



# MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

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5<sup>th</sup> edition of the African Vaccination Week: 24-30 April 2015 : ‘Vaccination, a gift for life’



**Zambia:** First Lady, Mrs Esther Lungu administers oral polio



**Zambia:** Dr Jacob Mufunda WHO Representative, addressing the gathering at the Regional AVW launch



**MALI:** A view of the officials during media briefing on the 5th AVW



**CONGO:** WHO Representative administering measles vaccine during AVW launch in Pointe Noire.

## Highlights

The 5<sup>th</sup> edition of the African Vaccination Week (AVW) was celebrated from 24 to 30 April 2015, in synergy with the other five WHO regions and the World Immunization Week.

Regional launch took place in Lusaka, Zambia on 23 April 2015 with the First Lady of Zambia, Mrs Esther Lungu kicking off the commemorations. She encouraged countries in Africa and immunization partners to make all efforts to reach the unreached children with vaccinations to avoid vaccine-preventable disease outbreaks.

This year’s AVW theme of “Vaccination – A Gift for Life” has been welcomed by Member States, as a significant number of them have been experiencing stagnation in routine immunization, making it crucial for them to develop measures and effective strategies to reach the unreached children with immunization services.

In a message at the same occasion, read by Dr Jacob Mufunda, WHO Representative to Zambia on behalf of the WHO Regional Director for Africa, Dr R. Matshidiso Moeti, called on countries and partners to redouble efforts in resource mobilization and allocation, to sustain and improve on the concerted efforts already made in reducing vaccine preventable diseases in the region.

AVW is a flexible Initiative coordinated by the WHO regional office which provides an opportunity for countries and partners to strengthen national immunization programmes and, through advocacy and partnerships, keep immunization high on the national and regional agendas. It also promotes provision of other high-impact, life-saving interventions as shown on the table.

Planned/conducted Interventions during AVW 2015	Number of countries	Countries
Advocacy/communication & social mobilization activities	47	All countries in the AFR Region
Catch-up vaccination activities combined or not with Vitamin A & deworming.	19	Angola, Algeria, Benin, Burkina Faso, Burundi, Cap Verde, Chad, Cote d'Ivoire, Central African Republic, Congo, Comoros, DRC, Ethiopia, Eritrea, Guinea, Guinea Bissau, Mali, Mauritania, Senegal.
Combined with Mother & Child Health Days	11	Botswana, Burundi, Cameroon, Eritrea, Ghana, Madagascar, Nigeria, Rwanda, Sierra Leone, South Africa, Uganda.
Distribution of LLITNs	4	Cote d'Ivoire
Growth monitoring	3	Comoros, Eritrea, Cote d'Ivoire
Integrated Polio & measles campaign combined with Vit A	2	Guinea, Liberia
New vaccines introduction	2	IPV: DRC; PCV: Guinea Bissau
Prevention of pneumonia & diarrhoea in the framework of IMCI and GAPPD	2	Swaziland, Zambia
Launching of NITAG	1	Kenya

## Reported national immunization coverages in the AFR, 2014

Countries	DTP3	Polio3	Pneumo 3	Rotavirus last dose	MCV1	MCV2	Yellow fever	Vitamin A, 1	TT2+/Td 2+	DTP1/MC V1 DOR
Angola	80	81	61	18	85	NA	77	12	76	14
Burundi	95	95	95	96	94	60	NR	15	80	4
Cameroon	87	86	87	46	80	NR	80	65	64	13
congo	90	90	85	60	80	NR	80	80	90	16
DRC	93	92	74	NR	89	NR	7	91	88	10
EQG	45	52	NR	NR	43	NR	NA	NA	36	25
GABON	70	68	NR	NR	61	NR	60	NA	54	21
CAR	45	50	38	NR	59	NR	44	40	53	18
STP	95	95	95	NR	92	71	92	83	91	6
CHAD	83	81	NR	NR	79	NR	75	NA	83	20
BOTSWANA	94	86	81	82	90	85	NR	97	52	9
COMOROS	80	79	NA	NA	80	NA	NA	17	51	4
ERITREA	94	94	NR	NA	90	NA	NR	95	35	7
ETHIOPIA	87	85	85	73	84	NR	NR	89	80	10
KENYA	81	81	81	38	79	NR	30	23	55	10
LESOTHO	69	67	NR	NR	58	54	NR	NA	47	18
MADAGASCAR	89	88	88	50	87	NR	NR	94	53	12
MALAWI	91	87	87	60	85	NR	NR	28	90	12
MAURITIUS	97	98	NR	NR	98	85	NR	NR	85	-1
MOZAMBIQUE	88	88	NA	NA	87	NA	NA	NA	66	6
NAMIBIA	88	88	NA	NA	83	NR	NR	83	71	10
RWANDA	98	98	98	98	97	77	NR	NR	92	2
SEYSELLES	100	100	NR	NR	100	98	100	NR	97	-1
SOUTH AFRICA	95	95	90	94	91	81	NR	NA	ND	5
SOUTH SUDAN	58	58	NR	NR	52	NR	NR	NR	45	28
SWAZILAND	98	98	NR	NR	97	89	NR	92	72	2
TANZANIA	97	97	93	97	99	44	NR	81	93	8
UGANDA	99	99	50	NR	96	NR	NR	59	56	3
ZAMBIA	86	78	77	73	85	33	NR	NA		11
ZIMBABWE	91	92	91	82	92	NR	NR	49	58	6
ALGERIA	95	95	NA	NA	95	100	NR	NR	NR	5
BENIN	90	90	90	NA	87	NA	87	NR	69	7
BURKINA FASO	91	91	91	91	88	NA	88	NR	91	7
CABO VERDE	95	95	NA	NA	93	79		NR	82	5
COTE D'IVOIRE	87	85	2	NA	72	NA	58	NR	77	23
GAMBIA	96	97	96	92	96	73	96	54	60	2
GHANA	98	98	98	98	92	67	92	98	42	8
GUINEA	60	60	NA	NA	62	NA	62	NR	62	18
GUINEA BISAU	83	83	NA	NA	81	NA	75	NR	70	NA
LIBERIA	63	62	45	NA	58	NA	54	25	68	22
MALI	81	85	79	NA	72	NR	73	81	86	15
MAURITANIA	84	84	84	NA	84	NR	50	NR	42	5
NIGER	93	91	13	19	88	3	87	43	90	12
NIGERIA	70	72	NA	NA	73	NR	71	3	44	4
SENEGAL	89	85	NA	NA	80	NA	NA	NA	84	15
SIERRA LEONE	83	83	83	70	80	NA	80	80	90	9
TOGO	87	85	34	35	82	NR	82	NR	80	10
LEGEND										
Coverage/ Drop Out Rate			Not available/ Not Reported		CV ≥90%	CV 80-89% DOR ≤10%		CV 50-79% DOR 11-14%		≤ 50% DOR ≥15%

## Highlights

The analysis of the 2014 country reported official estimates of immunization coverage (2014 JRF) shows the following:

The estimated regional **DTP3 coverage** was 83% and 85% respectively in 2013 & 2014.; Measles coverage was 83% for both years. OPV3 went from 82% to 85% between 2013 and 2014.

A total of 22 countries achieved a DTP3 coverage ≥90%, among which 17 maintained the same level as in 2013. Those are: Algeria, Benin, Burundi, Cap Verde, Eritrea, Gambia, Ghana, Mauritius, Niger, Rwanda, Sao Tome, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zimbabwe. This is in line with the RVAP target of 20 countries reaching 90% coverage for DTP3 containing vaccine.

Seventeen countries achieved a coverage between 80 & 89%, and 6 a coverage between 79 & 50%. Equatorial Guinea & CAR maintained a coverage <50%.

Apart from DRC and Mozambique, some of the most populated countries in the region maintained the same level of coverage (Nigeria, Ethiopia, Kenya), or have decreased (Angola, Cote d'Ivoire).

An huge decrease was observed in the 3 Ebola affected countries where the coverage dropped from green to yellow especially in Guinea and Liberia

**Measles 1st dose:** 16 countries reported a coverage ≥ 90%, 19 & 11 a coverage between 80 and 89 %, and between 50 and 79% respectively. Only Equatorial Guinea reported a coverage <50%.

**Measles 2nd dose (MCV2):** Sixteen countries reported coverage on MCV2 among which 6 ≥ 80%.

**Pneumococcal vaccine (PCV):** 30 countries reported coverage on PCV vaccine among which 20 reported a coverage >80%, with 10 of them having a coverage for the 3rd dose of PCV ≥ 90%. Five of those countries have the same level of coverage that DTP3 given at the same time, while major discrepancies (difference >10 %) are observed in Angola, Botswana, Congo, DRC, Liberia & Uganda).

**Rotavirus vaccine:** 20 countries reported coverage on rotavirus vaccines among which 9 reported a coverage of the last dose ≥ 80%, seven among them reporting coverage ≥ 90%, (Benin, Burkina Faso, Gambia, Ghana, Rwanda, Tanzania, South Africa).

**Vitamin A:** 26 countries reported coverages on the 1st dose of Vitamin A, among which 13 reported coverages ≥ 80%. Coverages ≤ 50% were observed in 10 countries.

## DTP3 and MCV1 children vaccinated in Jan & Feb 2015

Country	DTP3		MCV1		Country	DTP3		MCV1	
	January	February	January	February		January	February	January	February
Nigeria	333012	452145	346455	485748	Gabon	4271	NA	3820	NA
DRC	203710	NA	198185	NA	Botswana	3597	0	3774	0
Uganda	118132	116442	100896	104289	CAR	4056	1105	3587	832
Kenya	87329	94035	98928	95133	Lesotho	3429	0	3235	2941
South Africa	76452	0	85692	0	Swaziland	2151	1895	2061	1865
Ghana	80279	68443	85001	85065	Angola	2823	920	1983	1023
Cote d'Ivoire	90498	105940	83656	101454	Mauritius	858	777	938	896
Cameroon	71677	39898	69173	37087	Namibia	NA	NA	805	0
Burkina Faso	65455	NA	63075	NA	Sao Tome & P	442	NA	516	NA
Mozambique	67467	74761	59461	69068	Seychelles	119	139	124	118
Niger	63258	NA	59322	NA	EQG	NA	NA	NA	NA
Chad	55576	33554	56939	35407	Algeria	NA	NA	NA	NA
Burundi	39328	14493	42931	15295	Cabo Verde	NA	NA	NA	NA
Malawi	42381	45983	38625	45874	Guinea	NA	NA	NA	NA
Zimbabwe	33851	30429	36478	31665	Guinea Bisau	NA	NA	NA	NA
Benin	30881	29528	31418	30363	Mali	NA	NA	NA	NA
Rwanda	27779	26359	30200	27942	Mauritania	NA	NA	NA	NA
Senegal	33893	26844	27638	20237	Comoros	NA	NA	NA	NA
Togo	18370	17611	17384	18553	Ethiopia	NA	NA	NA	NA
Congo	11850	NA	11665	NA	Madagascar	NA	NA	NA	NA
Sierra Leone	8954	5965	8692	6116	South Sudan	NA	NA	NA	NA
Liberia	6448	7165	8360	12004	Tanzania	NA	NA	NA	NA
Eritrea	6586	6739	5883	6468	Zambia	NA	NA	NA	NA
Gambia	5333	5518	5768	4961	<b>AFR</b>	<b>1600245</b>	<b>1206688</b>	<b>1592668</b>	<b>1240404</b>

Source: monthly district RI reports 2015

### Highlights

Data reported at the end of April 2015 show the following:

34/47 countries have reported data on routine immunization for the first 2 months of 2015. In most of the countries, district completeness is still <100%.

Data reported so far show that out of a target population of around 6 Million of surviving infants <1 year for the period January to February 2015, nearly 3 millions children have been vaccinated with DTP3 containing vaccine & measles, the highest number being reported in Nigeria, Uganda & Kenya. Some of the high populated countries (Ethiopia, Madagascar...) did not report any data for the period

More complete data are expected as of 15th May 2015 after they have gone through in country validation mechanism processes.

## Improving data quality in countries of the Region



JRF & APR peer review workshop for IST West Africa countries, in Lomé



JRF & APR peer review workshop for IST ESA countries, in Pretoria



JRF & APR peer review workshop for IST central countries in Kinshasa

### Highlights

The 3 workshops were held as follows:

**IST Central Africa** : JRF/APR peer review workshop held in Kinshasa, DRC from 23 to 27 March 2015

**IST West Africa** : JRF /APR peer review workshop held in Lome Togo from 23 to 27 March 2015

**IST Eastern and southern Africa** JRF/APR peer review workshop held in Pretoria South Africa from 30th March to 3rd April 2015.

To improve quality of immunization data in the African Region, 2 major areas of focus, were identified:

- ◆ Development & implementation of data quality improvement plans with a focus on the quality and use of data from the point they are generated
- ◆ Improvement of the quality of JRF which is the source of GVAP/RVAP monitoring and evaluation indicators.

In this line, 3 days peer review workshop was organized in each of the 3 WHO sub regions (IST). These workshops were coupled with the peer review of the GAVI Annual Progress Report (APR). Participants were EPI & data managers, WHO and UNICEF EPI focal persons, HSS focal persons from MOH, & WHO in selected countries. Algeria is the only country that could not participate). Somalia (EMRO) was represented by UNICEF to benefit from the experiences of countries in the Region on JRF processing.

During these workshops, country teams were given opportunity to better understand different JRF variables, then reviewed other countries JRF and provide feedback to help country team to improve their JRF. The same process was followed for APR documents. This process helped the Region not only to ensure the availability of all JRF by 15th April but also to reinforce the capacity of country teams and contributed to the improvement of JRF and APR documents.

Key recommendations from the workshops include :

- countries to involve all stakeholders and organize in country workshop to finalize the documents before they come to the peer review workshops
- Countries teams suggested to partners maintain the peer review since it providing the opportunity to improve their reports
- Some areas of JRF need to be improved in terms of instructions
- For GAVI APR: to make sure the portal is available early enough, latest end of January, to allow countries easy their submission process.

## EPI managers' meeting in the WHO/Eastern & Southern sub region (IST/ESA)



EPI MANAGERS MEETING, 9-13 MARCH 2015, VICTORIA FALLS, ZIMBABWE

The annual East and Southern Africa Sub-Region EPI Managers' meeting was held from 9-13 March in Victoria Falls (Zimbabwe). The meeting co-sponsored by WHO and UNICEF, was attended by 140 participants, from the 20 countries of East and Southern Africa. Apart from WHO and UNICEF, other partner organizations that attended the meeting include: American Red Cross, BMGF, CDC, Emory University, GAVI, JSI, MSF, Sabin Vaccine Institute, Task Force for Global Health, and USAID. The objectives of this year's meeting were:

- To brief Program Managers and partners on the Regional Immunization Strategic Plan, 2014 - 2020, review progress and challenges in reaching the unreached target population with routine immunization services and new vaccines; and discuss data quality as well as immunization financing issues ;
- To update countries and partners on progress towards elimination of measles, and MNT, as well as with Rubella vaccine introduction; share country experiences with the implementation of strategies to eliminate / control the targeted VPDs in the sub-region ;
- To review progress, identify challenges and facilitate implementation of the polio end game plan.

## Highlights

The meeting was opened by WHO Inter-Country Support Team Coordinator, Dr. David Okello who commended the countries for the giant strides made in immunization programme despite numerous challenges.

The 1st three days meeting discussed the review of implementation of 2014 recommendations, updates on TFI, SAGE recommendations, and the newly endorsed regional strategic plan on immunization. Other presentations were focusing on overview of the immunization programme in the sub region, GAVI updates, reaching the unreached and addressing inequities, updates on accelerated disease initiative...

Parallel sessions were conducted on data quality, logistics, immunization financing.

An open discussion was conducted on RI and panel discussion on measles elimination.

The 4th day was dedicated to the polio end-game strategic plan and specifically to the switch to OPV to bOPV and the 5th days on internal WHO meeting and Joint WHO/UNICEF meeting'.

22 recommendations were made to countries and 6 to partners. Recommendations to countries include:

- Strengthening Routine immunization, new vaccine surveillance, vaccine safety monitoring, immunization financial sustaining,
- Development of Plan for the "Switch" by 1st September 2015, development of annual progress report on measles elimination, plans to maintain neonatal tetanus elimination and evidence based data quality improvement plans.
- Conduct and document operational research to inform development of better communication strategies.

## EPI managers' meeting in the WHO/West Africa sub region (IST/West)



Group picture of participants at EPI managers meeting in Lomé: 16-20 March 2015

The annual meeting of EPI managers was held in Lomé (TOGO) from 16 to 20 March 2015. The meeting organized by WHO & UNICEF was attended by 125 participants from 17 countries in West Africa including EPI managers, directors of regional laboratories (polio, measles and yellow fever), partners (AMP, GAVI, CDC, American Red Cross, BMGF, Task Force for Global Health, WAHO, SABIN Institute, USAID, MSF) and NGOs.

A different approach was used this year as presentations were made in the morning and afternoon was devoted to the parallel sessions and side meetings with each country. A total number of 40 presentations were made from WHO / IST, countries and partners, while 6 specific topics were presented by selected countries during parallel sessions.

## Highlights

The 1st three days of the meeting were dedicated to updates on Polio Eradication, Routine immunization, accelerated disease initiatives and cross-cutting issues (communication, financial sustainability, logistics, laboratory, updates on the GAVI procedures and the development of assessment and grant management system (GAVI)).

The fourth day was devoted to the introduction of the inactivated polio vaccine (IPV) and the switch from trivalent oral polio vaccine to the bivalent vaccine (Switch to OPV / bOPV) from planning to operationalization. The WHO internal meeting and WHO/UNICEF meeting were held the 5th day.

Recommendations of the meeting focused on countries to update of their CMYP in line with the new Regional Strategic Plan on Immunization developed in the context of GVAP. Other recommendations were to strengthen the 5 components of the Reaching Every District approach, strengthen surveillance system in the context of Ebola, improve data quality and use for action, improve supply chain.

The need for regular monitoring of those recommendations was emphasized.