

## MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

March—April 2016 (Vol 4, issue N° 3)

**Celebration of the 6<sup>th</sup> edition of the African Vaccination Week: 24-30 April 2016**  
“Close the immunization gap. Stay polio free”

**African Vaccination Week** 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 for the previous years, almost all countries in the region are expected to implement a wide range of communication activities and service delivery interventions during the week.

The 6th edition of the African Vaccination Week (AVW) was celebrated from **24 to 30 April 2016** together with the other five WHO regions in the framework of the World Immunization Week. The Regional launch was hosted by Liberia, on 25 April 2016, as shown in the pictures below.



*Liberia: Parade during the regional launch of the African Vaccination Week (AVW) and the World Malaria Day*



*Liberia: WHO Representative, Dr Alex Gasasira delivering WHO Regional Director's message in Ganta*

### Highlights

The 2016 AVW's theme “*Close the immunization gap. Stay polio free!*” was aligned with the global slogan with addition of a polio component. The theme draws attention on the need to attain universal immunization coverage in the African Region by closing the immunization gap. It is also a celebration of the important polio eradication milestone that has been reached in the African Region, and calls on countries to stay vigilant in the fight against polio, and ultimately stay polio free.

The celebration of this year's AVW coincided with the globally synchronized switch from the use of tOPV to bOPV occurring from **17 April to 1st May 2016**.

The AVW regional launch was a very colorful function held at Ganta in Nimba County (Liberia) and chaired by the Deputy Minister of Health Services, Dr Francis Kateh.

The event was integrated with the celebration of the World Malaria Day and introduction of 2 new vaccines into the national immunization schedule (rotavirus vaccine and HPV demo project).

The Deputy Minister Health Services, and the members of the National Legislature attending the function expressed most sincere appreciation to the Regional Director, Dr Moeti for selecting Liberia to host this event.

Both the Chair of the Senate Committee on Health and the Co-Chair of the House of Representatives committee on Health publicly pledged to lobby for great budgetary allocation to the Ministry of Health specifically for immunization.

As of 30 May 2016, 30 countries had celebrated the event. The remaining countries had to postpone, due the activities related to the Switch.

Apart from the traditional joint preparation with UNICEF and other partners, one major achievement for this year's event was the development of a campaign tool kit in collaboration with GAVI and Africa United which can be accessed [here](#). The video of the event can also be viewed [here](#).

For more information, visit the [AVW 2016 website](#).

Interventions implemented/ Planned for AVW 2016	Number of countries	Countries
<b>Advocacy, communication &amp; social mobilization activities</b>	<b>47</b>	Eg: New immunization schedule (Algeria), Advocacy meetings with pediatricians (Senegal) Immunization seminar (Swaziland), Immunization newsletter (Seychelles)....
<b>Catch-up vaccination activities combined or not with Vitamin A supplementation &amp; deworming.</b>	<b>22</b>	Benin, Burkina Faso, Chad, Cameroon, Cote d'Ivoire, Central African Republic, Comoros, DRC, Ethiopia, Ghana, Guinea, Liberia, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Tanzania, Uganda, South Sudan, Togo,
<b>AVW combined with Child Health Days activities</b>	<b>8</b>	Botswana, Cameroon, Ghana, Guinea, Kenya, Madagascar, Rwanda, Sierra Leone
<b>Distribution of LLITNs</b>	<b>2</b>	Rwanda, Ghana
<b>Measles campaign</b>	<b>1</b>	CAR
<b>Screening for malnutrition</b>	<b>4</b>	Cameroon, Comoros, Ghana, Rwanda
<b>New vaccine introduction</b>	<b>9</b>	<b>b OPV:</b> Cameroon, Congo, Cote d'Ivoire, Equatorial Guinea, Eritrea, Sao Tome, DRC ; <b>Rotavirus &amp; HPV demo:</b> Liberia; <b>4th Dose of DTP:</b> Burundi
<b>Distribution of cold chain/transport equipment</b>	<b>2</b>	Burundi, Congo
<b>Other</b>	<b>2</b>	Blood donation (Ethiopia), Screening for fistula (Madagascar)

# Updates on the Switch from tOPV to bOPV in the African region

## Rationale

In September 2015, the Global Certification Commission for the Poliomyelitis Eradication Initiative declared that wild poliovirus type 2 has been eradicated, with the last detected case occurring in 1999. As the world is getting closer to reaching the global polio eradication milestone, all 47 countries in the African Region joined the rest of the world to switch from trivalent Oral Polio Vaccine (tOPV) to bivalent Oral Polio Vaccine (bOPV) in routine immunization programmes between 17 April and May 1, 2016. Prior to the switch, 19 countries conducted supplementary immunization activities (SIAs) using tOPV in order to boost collective immunity.

## Process

To achieve this goal, countries developed switch implementation plans and conducted tOPV inventories several months in advance to forecast the need before the switch. WHO in collaboration with partners organized several workshops to train staff and members of the switch validation committees. All countries ordered, and licensed bOPV in preparation for the switch.

Rwanda was the first country in the region to switch on 4th April 2016 followed by the remaining 46 countries of the AFR. The last countries switched on May 1<sup>st</sup> 2016.

## OPV trivalent withdraw

The countries made sure that all the tOPV vaccines vials were removed from the cold chain across all levels (central to peripheral) while bOPV vaccines were positioned in all health facilities. The picture below illustrates the removal process from the cold chain at health facility level.

## Independent monitoring

In line with the schedule for the switch, recruited and trained independent monitors were deployed in all the countries to check the effective withdrawal of tOPV vials from the cold chain. Standard procedures and tools were used for this purpose. The monitors were giving daily reports to the national switch validation committees on their field findings and immediate corrective actions were taken where they found any tOPV vials during their visits

## OPV trivalent destruction

The tOPV vials removed from cold chain were then collected, transported to identified sites where they were destroyed either through incineration, encapsulation.

## Switch validation

The validation committees were charged with the responsibility of submitting independent validation reports to be endorsed by the MOH.



Minister of Benin signing the Switch Validation report

By 20 May 2016, all countries in the Region, had submitted their validation reports signed by the national validation committees and endorsed by the MOH.

These reports were then compiled and presented at the 68th World Health Assembly (WHA) held in Geneva from 23 to 27 May 2016.



Training session on Switch in Sierra Leone



A team withdrawing tOPV from the cold chain



Packaging, collection and destruction process of tOPV



Switch validation status in the AFR

## Reported country immunization coverage per antigen Jan-March 2016

Country	Completeness		Coverage														Dropout rate DTP1-DTP3		DTP3 Containing vaccine districts performance (%)								Number of not vaccinated					
			BCG		OPV3		3rd dose DTP containing vaccine		YF		MCV1		TT2+		Pneumo3				Rota Last		<50%		50-79%		80-89%		>=90%		With DTP3		With MCV1	
	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016		
Angola	99%	45%	79%	18%	90%	32%	88%	30%	84%	24%	88%	33%	76%	27%	77%	24%	NA	27%	16%	9%	6%	1%	2%	6%	46%	29%	46%	64%	30 400	192 804	28 196	183 609
Burundi	100%	98%	82%	85%	94%	96%	94%	96%	NA	NA	104%	101%	82%	61%	0%	96%	0%	98%	6%	5%	7%	8%	8%	25%	42%	33%	42%	34%	5 172	3 163	0	0
Cameroun	100%	98%	78%	67%	82%	75%	83%	76%	73%	72%	79%	70%	61%	56%	82%	75%	68%	71%	11%	11%	6%	5%	2%	8%	46%	44%	46%	44%	35 141	51 392	43 961	64 410
Centrafrique	97%	68%	63%	31%	59%	25%	61%	27%	55%	23%	63%	25%	55%	31%	46%	26%	NA	NA	22%	29%	3%	1%	12%	31%	42%	28%	43%	41%	14 497	28 014	13 758	28 939
Chad	96%	100%	93%	90%	75%	76%	76%	84%	73%	72%	77%	80%	86%	93%	NA	NA	NA	NA	20%	19%	4%	4%	4%	14%	45%	41%	47%	41%	32 102	21 212	30 348	25 644
Congo	100%	100%	82%	78%	77%	69%	77%	69%	71%	61%	81%	69%	83%	70%	76%	66%	73%	63%	5%	5%	2%	1%	12%	29%	43%	35%	43%	35%	10 745	15 899	8 918	16 022
Eq Guinea	98%	91%	40%	46%	31%	32%	32%	36%	NA	2%	31%	38%	22%	22%	NA	NA	NA	NA	18%	39%	0%	1%	19%	47%	40%	25%	41%	28%	5 888	5 554	6 054	5 381
Gabon	98%	97%	68%	66%	69%	64%	70%	65%	69%	66%	69%	66%	63%	57%	NA	NA	NA	NA	3%	9%	4%	2%	7%	24%	44%	36%	45%	38%	5 247	5 702	5 371	5 494
RDC	99%	85%	80%	59%	83%	65%	83%	75%	73%	72%	82%	73%	82%	74%	72%	72%	NA	NA	7%	8%	6%	5%	1%	3%	46%	42%	47%	50%	132 411	214 347	141 702	224 737
S.T. & Prnc	100%	67%	77%	85%	85%	86%	85%	86%	61%	100%	95%	99%	59%	35%	85%	86%	NA	NA	2%	6%	6%	0%	35%	73%	30%	11%	30%	16%	227	198	74	11
<b>Sub total IST CA</b>	<b>99%</b>	<b>84%</b>	<b>80%</b>	<b>57%</b>	<b>83%</b>	<b>62%</b>	<b>83%</b>	<b>68%</b>	<b>74%</b>	<b>62%</b>	<b>83%</b>	<b>67%</b>	<b>77%</b>	<b>63%</b>	<b>69%</b>	<b>64%</b>	<b>97%</b>	<b>56%</b>	<b>11%</b>	<b>10%</b>	<b>6%</b>	<b>4%</b>	<b>3%</b>	<b>12%</b>	<b>45%</b>	<b>39%</b>	<b>46%</b>	<b>46%</b>	<b>271 830</b>	<b>538 285</b>	<b>278 382</b>	<b>554 247</b>
Algeria	58%	19%	45%	14%	55%	19%	55%	19%	NA	NA	44%	15%	0%	0%	NA	NA	NA	NA	-8%	-9%	17%	59%	40%	29%	0%	12%	43%	0%	112 344	200 555	138 559	211 063
Benin	100%	100%	100%	96%	93%	94%	92%	94%	96%	97%	96%	97%	71%	76%	NA	NA	93%	NA	7%	6%	0%	0%	18%	16%	38%	27%	45%	57%	7 776	6 241	4 409	3 173
Burkina Faso	100%	100%	99%	101%	111%	116%	111%	116%	109%	96%	108%	107%	83%	82%	109%	116%	109%	115%	-2%	-5%	0%	2%	2%	8%	5%	3%	94%	87%	0	0	0	0
Cape Verde	100%	100%	92%	71%	86%	88%	0%	88%	NA	NA	83%	84%	58%	60%	NA	NA	NA	NA	100%	8%	0%	7%	24%	33%	18%	7%	59%	53%	2 626	314	437	428
Cote d'Ivoire	100%	100%	96%	94%	73%	93%	76%	98%	6%	77%	71%	89%	72%	91%	35%	97%	NA	NA	15%	2%	5%	0%	55%	7%	27%	22%	13%	71%	51 163	3 696	61 897	23 298
Gambia	100%	100%	78%	95%	95%	85%	95%	85%	67%	83%	86%	84%	51%	45%	97%	85%	92%	83%	15%	15%	0%	0%	14%	43%	29%	43%	57%	14%	9 971	2 999	2 747	3 045
Ghana	100%	100%	82%	89%	93%	89%	87%	90%	98%	89%	99%	91%	68%	62%	92%	90%	88%	87%	-1%	-4%	2%	4%	33%	23%	21%	20%	44%	54%	34 993	25 875	2 873	23 205
Guinea	100%	91%	84%	66%	78%	61%	78%	67%	81%	63%	81%	72%	69%	60%	NA	NA	NA	NA	12%	10%	11%	18%	51%	44%	6%	18%	31%	21%	23 598	35 666	20 921	30 114
Guinea-Bissau	100%	0%	100%	0%	78%	0%	78%	NA	67%	0%	81%	0%	47%	0%	NA	NA	NA	NA	19%	NA	9%	NA	55%	NA	27%	NA	9%	NA	3 376	NA	2 847	15 241
Liberia	100%	100%	59%	78%	56%	73%	57%	73%	55%	65%	71%	71%	53%	65%	54%	71%	NA	NA	14%	11%	13%	0%	60%	60%	7%	27%	20%	13%	17 304	10 854	11 538	11 536
Mali	96%	99%	99%	109%	89%	99%	86%	94%	88%	89%	90%	96%	66%	71%	49%	100%	13%	79%	11%	8%	10%	6%	30%	16%	21%	17%	40%	60%	25 302	10 365	17 737	7 252
Mauntania	100%	97%	79%	83%	81%	79%	83%	82%	NA	NA	64%	70%	36%	32%	77%	79%	39%	79%	5%	7%	13%	19%	44%	28%	15%	20%	29%	33%	6 535	7 010	13 678	11 552
Niger	100%	89%	111%	102%	99%	85%	99%	90%	97%	88%	100%	91%	NA	NA	71%	84%	68%	79%	7%	7%	0%	5%	23%	45%	27%	14%	50%	36%	1 177	22 267	0	19 416
Nigeria	87%	91%	70%	97%	69%	103%	80%	103%	71%	101%	68%	105%	51%	59%	5%	30%	NA	NA	9%	7%	14%	7%	31%	11%	14%	9%	40%	73%	347 590	0	557 747	0
Senegal	100%	31%	93%	32%	99%	28%	99%	28%	NA	24%	76%	24%	52%	15%	99%	28%	83%	29%	2%	7%	0%	97%	19%	3%	16%	0%	65%	0%	1 123	95 497	32 306	101 074
Sierra Leone	100%	0%	85%	0%	80%	0%	80%	NA	109%	0%	78%	0%	105%	0%	80%	0%	77%	0%	11%	NA	7%	NA	50%	NA	14%	NA	29%	NA	12 826	NA	14 171	64 656
Togo	99%	100%	85%	73%	76%	89%	75%	90%	76%	89%	76%	87%	72%	83%	68%	88%	70%	89%	6%	0%	9%	0%	31%	9%	43%	37%	17%	54%	18 037	7 338	17 528	9 327
<b>Sub total IST WA</b>	<b>93%</b>	<b>88%</b>	<b>75%</b>	<b>86%</b>	<b>77%</b>	<b>87%</b>	<b>82%</b>	<b>88%</b>	<b>67%</b>	<b>82%</b>	<b>76%</b>	<b>88%</b>	<b>60%</b>	<b>61%</b>	<b>35%</b>	<b>56%</b>	<b>72%</b>	<b>77%</b>	<b>7%</b>	<b>5%</b>	<b>10%</b>	<b>11%</b>	<b>34%</b>	<b>16%</b>	<b>17%</b>	<b>13%</b>	<b>39%</b>	<b>60%</b>	<b>666 639</b>	<b>NA</b>	<b>899 393</b>	<b>534 379</b>
Botswana	100%	100%	92%	86%	83%	73%	88%	78%	NA	NA	96%	85%	65%	NA	78%	74%	76%	67%	14%	12%	0%	8%	33%	33%	21%	13%	46%	46%	1 602	2 767	503	1 878
Comoros	100%	100%	70%	72%	77%	71%	77%	71%	NA	NA	86%	79%	0%	NA	NA	NA	NA	NA	-1%	11%	6%	29%	47%	29%	18%	12%	29%	29%	1 239	1 599	745	1 154
Eritrea	100%	100%	78%	74%	85%	82%	86%	83%	NA	NA	82%	76%	0%	NA	NA	NA	NA	73%	-4%	2%	9%	28%	36%	28%	9%	7%	47%	38%	3 627	4 477	4 457	6 239
Ethiopia	96%	90%	82%	78%	77%	80%	87%	83%	NA	NA	84%	81%	NA	NA	86%	83%	82%	73%	4%	-4%	7%	20%	20%	37%	14%	19%	59%	24%	92 694	118 672	111 885	136 739
Kenya	99%	33%	74%	23%	74%	25%	75%	26%	1%	0%	79%	24%	54%	NA	77%	28%	60%	23%	5%	2%	15%	96%	43%	3%	14%	0%	28%	1%	93 484	279 993	79 137	286 964
Lesotho	100%	100%	99%	67%	72%	68%	73%	70%	NA	NA	74%	63%	7%	NA	NA	NA	NA	NA	-6%	-5%	0%	10%	70%	80%	30%	0%	0%	10%	3 570	3 837	3 364	4 839
Madagascar	100%	69%	69%	50%	63%	49%	64%	51%	NA	NA	64%	52%	8%	NA	64%	51%	61%	50%	11%	15%	33%	46%	39%	33%	19%	11%	9%	10%	73 854	99 365	75 315	97 644
Malawi	100%	100%	96%	82%	91%	77%	90%	79%	NA	NA	85%	79%	54%	NA	93%	79%	89%	77%	8%	10%	4%	0%	7%	46%	43%	25%	46%	29%	16 749	35 670	25 548	35 339
Mauritius	100%	100%	79%	78%	79%	77%	78%	76%	NA	NA	89%	79%	66%	NA	NA	NA	NA	68%	-7%	-4%	0%	20%	70%	50%	20%	30%	10%	0%	716	777	358	684
Mozambique	100%	98%	94%	98%	86%	82%	88%	88%	NA	NA	81%	82%	0%	NA	85%	88%	NA	NA	5%	6%	3%	4%	23%	19%	17%	17%	57%	60%	30 499	30 518	46 673	45 282
Namibia	100%	45%	94%	47%	86%	43%	88%	43%	NA	NA	81%	39%	11%	NA	NA	42%	NA	43%	9%	3%	0%	71%	29%	26%	32%	3%	38%	0%	2 322	10 981	3 572	11 710
Rwanda	100%	100%	98%	97%	98%	96%	98%	97%	NA	NA	105%	100%	78%	NA	97%	97%	98%	99%	3%	1%	0%	0%	3%	13%	27%	20%	70%	67%	1 395	2 854	0	0

## Improving data quality : Mali immunization data quality improvement plan workshop , 26-29 April 2016

From 26 to 29 April 2016, the immunization data quality improvement strategic plan 2016-2019 development workshop was held in Bamako, Mali at the National Documentation Centre. The specific objectives of the meeting were to identify the strengths, weaknesses, opportunities and threats of the national immunization Information system in order to prioritize the issues affecting data quality and propose appropriate solutions, as well as develop a plan to improve the quality of EPI data.



Group photo- Data quality improvement plan development workshop , Bamako Mali

At national level, there were representatives from the National Health Board, planning and health sector statistics, social development and women promotion, Center for vaccine development, Division of Finance and Materials, Alliance of the private health sector and partners from WHO, UNICEF and GAVI. Representatives from Regions, districts and health facilities were also present.

External technical support was provided by M&E and Data specialists from WHO AFRO, IST Central, IST West and GAVI.

### Achievements

A detailed situational analysis of the EPI information system in Mali was done for each of the 4 levels (health facility, district; Region and central) using the AFRO standard template.

Strengths, weaknesses, opportunities and threats were identified. For each problem, causes were identified and solutions proposed. This process led to the identification of concrete activities to be implemented with timeline, responsible, indicators, budget, available fund, source of funding, and Gap.

Four plans were then developed and the in-country established data quality team was tasked to consolidate them in a single 2016-2019 strategic plan based on the agreed timeline. This plan should be aligned with the national strategic plan of the national health information system but also incorporated in the EPI overall plan of action.

A face to face meeting was organized between EPI, SNIS, WHO, UNICEF, GAVI and USAID to exchange on the ongoing DHS2 process. It was agreed that the latest standard EPI data elements should be included in DHS2 (WHO shared the latest standard data dictionary and the list of indicators with DHS2 team), ensure availability of district data on a monthly basis and run the 2 systems in parallel at the first stage.

## Seychelles launches its "Immunization Newsletter"



### SEYCHELLES IMMUNISATION NEWSLETTER



### EPI Major achievements in the last 3 years in Seychelles

- ◆ Maintenance of 99% coverage for all antigens and polio free status
- ◆ Domestic sustainability of vaccines and commodities with no stock out for the last 3 years
- ◆ Seychelles joined the WHO/AFRO network of rotavirus vaccine surveillance
- ◆ Third EVM conducted followed by improvement plan and implementation of the following activities among others:
  - ◇ Cold chain capacity upgraded by 500litres in central medical stores
  - ◇ Training on cold chain management and EPI logistics conducted for all EPI nurses
  - ◇ Electronic temperature control purchased and distributed to all immunization sites
- ◆ Measles strategic plan developed and capacity building conducted by WHO for nurses, clinicians and lab technicians to implement case based surveillance
- ◆ Two new vaccines ( Human Papilloma Virus vaccine: HPV & Inactivated Polio Vaccine: IPV) introduced in the national programme

### Highlights

The Seychelles WHO team in collaboration with the Ministry of Health developed the first edition of the 'Seychelles Immunization Newsletter' which was launched as part of the commemoration of the 6th African Vaccination Week.

For the coming months/years, the country is planning the following activities:

- ◆ To introduce 2 new vaccines (Pneumococcal conjugate vaccine and rotavirus vaccine) between 2016 and 2017 and review the immunization schedule accordingly
- ◆ Advocate for a logistician and surveillance officer to support effective Vaccine management and monitoring of EPI
- ◆ To finalize the development of the national EPI communication plan by end 2016
- ◆ To replace and upgrade the cold chain facilities in all the health facilities end 2017
- ◆ To undertake EPI and surveillance review by 2018 to further strengthen the resource mobilization strategies for sustenance of the programme.