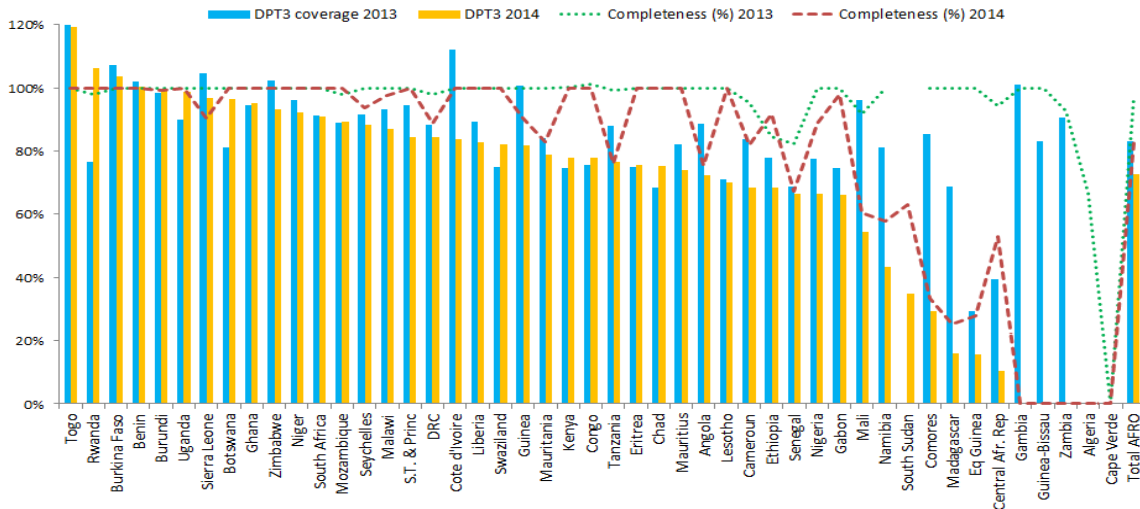




IMMUNIZATION MONTHLY UPDATE IN THE AFRICAN REGION

May 2014 (Vol 2, issue N° 5)

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



Highlights

The data reported in this issue covers the period January to March 2014 with a completeness of 83% & 98% in 2014 & 2013 respectively.

5/47 countries (Algeria, Cape Verde, Gambia, Guinea Bissau, & Zambia) have not reported for the period and 04/47 (Equatorial Guinea, Comoros, Madagascar & South Sudan) have a completeness < 50%. The administrative reported regional DTP3-containing vaccine & Measles coverage was 73% & 76% in 2014 compared to 83% & 86% respectively for the same period of last year.

The data reported show that more than 6 million children have been vaccinated with DTP3 containing vaccine compared to around 7 million during the same period of last year. An increase in the number of vaccinated children was reported only in 11/47 countries with a significant increase (>5000) being observed in Uganda, Kenya, South Africa, Chad, Mozambique & Rwanda. Nigeria, Ethiopia & DRC, among the most populated countries in the Region, did not show an increase in the number of children immunized for the period.

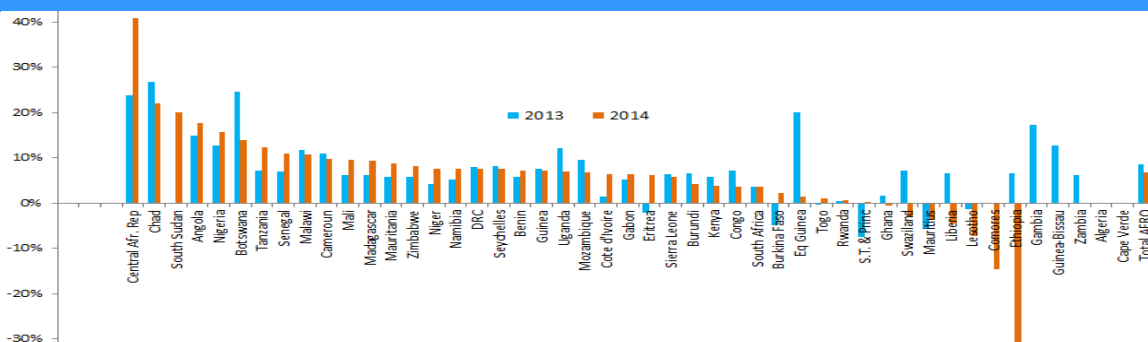
The reported regional DTP1/DTP3 containing vaccine drop out rate is 7% compared to 9% for the same period of last year while the DTP1/measles drop out rate is 3% & 6% respectively in 2014 & 2013. Ten countries have reported a negative drop out rate (DOR) while 17 have reported DOR above 10 among which 5 (Mali, Chad, Senegal, Mauritania, Equatorial Guinea & CAR) reported figures > 15%.

The low data completeness in many countries, negative or high drop out rates as well as the poor implementation of data verification mechanisms at all levels including denominator issues remain some of the major challenges in the region. Appropriate strategies to address these issues need to be further implemented.

Comparative number of vaccinated children with Penta 3 Jan– March 2013-2014

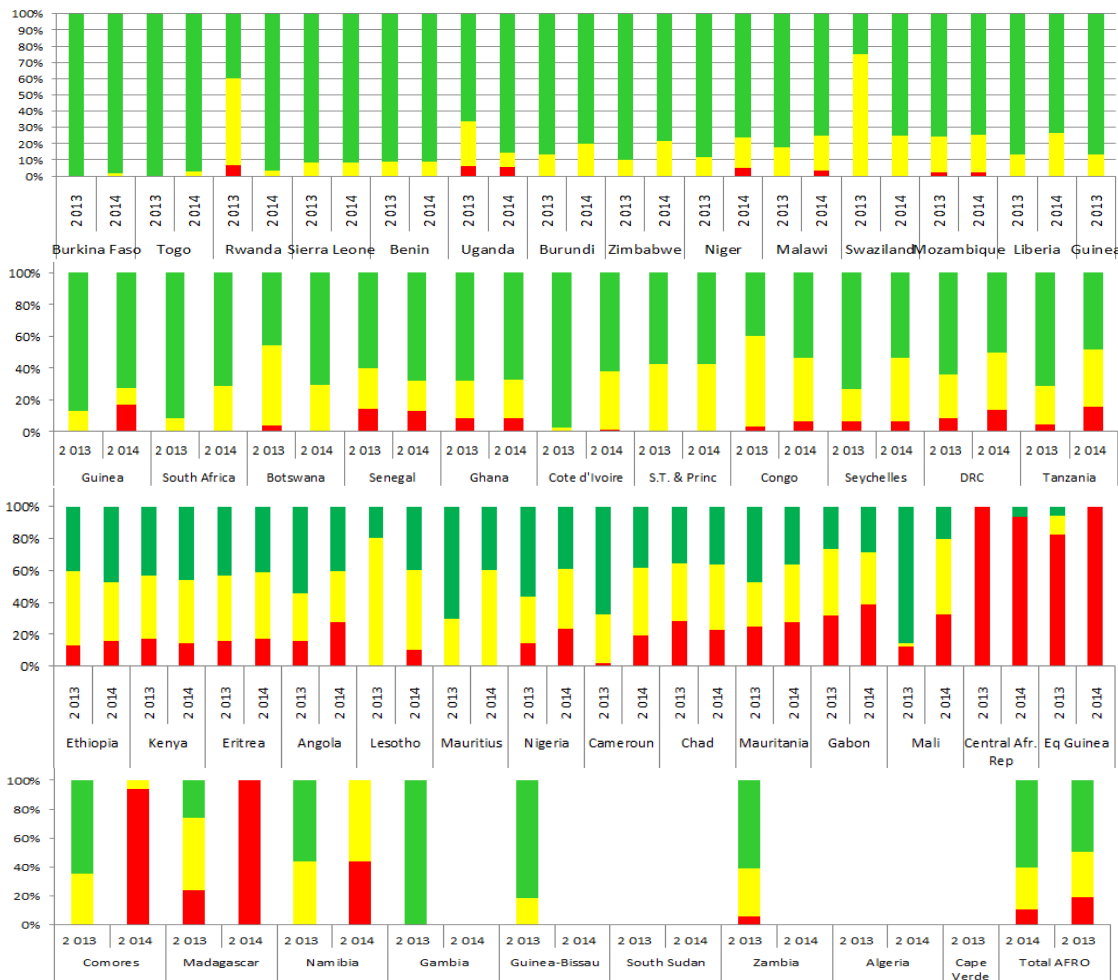
| Country | 2013 | 2014 | Country | 2013 | 2014 | Country | 2013 | 2014 |
|---------------|-----------|-----------|--------------|---------|--------|------------------|------------------|------------------|
| Nigeria | 1 355 200 | 1 157 658 | Chad | 84 655 | 93 418 | Gabon | 12 309 | 10 909 |
| DRC | 627 787 | 598 538 | Benin | 94 012 | 92 384 | Lesotho | 9 301 | 9 176 |
| Ethiopia | 582 714 | 511 971 | Mali | 161 980 | 91 420 | Namibia | 15 613 | 8 366 |
| Uganda | 339 602 | 384 139 | Guinea | 106 944 | 87 107 | Swaziland | 5 930 | 6 584 |
| Tanzania | 390 377 | 304 117 | Senegal | 86 874 | 83 949 | CAR | 14 340 | 3 806 |
| Kenya | 274 297 | 295 122 | Burundi | 82 635 | 83 652 | Mauritius | 2 930 | 2 645 |
| South Africa | 221 290 | 239 861 | Rwanda | 75 791 | 81 060 | Comores | 4 352 | 1 499 |
| Ghana | 228 951 | 231 020 | Togo | 61 182 | 60 666 | S.T. & Princ | 1 354 | 1 210 |
| Mozambique | 211 025 | 217 787 | Sierra Leone | 57 275 | 52 966 | Eq Guinea | 2 001 | 1 062 |
| Niger | 209 962 | 201 689 | South Sudan | | 43 971 | Seychelles | 375 | 347 |
| Burkina Faso | 188 591 | 182 770 | Congo | 33 262 | 34 295 | Zambia | 143 465 | |
| Angola | 208 108 | 169 534 | Madagascar | 142 508 | 32 997 | Gambia | 18 606 | |
| Cote d'Ivoire | 215 335 | 160 827 | Liberia | 34 507 | 32 060 | Guinea-Bissau | 13 002 | |
| Malawi | 150 539 | 143 656 | Mauritania | 27 833 | 26 115 | Algeria | 3 223 | |
| Cameroun | 166 291 | 135 754 | Eritrea | 20 506 | 21 209 | Cape Verde | | |
| Zimbabwe | 108 520 | 99 078 | Botswana | 9 482 | 12 400 | Total AFR | 6 804 836 | 6 008 794 |

Drop out rate Penta1-3 Jan– March 2013-2014



District performance Jan-Mar 2013-2014

■ <50% ■ 50-79% ■ ≥80%

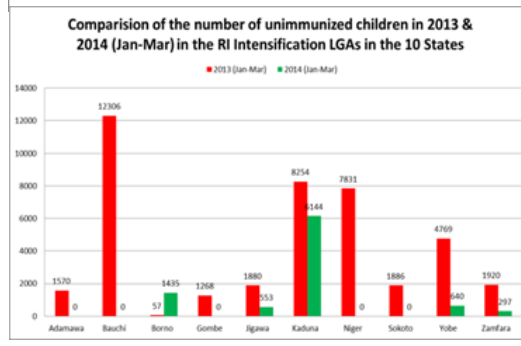
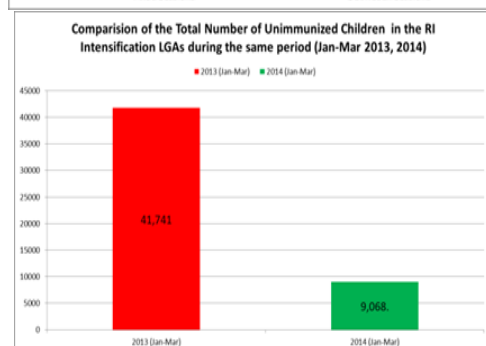
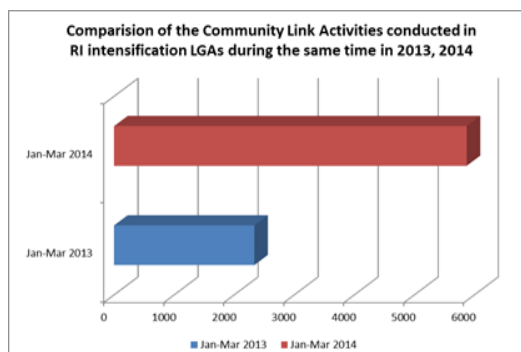
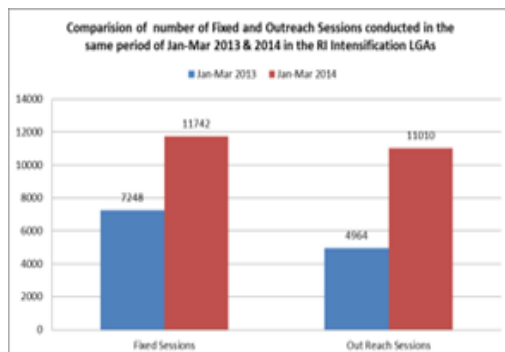


Highlights

The Global vaccine action plan recommends a coverage of 80% in all districts. The data available for the period January-March 2014 show that the districts performance in the region is as follows:

- 49% of districts in the region have achieved a coverage of 80% and more compared to 60% last year among which 15% have a coverage between 80 and 89% compared to 14% last year and 34% have achieved more than 90% vaccination coverage compared to 46% during the same period of last year.
- 32% of the districts have a coverage between 50 and 80% compared to 29% last year and 19% have a coverage less than 50% compared to 11% last year.
- There is a need to strengthen the implementation of the Reaching Every Child approach and other recommended strategies to achieve the set targets.

Achievements of the 2013 BMGF support to Routine Immunization in Nigeria



Main achievements: The number of unimmunized children which was 41,742 dropped to 9,068 representing a 78% reduction in the number of unimmunized children in these LGAs. Except in LGAs of Borno state, all the LGAs in other states have reduced the number of unimmunized children significantly, especially Bauchi and Niger states where the number of LGAs supported by the project is higher.

Main challenges included the security situation in North-Eastern part of the country especially in Borno and Yobe. Denominator issues in some LGAs leading to unrealistic high coverage were also reported. Vaccine availability and shortage of data tools for recording the RI activities were equally identified as major challenges.

Highlights

- In June 2013, The Bill & Melinda Gates Foundation provided 6 Million USD to WHO & UNICEF through their polio grants to support strengthening Routine Immunization activities in 3 countries (Chad, DR Congo & Nigeria) in the AFR for the period June 2013-March 2014. These funds were aimed to support increasing routine immunization coverage in polio high-risk districts and therefore were to be allocated to activities that strengthen routine immunization using existing polio infrastructure and assets.
- The project has shown good results in the 3 countries with the increase in Pentavalent3 coverage in majority of the districts/LGAs supported. The polio surge capacity was used to train, supervise and also assist in the implementation of the routine immunization activities. In Nigeria, the project was implemented in 39 polio high-risk LGAs in 10 northern states. The main results obtained are shown here.

Improving data quality: JRF peer-review workshop, Kinshasa, DRC, 7-9 April 2014



Group photo of the JRF and GAVI APR peer-review workshop for IST central countries

Key recommendations from the workshop :

- ◆ Establish a technical working group to advise national authorities in the field of vaccination;
- ◆ Evaluate on a quarterly basis, the level of implementation of action plans of improving the quality of data;
- ◆ Establish a technical subgroup that includes all key stake holders for filling the JRF at country level and empower a person in charge of sharing the document;
- ◆ All countries should make national official estimates of RI coverage based on: coverage surveys, reports DQS and supervision, vaccine availability situation, mastery of the denominator, local knowledge, epidemics, inclusion or not of private structures data; etc.
- ◆ Include "suspects cases" variable in the morbidity/ mortality JRF sheet before "confirmed cases" to avoid confusion;
- ◆ Conduct similar exercise next year.

Orientation workshop on HPV demonstration projects, Dakar, 19-22 May 2014



Group photo of the participants of the HPV meeting in Dakar, Senegal

Highlights

The first ever JRF peer-review workshop for IST central countries took place in Kinshasa, DRC, organized by WHO AFRO in collaboration with UNICEF WCARO. This workshop was combined with the preparation of GAVI annual progress report (APR) peer-review exercise where JRF review took 3 days and GAVI APR 2 days.

Participants were from 9/10 countries of IST/Central. Equatorial Guinea could not be present due to Polio outbreak in the country, but their documents were reviewed and feedback sent to the team for inclusion.

Country delegations were composed by EPI Directors, & data managers, HSS focal persons, WHO & UNICEF EPI focal points, and for DRC, Civil society representatives, BMGF, Sabin Vaccine Institute & MSF. Facilitators were from WHO, UNICEF, GAVI.

The objectives and expected results of the workshop were fully achieved. During the workshop the following key activities were conducted :

Day 1 : Briefing on the objectives, methodology, tools and rationale. Critical analysis of 2013 JRF by peers using final 2013 database and 2012 JRF.

Day 2 : JRF peer-review continues, and presentation of group work results (feedback to countries)

Day 3 : Inclusion of feedback from country reviewers teams, IST and WECARO by each country.

At the end of day 3, all JRF and home based record surveys were finalized and shared with the Regional office. This workshop was also an opportunity to clarify all unclear variables in the template and to create a critical group of JRF experts at country level.

Highlights

- From 19-22 June 2014, WHO, UNICEF, PATH jointly organized in Dakar, Senegal, an orientation workshop on HPV demonstration projects, which gathered 65 participants from Benin, Burundi, Cameroon, Cote d'Ivoire, The Gambia, Liberia, Mali, Senegal, Togo as well as representatives from GAVI, CDC, AMP, and BMGF.
- The workshop was an important step in preparing countries for successful implementation of their HPV vaccine demonstration projects. Participants gained a thorough understanding of the "learning" purpose of the HPV demonstration project as well as the resources and tools available to assist them.
- The challenges and opportunities were actively conveyed by the "real-life" implementation from SIL and Malawi who were present to share their experiences gained in the first year of implementing the HPV vaccine demonstration project.