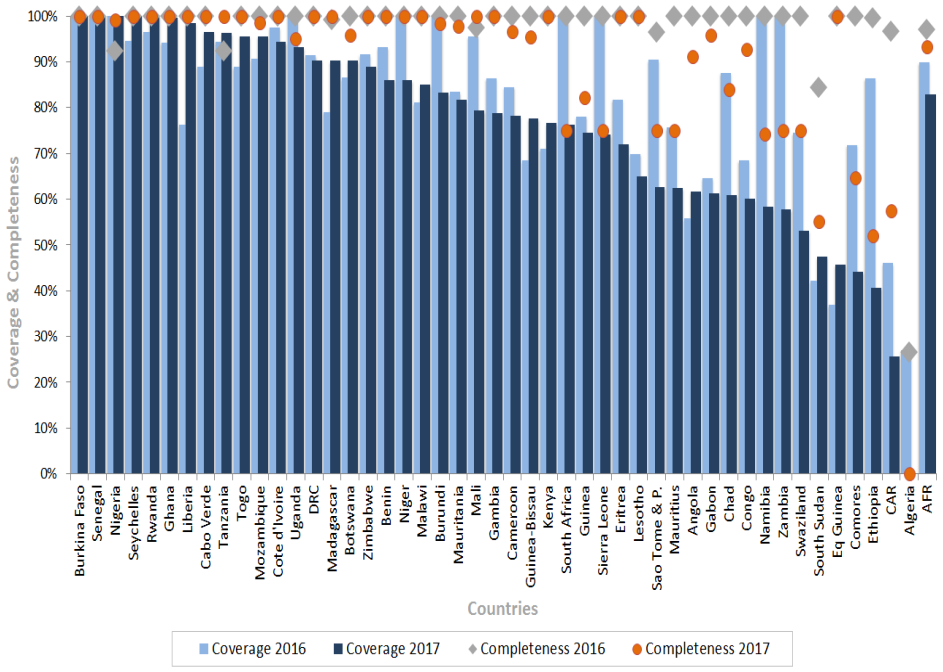
World Health Organization
REGIONAL OFFICE FOR Africa

IMMUNIZATION VACCINE DEVELOPMENT

IMMUNIZATION AND POLIO UPDATE
IN THE AFRICAN REGION

September– October 2017 (Vol 5 issue N° 5)

Reported districts routine immunization data completeness and coverage of DTP3 containing vaccine January– August 2017- 2016



Highlights

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

Regional data completeness was 95% in 2017 vs 97% for the same period in 2016. Most countries reported completeness ≥90%.

Ten countries reported coverages between 75 and 88%. Algeria did not provide data.

The regional administrative reported coverage for DTP3 for the period was 86 % compared to 92% for same period in 2016. Eighteen countries reported coverage ≥90% among which 3 had coverage above 100% (Burkina Faso, Nigeria, Rwanda). Only CAR and South Sudan reported coverages <50%

In the period, 22 million children received the 1st dose of DTP containing vaccine out of an estimated 24 millions target population.

The Dropout rate between 1st dose of DTP and measles containing vaccines was maintained at 8% for the region with rates >20% in Chad, Cap Verde, CAR, Gabon and Guinea Bissau and negative values for Eritrea, Seychelles, South Sudan and Togo.

Reported number of vaccinated children with of MCV1 and 2 in AFR countries January– August 2017

Country	MCV2 in EPI by end 2016 (Yes/No)	MCV1	MCV2
Nigeria	No	5 213 649	NA
DR Congo	No	2 065 519	NA
Ethiopia	No	1 402 127	NA
Tanzania	Yes	1 290 451	NA
Uganda	No	895 359	NA
Mozambique	Yes	684 324	374 868
Kenya	Yes	683 372	353 841
Ghana	Yes	680 239	NA
Niger	Yes	636 749	NA
South Africa	Yes	545 366	NA
Cote d'Ivoire	No	529 650	NA
Burkina Faso	Yes	520 783	NA
Madagascar	No	474 129	127
Angola	Yes	450 982	1 455
Cameroon	No	424 600	NA
Malawi	Yes	381 706	3 023
Zambia	Yes	367 160	239 962

Country	MCV2 in EPI by end 2016 (Yes/No)	MCV1	MCV2
Mali	No	359 486	NA
Senegal	Yes	317 558	283 339
Zimbabwe	Yes	272 895	235 985
Rwanda	Yes	245 410	NA
Chad	No	243 016	NA
Burundi	Yes	221 384	166 603
South Sudan	No	216 615	NA
Guinea	No	209 686	NA
Benin	No	200 915	NA
Togo	No	194 607	NA
Sierra Leone	Yes	156 985	NA
Liberia	No	98 946	NA
Congo	No	94 488	2 959
Mauritania	No	64 638	NA
Eritrea	Yes	52 963	44 596
Gambia	Yes	40 505	NA
Cent. Afr. Rep	No	39 310	NA

Country	MCV2 in EPI by end 2016 (Yes/No)	MCV1	MCV2
Namibia	No	34 696	NA
Botswana	Yes	29 717	28 677
Gabon	No	26 943	NA
Lesotho	Yes	19 663	15 855
Guinea-Bissau	No	17 243	NA
Swaziland	Yes	13 815	11 609
Comoros	No	11 487	NA
Equatorial Guinea	No	10 920	NA
Mauritius	Yes	7 263	NA
Cabo Verde	Yes	5 079	NA
Sao T.and Principe	Yes	3 482	2 864
Seychelles	Yes	1 091	NA
Algeria	Yes	NA	NA
Sub total IST CA		3 580 644	173 881
Sub total IST WA		9 246 718	283 339
Sub total IST ESA		7 629 609	1 308 543
Total AFR		**20 456 971**	**1 765 763**

Highlights

Not all the 25 countries that introduced the Measles 2nd dose reported data monthly. Only 11 countries reported data, 2 from Central and 8 from Eastern and Southern subregion, one in the West subregion. This accounts for the very low number of children vaccinated, a coverage of only 45% for the Region compared to 73% during the same period last year.

An estimated 20.5 Million children received MCV1 vaccine for the period leaving nearly 4 Million non vaccinated. Efforts are ongoing in many countries with low performance to catch up missed children using mixed strategies such as PIRI, strengthening of outreach , mobile and other strategies to reach those in remote and hard to reach areas, as well as complementing missing reports from health facilities

Source: Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO

Reported country immunization coverage per antigen January-August 2017 vs 2016

Country	Completeness		Coverage																				Fully Immunized		Drop out rate DTP1-DTP3		DTP3 Containing vaccine districts performance (%)								Number of not vaccinated			
			BCG		OPV3		IPV 1		3rd dose DTP containing vaccine		YF		MCV1		MCV2		TT2+		Pneumo3		Rota Last						<50%		50-79%		80-89%		>=90%		With DTP3		With MCV1	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Angola	100%	93%	49%	71%	59%	58%	NA	NA	60%	64%	41%	46%	59%	69%	0%	0%	48%	59%	54%	60%	52%	54%	NA	NA	16%	17%	27%	29%	45%	32%	13%	12%	15%	28%	161 748	125 875	142 505	92 465
Burundi	100%	100%	87%	79%	103%	88%	88%	0%	104%	88%	NA	NA	101%	90%	67%	68%	64%	59%	104%	88%	106%	96%	NA	NA	5%	9%	0%	0%	11%	33%	20%	26%	70%	41%	0	20 516	0	6 368
Cameroun	100%	99%	71%	97%	83%	81%	78%	71%	85%	83%	78%	77%	77%	76%	NA	NA	60%	52%	84%	82%	79%	81%	NA	NA	9%	9%	4%	4%	32%	35%	21%	23%	43%	39%	44 171	60 797	62 624	71 716
Centrafrique	98%	75%	57%	46%	44%	36%	24%	25%	47%	38%	45%	39%	47%	38%	NA	NA	42%	42%	49%	37%	NA	NA	NA	NA	35%	27%	53%	73%	40%	17%	0%	3%	7%	7%	27 639	38 780	27 654	38 964
Chad	100%	80%	88%	61%	89%	46%	85%	61%	93%	62%	78%	56%	89%	57%	NA	NA	102%	79%	NA	NA	NA	NA	NA	NA	13%	14%	11%	39%	24%	40%	17%	9%	48%	12%	21 732	83 729	25 508	93 176
Congo	100%	98%	83%	75%	68%	64%	28%	18%	69%	64%	60%	60%	66%	67%	NA	NA	70%	77%	65%	64%	61%	61%	NA	NA	9%	11%	15%	24%	59%	59%	23%	10%	3%	7%	21 697	28 214	22 105	23 319
Eq Guinea	100%	100%	52%	55%	35%	52%	NA	51%	39%	54%	NA	0%	32%	47%	NA	NA	24%	35%	NA	NA	NA	NA	NA	NA	28%	6%	83%	33%	11%	39%	0%	6%	6%	22%	7 335	6 301	7 644	6 903
Gabon	100%	96%	78%	76%	69%	66%	69%	66%	70%	66%	65%	60%	64%	61%	NA	NA	56%	48%	NA	NA	NA	NA	NA	NA	17%	17%	25%	37%	41%	33%	14%	20%	20%	10%	7 635	8 602	6 805	8 110
DRC	100%	98%	91%	91%	84%	93%	70%	84%	92%	94%	87%	85%	90%	92%	NA	NA	90%	95%	90%	92%	NA	NA	NA	NA	7%	6%	0%	4%	21%	17%	23%	23%	56%	56%	96 599	107 316	118 724	140 105
S.T. & Principe	98%	100%	91%	99%	89%	89%	48%	58%	88%	89%	92%	92%	92%	93%	75%	76%	71%	67%	89%	89%	NA	90%	NA	NA	1%	8%	0%	0%	14%	14%	14%	43%	71%	43%	181	697	0	473
IST CA	100%	95%	80%	83%	**80%**	**79%**	**71%**	**70%**	**84%**	**82%**	**75%**	**72%**	**81%**	**80%**	**17%**	**19%**	**76%**	**77%**	**81%**	**82%**	**70%**	**70%**	**NA**	**NA**	**9%**	**9%**	**10%**	**15%**	**28%**	**27%**	**19%**	**19%**	**43%**	**39%**	**388 737**	**480 826**	**413 569**	**481 598**
Algeria	14%	0%	10%	0%	14%	0%	0%	0%	14%	0%	NA	NA	12%	0%	NA	NA	0%	0%	NA	NA	NA	NA	NA	NA	-6%	NA	NA	NA	NA	NA	NA	NA	NA	NA	240 449	329 253	251 521	329 253
Benin	100%	81%	102%	73%	98%	69%	0%	0%	98%	69%	96%	70%	96%	70%	NA	NA	76%	61%	98%	69%	NA	NA	NA	NA	8%	9%	0%	1%	15%	69%	18%	17%	67%	13%	9 041	19 910	4 807	17 234
Burkina Faso	100%	100%	101%	101%	106%	104%	NA	NA	107%	105%	83%	18%	104%	103%	NA	NA	83%	73%	106%	105%	106%	99%	NA	NA	1%	2%	0%	0%	11%	2%	5%	3%	84%	95%	0	0	0	981
Cape Verde	100%	100%	59%	93%	92%	99%	NA	NA	92%	99%	NA	NA	85%	72%	NA	NA	72%	59%	NA	NA	NA	NA	NA	NA	-5%	-5%	0%	7%	33%	20%	13%	13%	53%	60%	389	118	287	1 354
Cote d'Ivoire	100%	100%	97%	93%	88%	94%	0%	0%	96%	96%	79%	87%	85%	90%	NA	NA	85%	73%	94%	94%	NA	35%	NA	NA	7%	5%	0%	0%	6%	7%	16%	15%	78%	78%	7 105	16 570	30 597	25 931
Gambia	100%	100%	93%	77%	92%	84%	0%	20%	92%	83%	88%	68%	87%	74%	NA	NA	59%	42%	93%	83%	91%	56%	NA	NA	7%	3%	0%	0%	0%	14%	75%	71%	25%	14%	3 532	5 770	4 457	8 431
Ghana	100%	100%	102%	100%	95%	85%	NA	NA	96%	99%	96%	86%	97%	94%	NA	NA	63%	56%	96%	99%	94%	95%	NA	NA	4%	0%	0%	0%	19%	15%	15%	11%	66%	74%	20 480	820	6 865	12 384
Guinea	100%	83%	86%	78%	77%	76%	0%	0%	83%	76%	81%	75%	85%	77%	NA	NA	79%	50%	NA	NA	NA	NA	NA	NA	8%	8%	3%	3%	41%	61%	26%	26%	29%	11%	31 834	34 870	26 133	34 150
Guinea-Bissau	100%	75%	80%	69%	64%	58%	0%	24%	62%	58%	55%	48%	66%	42%	NA	NA	38%	30%	NA	NA	NA	NA	NA	NA	24%	18%	10%	18%	80%	82%	0%	0%	10%	0%	6 430	4 626	5 771	6 961
Liberia	100%	100%	87%	91%	86%	97%	NA	NA	84%	97%	74%	88%	77%	89%	NA	NA	67%	66%	84%	94%	NA	89%	NA	NA	10%	7%	0%	0%	15%	13%	23%	13%	62%	73%	12 730	791	14 649	5 082
Mali	98%	98%	113%	90%	95%	64%	0%	12%	97%	72%	92%	73%	94%	73%	NA	NA	71%	35%	98%	72%	79%	56%	NA	NA	10%	17%	5%	7%	6%	56%	21%	27%	68%	11%	10 690	50 520	11 456	46 845
Mauritania	100%	96%	81%	76%	72%	70%	0%	38%	75%	72%	NA	NA	74%	63%	NA	NA	35%	28%	74%	71%	73%	70%	NA	NA	8%	8%	10%	9%	48%	55%	17%	20%	25%	16%	8 432	9 416	13 924	19 417
Niger	100%	100%	118%	97%	104%	91%	0%	0%	107%	91%	102%	12%	104%	91%	NA	NA	NA	65%	102%	91%	96%	87%	NA	NA	6%	6%	0%	7%	14%	27%	14%	17%	73%	50%	0	48 975	0	51 188
Nigeria	93%	99%	100%	96%	102%	107%	0%	0%	102%	107%	100%	106%	103%	107%	NA	NA	59%	53%	38%	104%	NA	NA	NA	NA	8%	7%	5%	2%	15%	8%	10%	7%	70%	84%	0	0	0	0
Senegal	100%	100%	84%	86%	94%	100%	0%	0%	96%	100%	88%	82%	89%	89%	NA	80%	62%	67%	96%	100%	92%	0%	NA	NA	-5%	-4%	0%	0%	23%	18%	15%	18%	62%	65%	0	0	33 128	36 647
Sierra Leone	100%	100%	90%	85%	112%	96%	NA	NA	106%	95%	88%	77%	97%	89%	NA	NA	74%	49%	94%	94%	100%	96%	NA	NA	-5%	7%	0%	7%	8%	7%	25%	14%	67%	71%	0	22 700	0	26 677
Togo	100%	100%	71%	70%	91%	88%	NA	NA	91%	92%	90%	97%	96%	97%	NA	NA	87%	76%	90%	92%	92%	93%	NA	NA	3%	2%	0%	0%	3%	3%	37%	20%	60%	78%	10 739	4 307	3 452	0
IST WA	94%	95%	94%	87%	93%	**91%**	**0%**	**1%**	**94%**	**92%**	**95%**	**85%**	**93%**	**91%**	**NA**	**80%**	**66%**	**53%**	**66%**	**98%**	**94%**	**71%**	**NA**	**NA**	**6%**	**6%**	**3%**	**2%**	**17%**	**15%**	**14%**	**11%**	**66%**	**72%**	**361 850**	**548 646**	**407 046**	**622 535**
Botswana	100%	97%	84%	91%	83%	96%	66%	103%	88%	96%	NA	NA	87%	96%	74%	93%	NA	NA	85%	96%	78%	93%	NA	NA	14%	12%	8%	4%	25%	25%	0%	0%	67%	71%	2 092	1 495	1 056	19
Comores	100%	100%	77%	76%	74%	75%	75%	62%	74%	75%	NA	NA	80%	76%	NA	NA	0%	0%	NA	NA	NA	NA	NA	NA	12%	12%	6%	18%	53%	29%	24%	29%	18%	24%	2 076	4 218	1 370	3 949
Eritrea	100%	100%	75%	62%	82%	68%	NA	NA	81%	68%	NA	NA	77%	75%	0%	63%	0%	13%	78%	68%	NA	68%	NA	NA	0%	0%	26%	24%	31%	55%	9%	10%	34%	10%	6 300	9 919	8 716	9 127
Ethiopia	99%	82%	81%	59%	83%	63%	0%	0%	88%	64%	NA	NA	86%	65%	NA	NA	NA	NA	88%	67%	86%	68%	84%	81%	5%	2%	4%	11%	31%	74%	28%	4%	36%	10%	141 378	637 556	160 231	660 557
Kenya	100%	100%	69%	77%	70%	67%	37%	64%	72%	68%	0%	1%	70%	69%	25%	36%	49%	51%	72%	68%	68%	67%	67%	75%	7%	10%	12%	9%	59%	72%	14%	6%	15%	13%	160 503	116 045	165 434	97 173
Lesotho	100%	100%	67%	59%	66%	59%	NA	27%	68%	66%	NA	NA	62%	57%	52%	46%	64%	54%	NA	NA	NA	NA	NA	NA	1%	-3%	10%	20%	80%	80%	0%	0%	10%	0%	5 228	6 016	6 296	8 434
Madagascar	99%	100%	86%	90%	84%	86%	0%	57%	87%	88%	NA	NA	84%	84%	NA	NA	50%	51%	86%	88%	84%	86%	NA	NA	10%	7%	1%	0%	28%	26%	29%	30%	42%	44%	57 127	27 313	55 876	33 253
Malawi	100%	100%	86%	88%	83%	86%	NA	NA	84%	86%	NA	NA	81%	82%	NA	NA	55%	61%	83%	87%	80%	84%	77%	75%	6%	6%	0%	0%	32%	29%	29%	29%	39%	43%	42 881	34 643	44 233	48 657
Mauritius	100%	100%	86%	90%	63%	84%	4%	2%	62%	84%	NA	NA	83%	86%	NA	NA	63%	70%	0%	81%	NA	83%	NA	NA	25%	5%	0%	0%	90%	40%	10%	10%	0%	50%	1 056	1 577	768	1 660
Mozambique	100%	99%	100%	105%	93%	85%	0%	32%	96%	97%	NA	NA	94%	99%	68%	54%	77%	84%	96%	95%	NA	90%	110%	110%	7%	9%	3%	4%	17%	15%	15%	13%	66%	68%	32 368	14 806	47 427	14 653
Namibia	100%	79%	152%	70%	143%	63%	0%	NA	145%	64%	NA	NA	129%	58%	NA	NA	NA	NA	142%	61%	NA	60%	NA	NA	6%	8%	0%	9%	38%	76%	38%	9%	24%	6%	0	12 505	0	15 816
Rwanda	100%	100%	104%	105%	99%	104%	NA	NA	100%	104%	NA	NA	99%	107%	NA	NA	97%	85%	100%	104%	103%	109%	NA	NA	4%	2%	0%	0%	0%	17%	27%	13%	73%	70%	4 132	0	409	0
Seychelles	100%	100%	114%	111%	93%	96%	NA	NA	93%	96%	103%	114%	98%	106%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10%	5%	13%	13%	33%	40%	27%	7%	27%	40%	28	0	43	0
South Africa	100%	88%	142%	77%	144%	87%	0%	88%	144%	87%	NA	NA	166%	85%	NA	NA	NA	NA	149%	79%	154%	83%	142%	145%	4%	2%	0%	0%	0%	62%	0%	5%	100%	32%	0	76 114	0	83 495
South Sudan	85%	76%	53%		43%	55%	32%	26%	45%	27%	NA	NA	51%	72%	NA	NA	38%	47%	NA	NA	NA	NA	NA	NA	25%	27%	55%	88%	34%	6%	3%	3%	8%	3%	82 369	79 245	79 216	56 851
Swaziland	100%	100%	76%	64%	79%	72%	NA	NA	79%	74%	NA	NA	70%	63%	64%	53%	67%	61%	NA	74%	78%	73%	NA	0%	7%	5%	0%	0%	50%	100%	50%	0%	0%	0%	2 766	5 116	2 976	5 559
Tanzania	92%	99%	122%	131%	90%	95%	NA	NA	95%	98%	NA	NA	93%	101%	NA	NA	90%	91%	94%	98%	95%	101%	NA	NA	6%	7%	1%	1%	16%	11%	17%	10%	66%	78%	36 284	23 454	0	0
Uganda	100%	95%	94%	86%	99%	89%	44%	65%	101%	95%	NA	NA	90%	83%	NA	NA	59%	55%	93%	90%	NA	NA	NA	NA	7%	6%	0%	0%	10%	19%	25%	25%	65%	56%	0	36 770	72 100	87 629
Zambia	100%	88%	106%	74%	100%	68%	NA	NA	104%	70%	NA	NA	102%	72%	59%	47%	NA	NA	102%	69%	102%	72%	96%	77%	6%	6%	2%	9%	37%	64%	20%	15%	41%	13%	0	107 276	0	106 497
Zimbabwe	100%	100%	94%	98%	90%	91%	NA	NA	91%	91%	NA	NA	94%	93%	60%	80%	NA	NA	91%	91%	90%	91%	86%	87%	4%	5%	0%	0%	10%	6%	30%	49%	60%	44%	12 588	16 117	68	6 095
IST ESA	98%	94%	94%	87%	**90%**	**78%**	**15%**	**40%**	**93%**	**80%**	**0%**	**1%**	**92%**	**81%**	**93%**	**49%**	**65%**	**70%**	**94%**	**82%**	**100%**	**81%**	**55%**	**52%**	**6%**	**6%**	**7%**	**9%**	**30%**	**34%**	**19%**	**15%**	**44%**	**42%**	**589 175**	**1 210 183**	**646 218**	**1 239 422**
AFR	**97%**	**95%**	**91%**	**87%**	**89%**	**84%**	**20%**	**28%**	**92%**	**86%**	**82%**	**76%**	**90%**	**85%**	**73%**	**45%**	**68%**	**63%**	**80%**	**89%**	**94%**	**77%**	**22%**	**20%**	**7%**	**7%**	**7%**	**8%**	**25%**	**25%**	**17%**	**15%**	**51%**	**52%**	**1 339 762**	**2 239 655**	**1 466 833**	**2 343 555**

Highlights

Coverage with 1st and 2nd doses of measles (MCV1 & 2) were 85 and 45% respectively compared to 90 and 73% for the same period last year. Coverage of IPV was only 38% for the period with only 22 countries reporting. PCV3 coverage was 89% while rotavirus vaccine coverage was 81%. Disparities of coverage between PCV3 and DTP3 is progressively being reduced in most countries.

For MCV2, only Botswana reported coverage >90%. Meanwhile, 15 countries reported MCV1 coverage ≥ 90% among which 5 reported coverage >100% (Burkina Faso, Nigeria, Rwanda, Seychelles, Tanzania). CAR, Equatorial Guinea and Guinee Bissau countries reported coverages <50%.

Source: Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO

Updates on Polio Eradication Initiative (PEI)

AFP surveillance indicators, 2017 (as of week 42, 2017)

IST	AFP cases reported	Annualized NP- AFP Rate	% 2 Stools within 14 days
Central	3468	5.7	82%
West	17722	13.1	96%
South-East	4772	3.4	89%
Regional	**25962**	**7.8**	**93%**

cVDPV and WPV cases reported in the Region, 2017

cVDPV:

- One new cVDPV case was reported from
  - ◊ Tanganyika province (Ankoro district) onset on 14th September 2017
- The date of onset of latest case was 14th September 2017 (Dem.Rep.Congo)

WPV:

- No new wild poliovirus case has been reported this week:
- The date of onset of latest case was 21st August 2016 (Nigeria)

Highlights

At Regional level

2017 Data, as of 30th October 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, Thirteen WPV cases were reported from 2 endemic countries and 0 from non-endemic countries. No WPV case was reported from AFR (WHO/HQ, 31st October 2017).

AFP surveillance

2017 Data: A total of 44 out of 47 (94%) countries achieved the recommended operational NP-AFP rate of at least 2/100,000. (Data source – WHO/AFRO, 2017, last update 30th October 2017).

Wild poliovirus cases 2016-2017

2016
WPV cases by country: Week 1- 42

COUNTRY	W1	W3	W1+W3	Total
NIGERIA	4	0	0	4
TOTAL AFR	**4**	**0**	**0**	**4**

2017
WPV cases by country: Week 1- 42

COUNTRY	W1	W3	W1+W3	Total
NIGERIA	0	0	0	0
TOTAL AFR	**0**	**0**	**0**	**0**

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		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	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV
CHAD			1																0	0	1	0	0	0
D.R.C.			2				1									10			1	0	2	10	0	0
ETHIOPIA			1																0	0	1	0	0	0
GUINEA				7															0	0	0	7	0	0
MADAGASCAR	1	10																	1	10	0	0	0	0
NIGERIA				1			1			1									1	0	0	2	0	0
SOUTH SUDAN			1																0	0	1	0	0	0
TOTAL	1	10	5	8			2			1						10			3	10	5	19	0	0

Annual meeting of Manager's of immunization programme for Central Africa: Malabo, 12-15 September 2017

Highlights

Achievements observed in the subregion: are among others the following: Burundi & Sao Tomé reached the 90% coverage goal for DTP3 with Sao Tomé having at least 80% coverage in all its districts, Pneumococcal vaccine has been introduced in 7/10 countries, , no circulation of WPW since July 2014, introduction of MR vaccine in Burundi, MNT eliminated in 6 countries, Addis Ababa Declaration on immunization (ADI) is an advocacy tool for strengthening immunization .

Challenges remain : Majority of countries not meeting the GVAP targets mainly due among other causes to poor management capability, insufficient use of proven strategies to reach population including those in urban settings, poor quality of immunization service delivery and community engagement, Poor data quality and low financing of vaccines by national Government.

Recommendations made were among others for each country to:

Put in place **a group to monitor implementation of the ADI road map,** develop the **integrated 2018 immunization action plan** by December 2017, strengthen managerial capacity of EPI managers. Finalize polio transition plans, conduct field mission to **verify absence of t OPC and mOPV2**, accelerate the **creation of Measles National verification committees.**

Background and objectives

Organized by WHO, in collaboration with UNICEF and other immunization partners, the annual meeting of National Managers of Immunization Programs of the 10 Central African countries was held from 12 to 14 September 2017 at the Hilton hotel in Malabo, Equatorial Guinea. A total of 90 participants from ministries of health (Angola, Burundi, Cameroon, Congo, Gabon, Equatorial Guinea, Central African Republic, Democratic Republic of Congo, Sao Tome and Principe, Chad) and immunization partners (Unicef, Gavi, MSF, the Sabin Vaccine Institute, RITAG and WHO) took part. The opening and closing ceremonies chaired respectively by the Minister of Health and Social Welfare of Equatorial Guinea in the presence of Deputy Ministers of Health and Social Affairs and Gender, WHO Representatives and of Unicef.

Objectives of the meeting were:

1. Determine concrete actions to be taken in 2018 to improve the performance of routine immunization in a sustainable and equitable manner
2. Determine priority actions to be taken in 2018 to strengthen the immunity of the population against poliomyelitis and the performance of AFP surveillance
3. Agree on the priority actions to be implemented in 2018 for the elimination of measles and MNT in 2020;

Annual meeting of Manager's of immunization programme for West Africa,: Accra, Ghana: 26-29 September 2017

Highlights

Among other, the following **Achievements** were observed in this subregion: only 6/17 countries (Algeria, Burkina Faso, Cape Verde, Gambia, Ghana & Senegal) reached DTP3 target of > = 90% and 3 (Algeria, Ghana and Senegal) the target of at least 90% coverage for MCV1. Four countries (Algeria, Ivory Coast, Nigeria and Senegal) have NITAGs that meet the basic functionality criteria. The last case of WPW was reported on 21 August 2016

Challenges remain : The largest number of unvaccinated children are found in border areas and in cities, especially among urban poor and slum communities. There are still challenges in meeting permanent and optimal availability of vaccines at the health center level. Although many countries have introduced new vaccines (PCV, rotavirus vaccine, HPV demonstration), efforts still need to be made for vaccines such as HPV, rubella, 2nd dose of MCV, hepatitis B vaccine at birth and the MenAfriVac in routine. The challenge of strengthening surveillance for AFP and responding promptly to any emerging poliovirus or cVDPV;

Recommendations made were among others for countries to develop and share their 2018 Annual Action Plans by end-December 2018, to use the celebration of the 2018 vaccination week to highlight the roadmap of the Addis Ababa Declaration and to remind the Heads of State of their commitment to the ADI.

To achieve the 2 major indicators of AFP surveillance (non-polio AFP rate ≥ 100,000 children under 15 years of age and proportion of stool samples taken within 14 days ≥ 80%) in 100% of the regions and at least 80% of the Districts.

Background and objectives

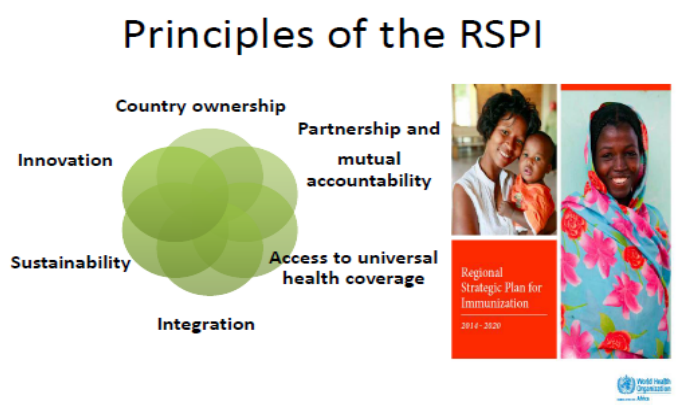
Each year, in collaboration with the Expanded Programme of Immunization, the annual meeting of the Directors of the Immunization Programs takes place, to review the progress made in achieving the objectives of the Global and Regional Immunization action Plans (GVAP and RSPI) and the challenges that the Programs face. The meetings are used to reflect on the strategies and actions to be implemented to address the bottlenecks of the immunization system as part of the overall strengthening of the health system.

This year, the meeting was jointly organized by WHO and UNICEF in Accra, Ghana from 26 to 28 September 2017.

It was attended by EPI Directors from 17 West African countries and immunization partners from AFRIVAC, AMP, American Red Cross, APHRC, BMGF, CDC, Clinton Health Access Initiative, FENOSCI, GAVI , IIPC, MCSP / JSI, MSF, WAHO, WHO, PATH, Rotary Polio Plus, SANOFI Pasteur, UNICEF and a member of RITAG.

The opening ceremony of the meeting was chaired by the Representative of the Minister of Health of Ghana, surrounded by the Director of Ghana Health Services, the Director of Family and Reproductive Health in AFRO and the Resident Representatives of WHO and UNICEF in Ghana.

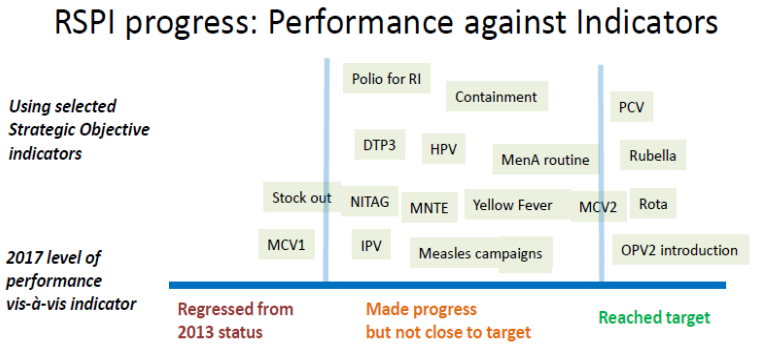
Mid Term review of the Africa Regional Immunization Strategic Plan 2014-2020 (RSPI): 2-6 October 2017, Brazzaville, Congo



Highlights

The assessment was conducted by a group of 5 external review panel members and representatives of partners supporting immunization in the Region (BMGF, Africa and US CDC, GAVI, USAID, UNICEF), with participation of immunization and polio colleagues from WHO HQ. The main objectives were to:

- ♦ Evaluate level of achievement of the stated mid-term milestones of the 4 RSPI Strategic Objectives & 6 RSPI Strategic Directions.
- ♦ Identify major bottlenecks in the implementation of strategies to achieve the RSPI milestones.
- ♦ Make specific recommendations in order to achieve the 2020 RSPI goals.



On the whole, PROGRESS WAS MADE, but many indicators fell short of their target

This approach has some substantial drawbacks:

- Targets may not have been realistically determined.
- Gives the impression that progress is linear, but in many cases it is not
- By focusing on one indicator, valuable information can be lost. MCV2 met its target for introduction, but has low coverage, for example.

Orientation of the members of the Zimbabwe National Verification Committee for measles elimination (NVC), Harare , 16-20 October 2017

Background

The mid term external review of the RSPI showed that only 2 of the 4 milestones were on track as per above. Some factors hindering regional progress include failure to improve routine immunization coverage levels, limited funding for surveillance and laboratory activities; insecurity in some Member States, delays in partner and local funding for SIAs, failure to achieve the targeted SIA, coverage at national and/or subnational levels, inaccurate population denominators.

To address the remaining challenges and attain the regional measles elimination Goal by 2020, the following actions among others are to be implemented:

◊ Reinforce national ownership and leadership

◊ Mobilize adequate financial and technical resources

◊ Develop/update national plans for measles outbreak preparedness and response

◊ Scale up and tailor the implementation of strategies according to the country context

◊ Establish Regional and national committees for the verification of measles elimination

Regarding the last action, Zimbabwe is among the 1st countries to conducted the process.

Highlights

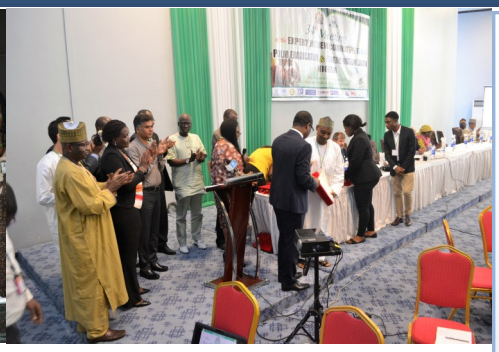
Zimbabwe is one of the high performing countries that have achieved sustained high immunization coverage and low measles incidence, and hence the need to start documenting progress with a view to apply for verification of elimination in the coming years. The NVC is chaired by Dr Nhamo Gonah.

The briefing meeting was attended by 6 core members of the NVC, and staff from the national EPI program, the National measles laboratory, and the CRS sentinel surveillance site, as well as WHO country inter-country , and Regional offices.

The briefing consisted of presentations of updates on measles elimination in the African Region, and in-depth discussions on the status of implementation of the strategies for measles elimination in Zimbabwe, the standards for the verification of measles elimination, the terms of reference and expectations from the national verification committee.

At the end, the NVC members and the secretariat developed a work plan to speed up the documentation of progress with the implementation of measles elimination strategies in Zimbabwe, and are aiming to submit the first progress document to the Regional Verification Commission within 6 – 9 months.

Meeting of the Expert Review Committee (ERC) for Polio Eradication and Routine Immunization in Nigeria, Abuja, 18-20 September 2017



ERC Members pasing with the MOH after the meeting, ERC members receiving award from Dr Faisal , ED of the NPHCDA

Highlights

The meeting was attended by all ERC members including the 4 newly appointed, national and international stakeholders and partners. As welcome remarks, the new Executive Director , Dr Faisal who joined the National Primary Health Care Development Agency (NPHCDA) in January 2017 set out renewed priorities to strengthen the country's routine immunization program, improve the quality and management of immunization data, eradicate polio, and implement the country's PHC agenda. This was followed by partner's Goodwill Messages.

The meeting was organized around 4 technical sessions: Outbreak Response, Surveillance and laboratory performance, Update on renewed effort to Strengthen Routine Immunization, Vaccine Management & Accountability.

On **Routine Immunization,** ERC recognized Government of Nigeria efforts towards strengthening Routine Immunization (RI). Based on discouraging results of 2016 MICS/NICS penta3/DPT3 coverage survey showing 33% OPV3 coverage nationwide, NPHCDA declared RI a public health emergency in June 2017 and established **National Emergency Routine Immunization Coordination Centre (NERICC)** to draw attention and resources to improve RI coverage by end 2018. NERICC prioritized 18 States with lowest RI coverage to focus interventions and hold daily meetings with partners.

Highlights

On Polio Eradication, ERC highly acknowledged the extraordinary efforts, leadership of Nigeria and commitment of thousands of health workers in responding to recent WPV1 and cVDPV2 outbreaks under very complex security situation in Borno.

Managing surveillance in difficult to access populations through supplemental strategies has resulted in key surveillance indicators well above the required levels in most of the LGAs. However, Peer review concluded that almost 25% of the AFP cases are not "true AFPs"

The revision of House based Micro planning on Population Denominators (<5 years) in the 19 Southern States showed improved estimation of the target

Despite reduction of inaccessible settlements using satellite imagery from 50% in July 2016 to 33% in July 2017, inaccessibility remains a major challenge in Borno.

The programme faced delays in release of funds from donors due to bureaucratic processes and pre-conditions

ERC made recommendations to address issues raised during the meeting.

All members of the ERC who have served in the ERC for many years received an Award from the Government. After closure of the meeting, ERC members met the MOH to debrief on key outcomes of the meeting.

Nigeria National Immunization budget Scorecard, January - September 2017

INDICATORS	AMOUNT (₦)
Total National Budget	7,441,175,486,758.00
Total National Capital Budget	2,177,866,775,867.00
Total National Recurrent Budget	2,987,550,033,436.00
Statutory Transfers	434,412,950,249.00
Debt Service	1,841,345,727,206.00
Capital Budget as a percent of Total National Budget	29.27
Recurrent Budget as a percent of Total National Budget	40.15
Statutory Transfers as a percent of Total National Budget	5.84
Debt Service as a percent of Total National Budget	24.75
Total Health Budget	308,464,276,782.00
Total Health Capital Budget	55,609,880,120.00
Total Health Recurrent Budget	252,854,396,662.00
Health Budget as a percent of Total National Budget	4.15
Health Capital Budget as a percent of Total Health Budget	18.03
Immunization Budget	12,519,276,232.00
Immunization Budget as a percent of Total Health Capital Budget	22.51

Immunization Budget

INDICATORS	AMOUNT (₦)
Procurement of Routine Vaccines & Devices	4,114,129,529.00
Polio Eradication Initiative	4,859,785,272.00
Procurement of Supplimentary Vaccines& Devices	3,537,079,970.00
Pilot Study of Malaria Elimination & Vaccine Trials	4,000,000.00
Nutritional Interplay/Protection on Oral Polio & Measles Vaccination	3,000,000.00
National Vaccine Policy	1,281,461.00
Total	12,519,276,232.00

About the Scorecard

This Scorecard is developed from secondary analysis of the 2017 appropriation act and relevant national surveys and reports including formal presentations during workshops and seminars with government officials. It is expected that CSOs and media will use the scorecard to strategically influence actions that will promote transparency, accountability and utilization of Immunization finances.

Immunization Financing Mechanism in Nigeria

Nigeria over the last few years has been unable to fully fund its immunization needs. This was largely attributed to dwindling national resources, rising cost of vaccine, inadequate yearly budgetary allocation and untimely releases. According to cMYP (2016-2020) the Government of Nigeria (GoN) resource requirement for vaccine is shown in the box below;

Nigeria Vaccine Resource Requirement

YEAR	GoN	GAVI
2016	$72.6m	$149m
2017	$90.6m	$121m
2018	$125.8m	$130m
2019	$183.1m	$143m
2020	$190.7m	$98m

Sourced from: cMYP (2016 -2020)

After rebasing its economy, Nigeria's GNI rose to US$ 2690, exceeding the eligibility threshold of US$ 1580 for Gavi support. In line with that, Nigeria has now entered a transition period spanning 2017 to 2021, during which GAVI subsidies for vaccine procurement will diminish by 20% every year for five years, after which Nigeria is expected to bear the full cost for her vaccines. While the transition is in motion and due to inadequate yearly budgetary allocation and irregular releases, Nigeria is facing challenges to meet up its co-funding and in line with that in 2015 and 2017 respectively secured a World Bank IDA Loan of $200m and $125m to ensure uninterrupted vaccine procurement that will cater for its needs up to 2018.

Immunization Budget Score

SCORE

Budget Allocation & Release

- Adequate Immunization finances appropriated
- Timely release of Immunization finances
- Immunization finances released as a percent of allocation

Accountability & Transparency

- National Emergency Routine Immunization Coordination Center meetings with 2 national CSOs held
- Meetings of Advocacy, Communication & Social Mobilization Working Group with at least 5 CSOs held
- Quarterly Immunization Financial information made available during National Immunization Financing Task Team (NIFT) meeting
- Feedback received from public on Immunization financial information

Budget Expenditure

- Immunization Budget Performance

SCORE KEY

- Target Achieved (>75%)
- Target in progress (50 - 74%)
- Target not achieved (<50%)
- Data not available

Recommendation

- Encourage Nigerian government to improve timely release of immunization finances and in subsequent years (2018 & 2019) allocate adequate budget for immunization

Assessment of Missed Opportunity for vaccination in Nigeria: 11-25 September 2017

Highlights

In Sokoto State, a number of challenges that drive the low immunization coverage were classified in 3 categories as follows: with some examples

Health services

- Services offered once a week in general hospital,
- stock out of vaccines leading to cancelation of clinics, long waiting time,

Health workers

- practice of a booking system because of the large size of the vials, ie they wait for a number of children before opening a vial

Caregiver

- don't come back because of the pain i.e. children cry for days, refuse to crawl and run serious temperature [FGD: Caregivers],
- Some don't know when the time for vaccination is, it is lack of knowledge

Main issues/gap Identified	Proposed Interventions/Activities	Indicator	Responsible	2017			2018		
				Oct	Nov	Dec	Jan	Feb	Mar
	3. Use of ODK for supportive surpvision by govt and partners	Proportion of RI SS conducted using ODK platform	RI SS team	X	X	X	X	X	X
	4. Weekly feed on RI SS findings	Proportion of feedbacks provided	RI SS team	X	X	X	X	X	X
Knowledge gap among HWs	1. Capacity building of HWs/basic guide training	Proportion of RI focal persons trained on basic guide	State/Partners	X	X	X			
	2. Provision of visual job aids/guides to all HFs	Proportion of HFs provided IEC materials	HEO	X	X	X			
Absence of health talks	1. Ensuring that health talks are passed before session starts	Proportion of HFs providiing health talks on RI		X	X	X	X	X	X
	2. Develop IEC materials (audio, video clips etc) to be piloted in rural and urban	Proportion of HFs with IEC materials for RI	PM SERRIC	X	X	X			
Inadequate number of RI service providers in busy health facilities	1. Proper staff rationalization	Redeployment of health workers	LGA DPHC/SIO				X		
	1. Recruitment	List of newly employed health workers					X		

Highlights

Assessment of Missed opportunities for vaccination (MOV) was conducted in Sokoto and Delta States in Nigeria with the objectives: of its magnitude, understand the underlying causes in the selected health facilities and LGAs, explore what can be adjusted or done differently to reduce them and improve coverage and equity in the selected states.

For that, training of field staff was conducted centrally in the capital city, with field staff drawn from the zonal state offices. Over three days of field data collection, the teams visited 60 health facilities in 20 LGAs and completed 968 exit interviews, 460 KAP surveys of health workers, 9 focus group discussions (FGDs) with mothers, 10 FGDs with health workers and 37 in-depth interviews with health administrators. The field work terminated with a brainstorming session at the state level and a debrief to the state commissioner for health as well as the state PHC Director.

Key results included an unexpected finding of 98% card availability in Sokoto state, poor knowledge of contraindications to vaccination (e.g. 50% of health workers would not vaccinate a child with mild fever and 30% were not aware of injectable polio and pneumococcal (IPV and PCV) vaccines for children), poor coordination of services between the EPI unit and curative services (1 in 3 health workers did not ask for vaccination status of children without cards) and persistent vaccine stockouts in both states.

African Vaccine Regulatory Forum (AVAREF) Steering Committee endorses a strategic Plan 2018-2020: Brazzaville 21-22 September 2017

Photograph of Member of the AVAREF SC and WHO AFRO

The Steering Committee also endorsed an AVAREF Joint review model, which outlines how to organize a joint review meeting for clinical trial applications to minimize delays and to accelerate vaccine development

The next step is to take these important documents to the AVAREF Assembly which convenes on 29 November 2017 for final assent and use

Highlights

To drive ethics and regulatory capacity in the region the plan will consider the uniqueness of AVAREF as the first (and currently the only) pan-African network for the regulation of medical products in contributing to vision, mission and goal of the African Medicines Regulatory Harmonization (AMRH) initiative – of which AVAREF plays an integral part – as well as the future African Medicines Agency (AMA). It will further build upon the demonstrated value of AVAREF in accelerating access to vaccines in times of emergency and the potential to leverage this experience to accelerate access to essential medical products in non-emergency situations.

Furthermore, the need to maintain momentum in realizing expectations set with the adoption of a strengthened governance structure and a robust programme of work will serve as a major driver for the strategic plan. AVAREF will promote innovation in ethics and regulatory work and ensure that research and development in Africa addresses diseases that disproportionately affect Africans. Vigilance and safety monitoring will play an important role in ensuring the protection of subjects in clinical trials and ultimately the safe use of vaccines. AVAREF will serve as a platform for training and capacity-building. Success of the plan will need ongoing political support, country and regional ownership and financial sustainability.

Highlights

At their meeting held at the WHO Regional Office for Africa in Brazzaville, the Steering Committee (SC) of AVAREF endorsed a new strategic plan, 2018-2020. This plan recognized the increasing number and complexity of clinical trials in the African Region and the demand for inexpensive products to be developed in shorter timelines. It also acknowledges the limited resources and capacity of African regulators and ethics committees. Therefore the strategic objectives of the AVAREF Strategic Plan, 2018-2020 are:

- Increase the efficiency and quality of reviews and inspections, improve timeliness and transparency of regulatory decisions for all interventional trials conducted in Africa;
- Promote the safety of patients;
- Accelerate regulatory harmonization through the AMRH process, linking all regional economic communities (RECs);
- Stimulate regulatory innovation and promote research and development in Africa;
- Enhance preparedness on the continent, to address access to vaccines and medicines in emergencies;
- Strengthen AVAREF's capacity building role, and
- Promote awareness, sustainability and monitoring of implementation of activities by AVAREF.

Training workshop on the use of monitoring tools of the accountability framework for Polio and Immunization Programmes: Accra :02 – 03 October and Douala :0-12 October 2017

Group picture of participants of West Africa Subregion

Group picture of participants of the central Africa Subregion

Highlights

The 2 workshops were organized to train Immunization officers of the remaining countries on the use of monitoring tools for the accountability framework.

Participants were Polio programme and immunization focal persons from Benin, Togo and Ghana as well as surveillance Officer of Ghana and immunization officer of Senegal.

For central Africa, participants were Immunization focal persons from Equatorial Guinea and Burundi, Data manager from Chad sao Tome and Principe and Congo.

Specific objectives of the training were:

◊ To present the progress of implementation the WHO accountability framework (AF)

◊ To train country immunization Focal Persons on the use AF monitoring tools of subnational and national levels

◊ To provide an overview on the use of innovations and technologies (Integrated supportive supervision using smart phones, Auto-visual AFP Detection and Reporting (AVADAR,) and eSURV) for strengthening accountability for polio and immunization programmes;

◊ To orient immunization focal persons on accountability framework monitoring mechanisms and its use to improve staff and program performance

Next steps

- Final edition of subnational and national AF monitoring tools
- Share final subnational monitoring AF tools with the subregions (IST) and Regional office
- Provide remote technical support to countries to finalize subnational and national monitoring tools (General information and Assignment of officers)
- Share monthly monitoring reports with the subregion and AFRO (aligned with the monthly reporting deadlines)
- Provide monthly feedback of AF to subnational and country levels
- Hold the 1st quarterly review meeting in country
- Hold the 1st quarterly review meeting in the 3 ISTs

Training of consultants on information system and data quality assessment and improvement planning for GAVI eligible countries in the African Region , Kigali 10-13 and 17-20 October 2017

Group photo, Anglophone countries

Group work exercise

Group photo, Francophone countries

Delivery of certificates to participants

Highlights

Participants were briefed on EPI programme, EPI data elements, EPI data collection and data management tools and key immunization and Vaccine Preventive Disease surveillance indicators. They were also trained on the methodology for conducting data quality review, information system assessment, field visit and improvement planning using recently developed WHO methodology including the integrated DQR method.

Participants conducted system assessment and data desk review using the immunization oriented case study prepared by WHO AFRO. During the exercises they were able to identify issues related to completeness and timeliness, internal consistency, external consistency and trend analysis for data desk review, they also produced SWOT analysis tables by domain for national system assessment as well and field assessment including data verification before they proceed with causal analysis and improvement planning. Each participant was given a certificate of participation and key actions points to implement as consultant or not were agreed upon.

Background and objectives

To increase the man power in support of data quality improvement agenda in the African region, WHO AFRO organized training of national experts from organizations of GAVI eligible countries to reinforce their capacity on data review and improvement planning process.

In attendance, were 76 participants from 27 countries, with facilitators drawn among Officers from national Statistic Offices, Professors/lecturers/Scientists from Universities and Public health schools from Eritrea, Ethiopia, Gambia, Ghana, Liberia, Malawi, Mozambique, Rwanda, Sierra Leone, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe for the Anglophones group.

Francophone group participants were from Angola, Benin, Burkina Faso, Cameroun, Chad, Congo, Côte d'Ivoire, Madagascar, Mauritania, São Tome and Príncipe, Central Africa Republic, Rwanda, Senegal, and Togo.

Facilitators came from WHO GAVI, CDC ATLANTA, PATH-BID, JSI and WAHO (West African health Organization). Participants were of very high quality and showed their interest and willingness to support immunization and other heath programme on the data agenda.