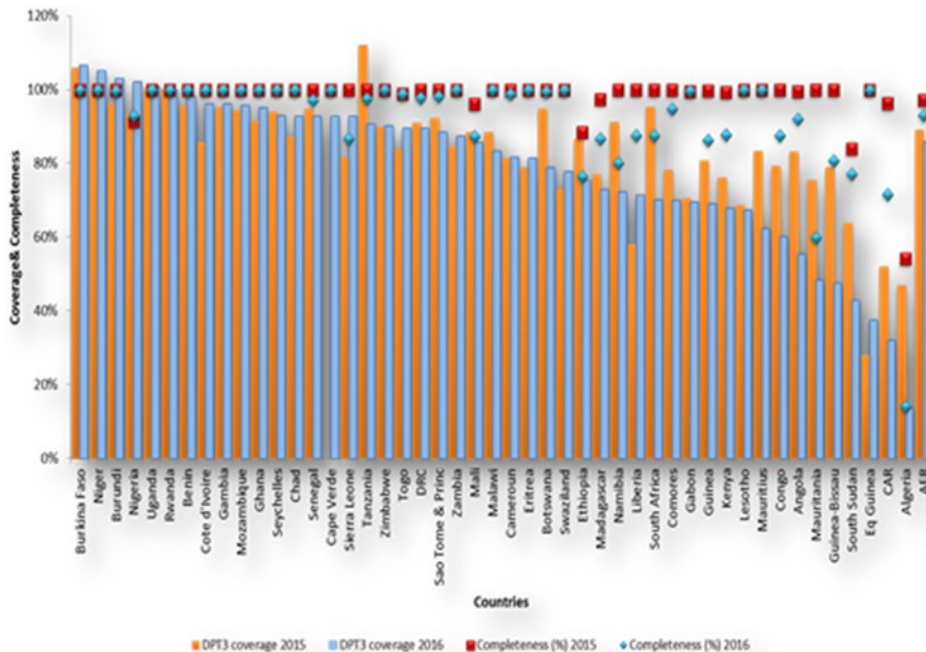




MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

September-October 2016 (Vol 4, issue N° 6)

District data completeness and coverage of DTP3 containing vaccine per country January- August 2015-2016



Highlights

Data reported in this issue cover the period January to August 2016 compared to the same period in 2015. Regional data completeness was 97% and 93% for 2015 & 2016 respectively. Almost all countries reported a completeness of >70% except for Algeria : 14% and Mauritania:60%.

Regional administrative reported coverage rates for DTP3 & Measles containing vaccine were 86% and 84% for the period compared to 89% and 87% for the reporting period.

A total of 20 countries reported a coverage for DTP3 containing vaccine ≥ 90% among which 5 with coverage >100% (Burundi, Burkina Faso, Niger, Nigeria, Uganda).

Another 6 countries reported coverage <50% (Algeria, CAR, Equatorial Guinea, Guinea Bissau, Mauritania & South Sudan).

A total of 63% of districts in the region reported coverage ≥ 80%

Number of children vaccinated with DTP3 containing vaccine and 1st dose of measles by country January -August 2016

Country	DTP3	MCV1	Country	DTP3	MCV1	Country	DTP3	MCV1
Nigeria	4 684 647	4 704 483	Malawi	377 646	367 997	Namibia	37 133	33 731
DR Congo	2 013 670	1 961 481	Senegal	328 220	301 902	Central Africa Rep.	32 841	31 738
Ethiopia	1 427 191	1 418 126	Chad	323 868	302 598	Gabon	30 030	27 701
Tanzania	1 173 022	1 134 477	Zimbabwe	268 264	281 277	Botswana	27 017	26 623
Uganda	1 072 703	954 632	Benin	258 841	251 891	Lesotho	23 378	21 102
Kenya	685 559	665 288	Burundi	247 250	242 038	Guinea-Bissau	19 358	20 467
Ghana	673 038	682 162	Rwanda	228 403	226 851	Swaziland	16 847	14 910
Mozambique	659 873	461 834	Guinea	200 589	207 767	Comoros	10 307	11 257
Niger	612 588	599 767	Togo	172 920	182 555	Equatorial Guinea	8 714	7 048
Cote d'Ivoire	537 763	476 096	Sierra Leone	159 746	143 496	Cape Verde	6 492	6 036
Burkina Faso	520 356	509 166	South Sudan	122 111	136 999	Mauritius	5 381	7 160
Cameroon	465 198	425 858	Algeria	90 620	79 793	Sao Tome & Principe	3 310	3 431
South Africa	461 619	608 354	Congo	82 589	80 816	Seychelles	955	1 002
Mali	408 169	387 923	Liberia	76 536	70 760	IST CA	3 612 147	3 487 013
Angola	404 677	404 304	Eritrea	56 146	52 938	IST WA	8 848 681	8 714 530
Zambia	398 680	389 046	Gambia	49 833	46 492	IST ESA	7 448 480	7 197 908
Madagascar	396 245	384 304	Mauritania	48 965	43 774	AFR	19 909 308	19 399 451

Highlights

From January to August 2016, of a target population of 23.2 million surviving infants, an estimated 19.9 and 19.4 million children were vaccinated with three doses of DTP containing vaccine and first dose of Measles containing vaccine respectively.

A total of 23 countries reported an increase in the number of children vaccinated with the third dose of DTP containing vaccine. A significant increase (>20,000) was noted in 8 countries (Nigeria, Democratic Republic of Congo, Cote d'Ivoire, Uganda, Niger, Mozambique, Ghana and Burundi).

Another 24 countries reported a decrease in the number of children vaccinated during this period. An estimated number of 3.4 million children were not vaccinated.

The highest number of unvaccinated for the period was reported in 4 countries (Ethiopia, South Africa, Angola and Algeria) one reason among others being the low data completeness.

Meeting of Manager's of Expanded Programme on Immunization for countries in the WHO Central Subregion: Douala 12-14 September 2016



Group picture of participants at the EPI manager's meeting for WHO central Africa countries Douala, Cameroon

Highlights

The Meeting was held in Douala, Cameroon on 12 – 14 September and attended by EPI managers and surveillance officers from the 10 Countries as well by Immunization partners (GAVI, AMP, CDC, MSF, BMGF, Sabin Vaccine Institute, CHAI and London School of Tropical and Hygiene Medicine (LSTHM)). Two parliamentarians from DRC attended also the meeting.

Countries performances on Routine Immunization as well as achievements on polio Endgame measles elimination objectives and other accelerated immunization initiatives were reviewed.

Highlights

Although remarkable progresses have been achieved, challenges remain, specifically regarding performances in surveillance of Vaccine Preventable diseases.

In addition, the ongoing Yellow Fever (YF) outbreak in Angola and DRC was lengthy discussed, specifically given the global shortage of vaccines. Sao Tome Principe and Burundi which have not yet conducted YF risk assessment were urged to plan it as soon as possible.

The 2 parliamentarians urged EPI managers to take the opportunity of the Addis Ababa Declaration on Immunization [ADI](#) to advocate for funding for immunization with the government. They also offered their support to help countries to mobilize parliamentarian on strengthening routine immunization.

Side meetings were conducted with each country to discuss on bottlenecks for achieving GVAP goals, milestones of GAVI partner's Engagement Framework (PEF) as well as the 2017 planning activities and Technical Assistance needs.

At the end of the meeting, each country identified priorities to include in its action plan in 2017 to accelerate the achievement of the universal coverage (90/80).

Meeting of Manager's of Expanded Programme on Immunization for countries in the WHO Eastern and Southern Subregion: Harare, Zimbabwe 26– 28 September 2016



Group picture of participants at the EPI Manager's meeting in Harare, Zimbabwe

Highlights

The meeting was held from 26-28 September in Harare, Zimbabwe with participation of EPI managers from 20 countries in the subregion and immunization partners (WHO, UNICEF, CDC, CHAI, London School of Hygiene and tropical Medicine, USAID, JSI, Path, BMGF, GAVI, NESI, American Red Cross..

Highlights

Objective of the meeting was to update Program Managers and partners on progress in the implementation of the Regional Immunization Strategic Plan, 2014-2020; inform managers on the RITAG recommendations, MCIA and the roadmap, review progress and challenges in reaching the unreached target population with routine immunization services and new vaccines; and discuss data quality as well as immunization financing issues.

The meeting was organized in the following 3 sessions including parallel sessions and side meetings with all countries.

- ◆ Session 1: to discuss achievements of Regional Immunization Strategic Plan 2014-2020; Routine Immunization and New Vaccines Introduction in ESA, including a presentation on Road Map for the Addis Declaration on Immunization.
- ◆ Session 2 was on Accelerated Immunization Initiative (AII),
- ◆ Session 3: Polio Eradication Initiative.

At the end of the meeting, EPI manager's formulated recommendations to address issues identified and achieve the set goals..

Meeting of Manager's of Expanded Programme on Immunization for countries in the WHO Western Subregion: Cotonou Benin: 11- 13 October 2016



Group picture of participants at the EPI Manager's meeting in for WHO Western countries, Cotonou, Benin

Highlights

The overall objective of this annual meeting was to review progress made in the implementation of the Global and Regional and take the necessary corrective actions. Specifically, the 140 participants assessed the implementation of the action points and recommendations adopted during the last meeting in March 2015 in Togo. They also assessed progress achieved in the implementation of strategies outlined in the National Action Plans for the control and elimination of Vaccine Preventable Diseases and identify priority actions to be implemented by each country in the coming months..

Prior to the official opening of the Meeting , Benin's Minister of Health held a working session with immunization partners on the implementation of the declaration of Addis Ababa by African Ministers on "universal access to immunization as a foundation for health and development in Africa."

The Minister of Health stressed the will of the Government of Benin to make a priority of vaccination and promised that the country will put in place before the end of 2016 a mechanism for domestic resource mobilization for the benefit of vaccination .

Highlights

The meeting, jointly organized by WHO & UNICEF took place in Cotonou with 17 countries of the subregion participating , as well as immunization partners (AMP, BMGF, CDC/Atlanta, GAVI Alliance, MSF, RITAG, Rotary, MCSP/JSI, OMS, UNICEF, UNAPSA, OAFRESS, PATH, Clinton Health Access Initiative (CHAI), OOAS, American Red Cross).

Technical Coordinating Committee (TCC) Meeting of the African Vaccine Regulatory Forum (AVAREF):

20-23September 2016, Kigali, Rwanda

"Towards improved processes and timelines for clinical trials"



Group picture of participants at the AVAREF meeting, Kigali, Rwanda

Highlights

To address the issues identified and formalize the new governing structures ,the TCC and SC of the African Vaccine Regulatory Forum (AVAREF) met in Kigali, Rwanda, for two days each, back-to-back, from 20 – 23 September 2016 to review and endorse an AVAREF Common Process and timelines which will optimize Clinical Trial approvals in Africa.

At the end of the meeting, AVAREF endorsed African Common Process and Timelines for Review and Authorization of clinical Trials. Processes and 5 stages were defined as follows:

- ◆ Sets timelines for each stage
- ◆ Simultaneous submission to National Regulatory Authority (NRA) and Ethical Committees (EC).
- ◆ Use of electronic submission platform
- ◆ Common simplified submission package
- ◆ AVAREF communication plan

Background

Normally, the submission, review and authorization of clinical trial applications by ethics committees/institutional review boards and regulatory authorities follows a defined pathway. The processes in many countries in Africa are however not often very clear, leading to undue delays and subsequently access to important health products.

The AVAREF meeting held in June in Addis Ababa endorsed new governing model recommended the formation of a Steering Committee (SC) and Technical Coordination Committee. (TCC). Subsequently, Terms of Reference for both structures and were developed.

Immunization Mid Level Management course (MLM): 10-21 October, Pretoria, South Africa



Group picture of participants at the EPI Mid Level management course in Pretoria, South Africa

The African Regional office of the WHO has conducted an 11-days training for 34 mid-level Immunization program managers from 15 Anglophone countries across the Region. The training took place in Pretoria from 10 – 21 October 2016. The participants were from the Ministries of Health of the 15 countries, 2 WHO country offices, as well as from 4 USAID-MCSP (Maternal and Child Survival Program) offices within the countries.

Highlights

Objectives of the MLM course were :

- ◆ To get participants aware of their new roles and responsibilities as EPI managers and partners in line with the current global and regional immunization policies and strategies within the context of the Global and Regional Vaccine Action Plans, Universal Immunization Coverage and SDGs.
- ◆ To update and strengthen managerial knowledge and skills of all participants notably those related to problem solving, decision making/leadership, effective communication, strategic or operational planning, immunization program costing, budgeting and resources mobilization, cold chain and vaccine management, immunization safety management, human and financial resources management, new vaccine introduction management, conducting quality supplemental immunization activities, integrated disease surveillance management, EPI monitoring and data management, supervision, EPI coverage survey and evaluation.

The modular training included presentations, plenary and group discussions, as well as individual and group exercises designed to invite reflections .

Reflection is now on innovative approaches to expand the reach and impact of the AFRO MLM training.

New and revised capacity building resources on Immunization

WHO/AFRO launches the first ever Interactive Training Resource Tool combining Immunization and Integrated Management of Childhood Illness (EPI/IMCI Training Tool)



- The EPI/IMCI Interactive Resource Tool is computerized and has more than two hours of video in 18 chapters. It is in English, French and Portuguese. It does not need internet connectivity.
- A Pocket guide for good practice containing chapters of Immunization in practice and introduction to IMCI is accompanying the tool.



Highlights

The first interactive training resource tool on immunization and integrated management of Childhood Illness (EPI/IMCI training tool) is now available through an USB flash disk for training of health workers.

The EPI/IMCI Interactive Resource Tool is computerized and has more than two hours of video in 18 chapters. It is in English, French and Portuguese and does not need internet connectivity.

A Pocket guide for good practice (available in French & English) containing summary of Immunization in Practice and introduction to IMCI is accompanying the tool.

Countries are strongly encouraged to use this resource to strengthen health worker capacity both in immunization and child health.

Moreover, prototype curricula for medical schools and for nursing schools have been revised taking into account new development in immunization. These are now available in English on WHO website at the link below. French version will be available by December 2016.

<http://www.afro.who.int/en/immunization/ivd-publications.html>

Flash disk and pocket guide below on EPI/IMCI interactive training tool

PROGRAMME ÉLARGI DE VACCINATION (PEV) ET PRISE EN CHARGE INTÉGRÉE DES MALADIES DE L'ENFANT (PCIME) DANS LA RÉGION AFRICAINE

Guide de poche des bonnes pratiques

Organisation mondiale de la Santé
Bureau régional pour l'Afrique
Brazzaville, République du Congo
©OMS 2016

World Health Organization
AFRICA

EXPANDED PROGRAMME ON IMMUNIZATION PROTOTYPE CURRICULUM FOR NURSING/ MIDWIFERY SCHOOLS IN THE WHO AFRICAN REGION

UPDATE
DECEMBER
2015

World Health Organization
AFRICA

EXPANDED PROGRAMME ON IMMUNIZATION PROTOTYPE CURRICULUM FOR MEDICAL SCHOOLS IN THE WHO AFRICAN REGION

Update
December
2015