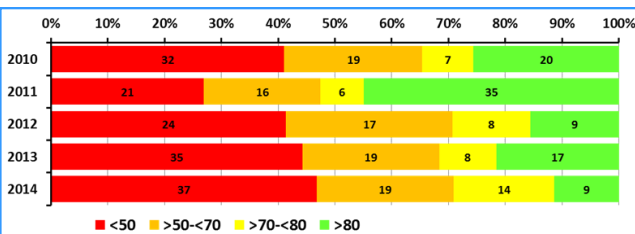
The country at this period was facing numerous challenges and developed a 2 years coverage improvement plan (CIP) for the period 2012-2014 with the overall objective of increasing vaccination coverage for all childhood antigens to 80% and above in all districts and to 90% at national level and sustain it. WHO/AFRO in collaboration with HQ and other partners initiated weekly calls to support the implementation of the plan and after almost 2 years support, it could be noted that the country has made tremendous progress.

A data Quality Audit was conducted in 2013 in selected districts resulting in the development of data quality improvement plan in 2014 which is currently being implemented. Furthermore, the country conducted a comprehensive EPI review in February 2015 whose recommendations now serve as the basis for the development of the new Comprehensive Multiyear plan (CMYP) and annual workplan.

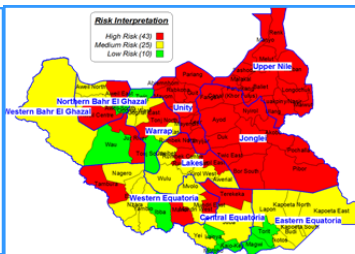
South Sudan included as priority country in AFR as of 2015



Trends of coverage of DPT-3 containing vaccine and Dropout Rate 2004-2014



District performance of DTP3 containing vaccine 2010-2014



43 high risk districts identified

Highlights

South Sudan, the last country that joined AFR 2 years ago is a vast territory of ~ 640,000 square kilometers with a population estimated in 2015 at 11,437,178.

The country is divided into 10 states and 79 counties and is facing a cycle of armed conflicts resulting in humanitarian crisis. The current one that began in December 2013 has resulted in the displacements of over 1.5 million persons with an over-stretch of an already fragile health system.

The EPI program which is still totally donor driven is facing numerous challenges among which very limited human resource capacity at all level, ownership and accountability issues, poor access (only 427/1487 health facilities in 10 states provided EPI services before conflict), weak effective supply chain and logistics management, etc....

The country implements the Reach Every County/Child (REC) strategy to sustain gains and improve services, with periodically acceleration campaigns to guarantee coverage of hard-to-reach communities, mobile populations and communities with low coverage and high defaulters.

Coverage of DTP3-containing vaccine increased from 10% in 2004 to 75% in 2012 but has consistently dropped since 2013. In the same time districts with coverage ≥ 80% have decreased as well the last two years.

WHO-Unicef coverage estimates of DTP3 containing vaccine show a decline from 61% in 2011 to 45% in 2013.

South Sudan has developed a 2015 annual plan with a detailed road map which is monitored on a weekly basis by WHO/AFRO & HQ, together with other immunization partners since April 2015. The country has identified 43 high risk districts in which a special focus is made on the use of polio infrastructure to strengthen Routine immunization.

An EPI Review is planned the last 2 weeks of August 2015 together with the GAVI joint appraisal. These will be followed by a high level advocacy visit to mobilize resources to support immunization programme.

Orientation Meeting of Countries in the African Region on National Immunization Technical Advisory Group (NITAG) : Brazzaville 07-08 May 2015



Group picture of participants at the NITAG meeting in Brazzaville, Congo

Strategic objective one in Global Vaccine Action Plan & Regional Vaccine Action Plan 2014-2014 recommends all countries to commit immunization as a priority and the presence of a functional independent technical advisory group is one of the indicators of this objective.

The meeting gathered participants from 11 African countries, (Benin, Congo, Cameroon, DRC, Ethiopia, Ghana, Ivory Coast, Uganda, Malawi, Sierra Leone and Zimbabwe), as well as partners (WHO (IST Central Africa, West, East & South, AFRO, HQ, PAHO); AMP/SIVAC, GAVI, West African health Organization (WAHO), NITAG chair Indonesia).

The workshop objectives were to provide countries with the necessary information on the creation / strengthening of NITAG; share experiences and lessons learned from other countries with functional NITAG; discuss the opportunities of harmonizing NITAG work with other existing consultative/advisory committees; and agree on key activities and timeline from June to December 2015.

Highlights

A presentation was made on the NITAG situation globally and in the African region including the missions, guidance on the composition, functionality and key challenges. Experiences of functioning of NITAGs in the Pan American Health Organization (PAHO) region and Indonesia, as well as those of three African countries: Benin, Cote d'Ivoire, and Zimbabwe were shared.

In 2014, 14 countries in AFRO reported a functional NITAG in their Joint Reporting form (JRF). The milestones in the Regional Strategic Plan for Immunization 2014-2020 are 20 and 40 countries respectively by December 2015 and 2017.

Lessons learnt in establishing and strengthening NITAG in West Africa countries were also shared by the Agence pour la Medicine Preventive (AMP) and the West African Health Organization (WAHO). The newly developed NITAG Resource Center was presented by SIVAC.

Participants in working groups deliberated on potential barriers to establishing/strengthening NITAG in their countries and proposed concrete actions to address them. Outstanding barriers which came out included insufficient resources, conflict of interest, independence of NITAGs, motivation of NITAG members, inadequate information on the establishment of NITAGs, and financial dependence on partners.

All the 11 countries identified main challenges to establish/strengthen their NITAG as well as key activities to be conducted from June to December 2015 including support expected from partners.

Launching the Immunization e-learning initiative in the AFR



Total time
150+60
min

Modules and duration

Format: This orientation course has 6 modules and takes 3.5 hours to complete. Additionally, there are technical updates on new vaccines offered as part of the curriculum.

1

GLOBAL IMMUNIZATION OVERVIEW

20
min

2

WHO POLICY RECOMMENDATIONS

15
min

3

IMMUNIZATION PROGRAMME PLANNING

30
min

4

IMMUNIZATION SUPPLY CHAIN

35
min

5

DATA MONITORING

40
min

6

NEW VACCINES INTRODUCTION

10+60
min
TECHNICAL UPDATES

Highlights

The Immunization programme in the African region has launched on the 27th of May 2015 the first immunization eLearning module, which forms part of the joint immunization e-learning initiative for WHO and Unicef. This orientation module will provide staff with the base level of knowledge required to complete the four remaining modules that will be launched in July 2015. The modules are available on the WHO iLearn platform at <http://ilearn.who.int>

Immunization staff in the region as well as partners are encouraged to take the course.

This orientation will provide all staff working in immunization across all levels of the organization (headquarters, regional, sub regional and country) with a comprehensive overview of the Vaccine Preventable Diseases (VPD) based on the current context and key emerging priorities

After completing this learning series, staff will attain an aligned understanding of immunization priorities and will be able to provide more focused technical assistance to member states in the area of VPD.