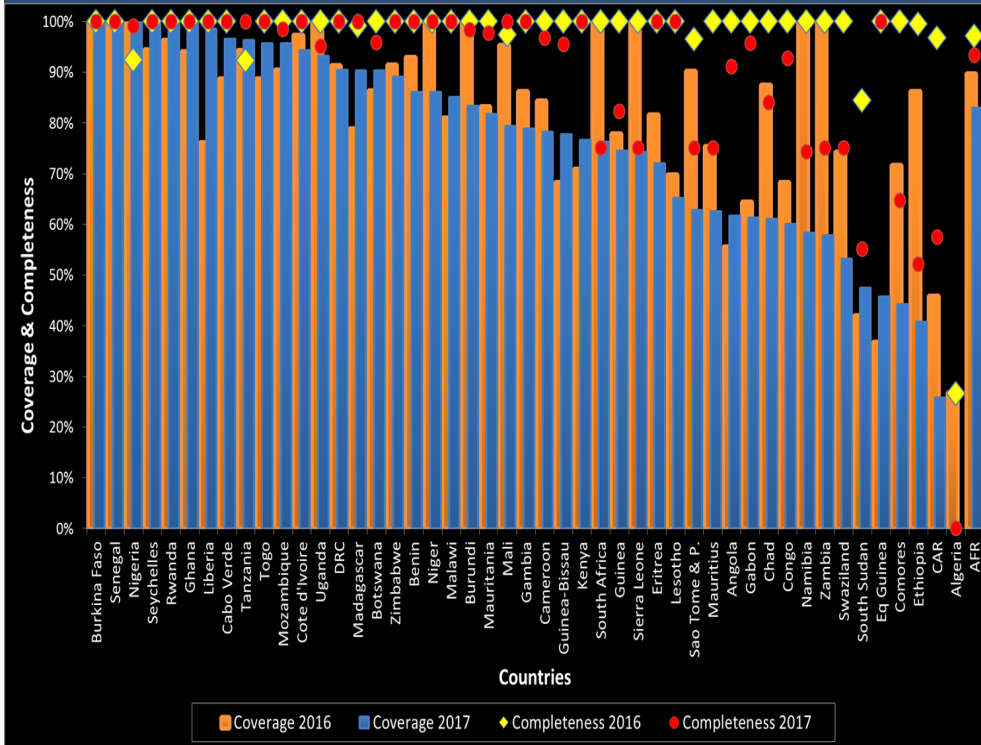




# IMMUNIZATION AND POLIO UPDATE IN THE AFRICAN REGION

May– June 2017 (Vol 5 issue N° 3)

## District data completeness and coverage of DTP3 containing vaccine per country January - April 2017-2016



### Highlights

Data reported in this issue cover the period January – April 2017 compared to data for the same period in 2016.

Regional data completeness was 93% in 2017 vs 97% for the same period in 2016.

No data were reported by Algeria, while 4 countries (CAR, Comoros and South Sudan), reported completeness <70%. The regional administrative reported coverage for DTP3 and Measles 1st dose containing vaccine for the period were 83 and 82% compared to 90 and 89% respectively for same period in 2016. Sixteen countries reported coverage ≥90% among which 4 have coverage above 100% (Burkina Faso, Nigeria, Senegal, Seychelles).

Six countries reported coverages <50% (Algeria, CAR, Comoros, Equatorial Guinea, Ethiopia, South Sudan)

Drop out rate between 1st dose of DTP1– and measles containing vaccines was maintained at 7% for the region with rates >20% in Chad, Cap Verde, CAR, Gambia, Guinea Bissau, Mauritania, Namibia and Senegal. Negative Drop Out rates were also reported by 12 countries.

## Number of children who received the 3rd dose of DTP containing vaccine and 1st dose of measles by country Jan – April 2017

Country	DTP3	MCV1	Country	DTP3	MCV1	Country	DTP3	MCV1
Nigeria	2 587 369	2 612 603	Zambia	147 052	147 831	Namibia	17 517	14 206
DR Congo	1 016 715	983 926	Zimbabwe	131 082	141 104	Gabon	13 604	14 096
Tanzania	618 370	663 891	Senegal	191 247	140 989	Guinea-Bissau	16 125	13 790
Uganda	503 221	452 362	Benin	123 872	126 548	Centrafrique	13 448	13 264
Ethiopia	438 828	415 827	Rwanda	114 961	126 174	Lesotho	11 235	8 817
Kenya	381 477	400 349	Chad	131 204	121 757	Swaziland	5 808	5 365
Ghana	362 562	350 998	Burundi	102 552	116 700	Eq Guinea	5 317	4 715
Mozambique	329 552	329 705	Guinea	102 082	102 802	Comoros	3 352	3 621
Niger	302 236	300 023	Togo	96 196	100 534	Mauritius	2 633	2 550
Cote d'Ivoire	278 252	268 891	South Sudan	71 638	94 032	Cape Verde	3 391	2 155
Burkina Faso	287 404	253 044	Sierra Leone	65 577	61 600	Sao Tome & Princ.	1 176	1 400
Madagascar	254 976	249 036	Liberia	55 098	50 807	Seychelles	524	541
South Africa	245 162	237 781	Congo	42 527	47 422	Algeria	-	-
Angola	203 097	236 507	Mauritania	42 088	32 087	Sub total IST CA	1 749 061	1 748 289
Cameroon	219 421	208 502	Eritrea	25 536	26 328	Sub total IST WA	4 729 667	4 634 053
Mali	194 562	198 237	Gambia	21 606	18 945	Sub total IST ESA	3 514 901	3 518 959
Malawi	198 042	184 028	Botswana	13 935	15 411	Total AFR	9 993 629	9 901 301

### Highlights

From January to April 2017, of a target population of 12 million surviving infants, an estimated 10M and 9.9 million children were vaccinated with three doses of DTP containing vaccine and one dose of Measles containing vaccine respectively.

A total of 19 countries reported an increase in the number of children vaccinated with the third dose of DTP containing vaccine. A significant increase was observed in Nigeria (>230,000) while 9 countries reported minor increases (>10,000) (Burkina Faso, Ghana, Liberia, Madagascar, Malawi, Mozambique, Senegal, South Sudan and Togo).

At the same time, a huge decrease in the number of children vaccinated (>400,000) during this period was observed in Ethiopia and levels of decrease (>50,000) also observed in South Africa, Zambia and Algeria, the later mainly due to lack of reports..



## 2nd Regional capacity building workshop on immunization and health system data quality assessment and plans for improvement, Kigali 9-12 and 16-19 May 2017

After the capacity building workshops on information management system assessment, data quality review and improvement plans development organized by WHO AFRO with support from partners in Kampala in November 2016 targeting EPI and HMIS data experts from 16 GAVI Eligible countries, the second series took place in Kigali Rwanda on the same topics, targeting the same core group from 20 additional GAVI eligible countries from 9 to 12 May 2017 for Anglophone countries and from 16 to 19 for Franco-phone countries. A team from Haiti (PAHO) was also part of the training .

### The meeting objectives were:

- Reinforce the participants' capacity to conduct data quality reviews, information system assessments and to develop data quality improvement plans with clear monitoring and evaluation mechanisms
- Present data quality review (DQR) metrics and the methodology through tracer indicators across different programs, including immunization and demonstrate the links between the new WHO guidelines and tools on immunization data quality review and the integrated DQR.
- To promote exchange of experience among country teams and learn from country teams what processes and practices can promote harmonization and/or alignment of data quality assessment and improvement efforts.



Photo : opening ceremony with Representatives of from left to right : CDC, GAVI, MOH, WHO Country office-Rwanda, WHO AFRO



Group photo : French speaking countries



Photo : one of the group work sessions from Francophone workshop



Group photo : English speaking countries



Photo : one of the group work sessions from Anglophone workshop

### Highlights

Around 49 and 67 participants were present in the first and second session respectively the following countries were invited:

Group 1 : Eritrea, Gambia, Kenya, Lesotho, Zambia, Malawi, Mozambique, Rwanda and South Sudan.

Group 2 : Angola, Burkina Faso, Comoros, Congo, Guinea, Guinea-Bissau, Haiti, Madagascar, Mauritania, Niger, São Tomé and Príncipe and Togo

They were supported by 17 facilitators from WHO /AFRO and the 3 sub regions, GAVI, CDC Atlanta, USAID/PATH, West African Health Organization (WAHO) and a consultant from Information, Evidence and Research-IER teams– WHO HQ.

Outcome: Participants were trained on data quality review, and information system assessment using both recently developed WHO EPI methodology and the integrated Data Quality Review (DQR) method. All 21 countries developed draft data quality review and plan during the workshop and key next steps were agreed upon.

Countries conducted a data desk review using their own immunization data with time series analysis using selected data quality metrics. They also used existing supervision and reviewed reports to identify additional system gaps.

Each country developed a comprehensive draft document highlighting data quality and system issues as well as root cause analysis and proposed concrete potential solutions in a draft data quality improvement plan.

Countries also developed a one-page with next steps listing the key actions to be implemented upon return to their specific countries.

Participants actively discussed harmonization and/or alignment of data quality assessments and improvement plans for both immunization and health system .

One main action point was for all countries to establish national data quality teams and to perform quarterly monitoring of the developed plan.



## Training workshop for consultants, partners and country immunization staff on the revised WHO Strategy to Reduce Missed Opportunities for Vaccination (MOV): Harare, Zimbabwe, 23-25 May 2017



Group picture of participants at the training of consultants, countries and partners on the Updated WHO Strategy to Reduce Missed Opportunities for Vaccination (MOV), Harare, Zimbabwe, 23-25 May 2017

### Background

Missed opportunities for vaccination (MOV) include any contact with health services by a child (or adult) who is eligible for vaccination, which does not result in the individual receiving all the vaccine doses for which he or she is eligible.

Estimates indicate that reducing missed opportunities for vaccination by making better use of existing vaccination services can result in up to 14% gain in immunization coverage. EPI has developed a set of updated tools to assist countries in planning and conducting MOV assessments. A MOV assessment can help a country identify the magnitude and causes of MOVs and develop tailored interventions to address these issues. Five countries in the African Region (Chad, Burkina Faso, the Democratic Republic of Congo, Kenya, and Malawi) have already completed MOV assessments.

### Highlights

The capacity building workshop on the Missed Opportunities for Vaccination (MOV) strategy was organized by HQ in collaboration with WHO AFRO for consultants, partners and WHO and MOH staff

Participant included representatives from 9 partner organizations (CDC, UNICEF, Village Reach, AMP, MSF, JSI, Chai), WHO Country offices and Ministry of Health staff from 6 countries, and WHO colleagues from HQ, AFRO and IST-Eastern and South.

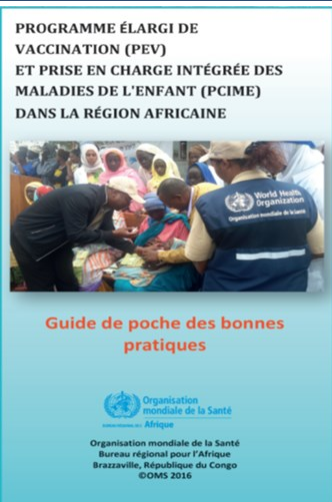
Objectives of the workshop were:

- ◆ To train a pool of consultants, countries and partners on the updated MOV methodology so that they can support countries in planning and conducting MOV assessments.
- ◆ The workshop also serve as a platform to discuss opportunities and strategies to address MOVs and improve routine immunization coverage.

At the end of the workshop, 8 countries (Cameroon, Ethiopia, Liberia, Mozambique, Nigeria, Uganda, South Sudan, Zimbabwe) presented their action plans for implementation of the MOV strategy over the next 12-18 months; these will be followed up with in-country endorsements and formal communication to AFRO.

All partners expressed strong interest and a commitment to support implementation in their respective countries.

## Regional capacity building workshop on EPI/IMCI interactive training and resource tool, 29 may – 2 June 2017, Kigali, Rwanda



Pocket guide accompanying the flash disk and sample of flash disk containing the training



Certificates of participants

### Highlights

The WHO Regional office for Africa organized a capacity building workshop on the interactive training and resource tool for Immunization and Integrated Management of Childhood Illnesses (IMCI). In attendance, representatives from Immunization, child and adolescent programmes in Ministries of health, WHO and UNICEF as well as tutors from medical and nursing schools in 6 countries: Congo, Congo DR, Ethiopia, Rwanda, Sao Tome & Principe and Sierra Leone.

Objectives of the training were:

- ◆ To train participants on the EPI/IMCI interactive training and resource tool
- ◆ To explore opportunities and challenges of field application
- ◆ To discuss and agree on concrete plan for scaling up the use of the tool in countries

At the end of the 5 day workshop, all participants were able to go through the 22 chapters in the tool and also to participate in a half day clinical session in health centers. After completion of the course, they could all generate their certificates.

Each country identified opportunities and challenges for the use of the tool as well as steps to be taken for its use once back home.

### The tool

The EPI/IMCI Interactive Resource tool is designed to build capacity as well as reference resource for health workers to update themselves on the latest developments on immunization practices and integrated management of childhood illness. It can also be used for pre-service training in medical and nurse training schools.

The Tool is computerized and available through flash disk in 3 languages integrated (English, French and Portuguese). It does not need internet connectivity and contains reference materials which can be printed if necessary. The tool is accompanied by a pocket guide for good practice which is a step-by-step summary of each chapter in the video and illustrates in detail the protocols of immunization as well as the assessment, classification and treatment of children who come to health centers.

## Updates on Polio Eradication Initiative (PEI)

### AFP surveillance indicators, 2017 (as of week 30, 2017)

IST	AFP cases reported	Annualized NP- AFP Rate	% 2 Stools within 14 days
<a href="#">Central</a>	1873	5.4	91%
West	10182	13.2	98%
South-East	2618	3.3	89%
<b>Regional</b>	<b>13405</b>	<b>7.7</b>	<b>96%</b>

### cVDPV and WPV cases reported in the Region

#### 2017 cVDPV:

No new cVDPV cases were reported this week

The date of onset of latest case was 18<sup>th</sup> April 2017 (Dem.Rep.Congo)

#### 2017 WPV:

No new wild poliovirus case has been reported this week

### Wild poliovirus cases 2016-2017

#### 2016

##### WPV cases by country: Week 1– 30

COUN-TRY	W1	W3	W1+W3	Total
NIGERIA	0	0	0	0
<b>TOTAL AFR</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 2017

##### WPV cases by country: Week 1– 30

COUN-TRY	W1	W3	W1+W3	Total
NIGERIA	0	0	0	0
<b>TOTAL AFR</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Highlights

#### At Regional level

**2017 Data.** as of 26th June 2017, no WPV case was reported in the Region. The date of onset of latest case of WPV was 21st August 2016 in Nigeria

#### At Global level

**2017 Data.** Six WPV cases were reported from 2 endemic countries and 0 from non-endemic countries. No WPV case was reported from AFR (WHO/HQ, 27th June 2017).

#### AFP surveillance

**2017 Data:** A total of 42 out of 47 (89%) countries achieved the recommended operational NP-AFP rate of at least 2/100,000. (Data source – WHO/AFRO, 2017, last update 19th June 2017)

### Distribution of cVDPV and aVDPV cases by serotype in AFR, 2015-2017

Serotype	2015				2016				2017				Total									
	type 1		type 2		type 3		type 1		type 2		type 3		type 1		type 2		type 3					
Classification	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV				
CAMEROON															0	0	0	0	0	0		
CHAD			1												0	0	1	0	0	0		
DRC			2			1							4		1	0	2	4	0	0		
ETHIOPIA			1												0	0	1	0	0	0		
GUINEA				7											0	0	0	7	0	0		
KENYA															0	0	0	0	0	0		
MADAGASCAR	1	10													1	10	0	0	0	0		
NIGER															0	0	0	0	0	0		
NIGERIA				1			1		1						1	0	0	2	0	0		
UGANDA															0	0	0	0	0	0		
SOUTH SUDAN			1												0	0	1	0	0	0		
<b>TOTAL</b>	<b>1</b>	<b>10</b>	<b>5</b>	<b>8</b>			<b>2</b>		<b>1</b>					<b>4</b>			<b>3</b>	<b>10</b>	<b>5</b>	<b>13</b>	<b>0</b>	<b>0</b>



## Training workshop on the use of accountability framework monitoring tools for Polio and Immunization Programmes: Harare, Zimbabwe, 29 to 31 May 2017.



Group photo : Accountability framework workshop participants Cresta lodge hotel, Harare, 22 May 2017

### Highlights

The workshop was attended by 10 polio and immunization technical staff from AFRO (1 Data Manager from polio programme and one from Immunization) and 8 subregional officers (2 Monitoring and evaluation officers, 1 Lab Officer, 4 Data Manager and 1 Admin Assistant).

The general objective of the workshop was to orient participants on the use of accountability framework monitoring tools for polio and immunization Programmes in AFRO.

Specific objectives were:

- ◆ To refine and adopt monitoring and evaluation of staff and Programme tools developed for IST, national and subnational levels
- ◆ To prepare ME tools for each level IST, national and subnational levels (list of staff, Name of responsible person, assignment)

The major outcome was monitoring and evaluation of staff and Programme tools for each level (IST, national and subnational levels) refined and adopted.

### Next steps:

- ◆ Start using monitoring accountability tools staff and programme performances in selected countries that have Data Managers: 3rd - 4th weeks of June 2017
- ◆ Orientation workshop for of subregional and country staffs on the use of Accountability Framework tools: by 2nd - 3 weeks of July 2017
- ◆ Launching of the implementation: 1st week of August 2017
- ◆ First feedback on the use of Accountability Framework: 3rd week of October 2017
- ◆ 1st Review meeting: 2nd week of November 2017

## Capacity building workshop on the use of Geographic Information System (GIS) to enhance Polio-related surveillance and Supplemental immunization activities, Harare, 22 - 27 May, 2017



Group photo : GIS workshop participants Cresta lodge hotel, Harare, 22 May 2017



Group photo : field training on the use of Global Positioning Systems and Open Data kit, Harare, 25 May 2017

### Highlights

During five consecutive days, facilitators covered a wide span of GIS and mHealth (mobile Health Initiative) related knowledge areas (namely, GIS basics and terminology, Global Positioning Systems).

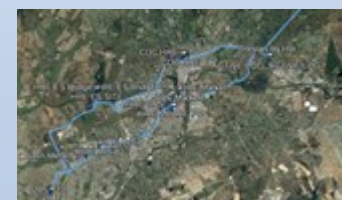
A one-day training in the field was conducted to demonstrate the use of GPS, and data collection tools using mobile technology (e.g. health facilities and environmental sites).

The last day involved a brainstorming session for next steps :

- ◆ to facilitate implementation of GIS and mHealth at subregional and Country levels;
- ◆ to establish capacity of GIS and mHealth users; and
- ◆ to identify and populate related standards and norms.

### Recommendations/Action points

- ◆ Establishment of AFRO Regional GIS Network (AFRO-GISNET) with identified GIS focal point at Inter-country Supportive Team, Country Office, and Ministry of Health levels.
- ◆ GIS focal points need to carry out an assessment of opportunities and challenges in regard to GIS main components (hardware, software, datasets/maps, human resources, and methods and processes).
- ◆ Streamlining of GIS into routine activities for enhanced data management and surveillance activity and plan for conducting capacity building events at country level.
- ◆ Enhancing Monitoring and Evaluation output via utilization of GPS for tracking and locating field Entities.
- ◆ The provided knowledge will facilitate initiation of processes to update national geo-profiles, develop sub-district level shape files, and collect points of interest (POIs) as needed.
- ◆ Periodical communication must be held to monitor and evaluate the level of GIS implementation, capacity building, and updating national geo-profiles.



Geo coordinate shapemap of Environmental surveillance site tracking in Harare

## Regional immunization technical advisory group and ARCC meeting, Brazzaville, Congo: 6-8 June 2017



Group photo of participants at the Regional Immunization Technical Advisory Meeting (RITAG)

### Background

The Regional Immunization Technical Advisory Group (RITAG) met in Brazzaville, Congo at the Hotel Ledger from 16th to 17th June 2017 for its first ordinary meeting of the year.

The primary goals of this RITAG meeting were to update RITAG members on progress made in the programme, current priorities as well as levels of achievement of the recommendations from the previous RITAG meetings and to seek their advice and guidance on current specific challenges and programme plans and activities.

The 2 day RITAG meeting was followed by a one day meeting of the African Regional Immunization Stakeholders Meeting during which the new structure and terms of reference were presented.

Among other topics discussed were: an update on the Road map of the Addis Ababa declaration for Immunization, the status report of the WHO Business Case for Immunization in the African Continent, and Stakeholders' Statements.

### Highlights

The Director, Family and Reproductive Health Cluster of WHO AFRO, Dr Felicitas Zawaira, welcomed the participants on behalf of the Regional Director, Dr Matshidiso Moeti and declared the meeting open. Present at the opening and subsequent sessions were immunization partners and donors as well as representatives of civil society organizations, immunization staff from the countries and various levels of WHO (Regional and subregional offices, Immunization and Polio Directors from HQ).

Topics discussed during this meeting were:

- ◆ Immunization coverage and Equity with focus on addressing Missed Opportunities for Vaccination to increase coverage
- ◆ Lessons learned on HPV vaccine introduction in the WHO AFR, including adolescent and school health opportunities for integration
- ◆ Polio Eradication updates including GPEI post Certification strategy
- ◆ Building resilient Vaccine preventive Disease (VPD) surveillance in the AFR
- ◆ Overview off RTS,S malaria vaccine pilot implementation in the African Region with Malawi presenting the Challenges & opportunities of integrating RTS,S malaria vaccine into the immunization programme.

For each topic, progress made was summarized, challenges highlighted and the RITAG members given the opportunity to discuss and to provide advice. At the end of the meeting, a number of key recommendations were made.

## 2017 First Meeting of the Sub-Regional Working Group on Immunization for West and Central Africa (SRWG): Brazzaville, 9-10 June 2017



Group picture of participants at the Sub Regional Working Group Meeting in Brazzaville Congo

### Background

This 1st meeting was organized by UNICEF/WCARO under the theme of "Accelerating progress towards the achievement of GVAP objectives through harmonized and enhanced support to priority countries". In attendance UNICEF HQ and WCARO, WHO HQ, AFRO and IST West and Central, GAVI and 3 countries (Congo, DRC and Chad).

The overall objective of the meeting was to agree on the support to be given by the SRWG to countries defined as priority in a coordinated and harmonized way between the partners in order to achieve the GVAP objectives for all countries of the West and Central Africa subregion. Specific objectives were to:

- ◆ Evaluate support provided to priority countries;
- ◆ Identify modalities for improving interactions with countries;
- ◆ Build consensus on the governance tools of the SRWG and technical subgroups;
- ◆ Update on GAVI's data quality requirements and feedback on the results of the Alliance study;

### Highlights

The 2 day meeting was organized in 4 sessions:

- ◆ Consensus on Governance instruments of the SRWG
- ◆ Discussions on the partnership framework at global, regional and country levels
- ◆ Improving interaction with countries
- ◆ Consensus on joint support to countries

Action points were agreed upon for Technical support and planning process, countries in transition and involvement of the private sector as well as implementation and follow-up. These include among others:

- ◆ Monitor the execution and evaluate the plans using tools developed for this purpose (dashboard etc.) and the monitoring platforms (monthly TC, update on performance) ...
- ◆ Review the CT format to integrate the resource component and expand the platform to other members including RSS teams.
- ◆ Ensure the participation of the country health System Strengthening team in the immunization fora.
- ◆ Monitor the implementation of the consolidated roadmap (polio and routine immunization) for the countries of Lake Chad.
- ◆ Facilitate documentation and dissemination of best practices in immunization.