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

Highlights
Data reported in this issue cover the period January-October 2016 and is compared to data for the same period in 2015. Regional data completeness was 92% in 2016 vs 97% for the same period last year. All countries reported a completeness of >80% except for Algeria, Guinea, Guinea Bissau, Kenya, Sierra Leone and South Sudan.

Regional administrative reported coverage rates for DTP3 & Measles containing vaccine were 89% and 87% for the period.

A total of 18 countries reported a coverage for DTP3 containing vaccine ≥ 90% with 7 of them reporting coverage >100% (Burundi, Burkina Faso, DRC, Niger, Nigeria, Rwanda, Uganda) as per last month.

Another 5 countries reported coverage <50% (Algeria, CAR, Equatorial Guinea, Guinea Bissau & South Sudan.

A total of 62% of districts in the region reported coverage ≥ 80%.

Of a target population of ~ 29 million children, a total of 25.1 M received their Measles vaccine, leaving ~ 3.9 M that have not completed their schedule for the reported period.

Coverage with Penta 3
Completeness and geographical equity

Source: Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO
## Reported country immunization coverage per antigen Jan-Oct 2016

### Table: Reported country coverage per antigen Jan-Oct 2016

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### Highlights

The overall completeness is good >90% for the African region, the West and Central Subregion, but relatively lower than last year. The regional Coverage with 3rd dose of DTP-containing vaccine was 89% in 2016 vs 90% for the same period last year. There are variations in the sub regions as follows:

- **ist CA**: 90% in 2016 vs 98% in 2015
- **ist West**: 94% in 2016 vs 91% in 2015
- **ist ESA**: 83% in 2016 vs 91% in 2015

The low level of completeness especially in the Eastern and South subregion (ist/esa) may be the major cause of the drop in coverage observed between the 2 years. This is due to late reports from districts in addition to those from health facility. The situation in ist/esa is mainly linked to some of the countries where integrated systems such as DHS2 are currently used and data are sometimes transmitted on a quarterly basis, which affects the overall completeness and coverage in the subregion/region.

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**Source:** Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO
Fifth Meeting of Global Vaccine Safety Initiative (GVSI), Addis Ababa, 26-27 October 2016

Highlights and implications for the WHO African region

This is the first time a GVSI meeting is organized collaboratively by WHO and the AUC. The meeting reviewed lessons learned and experiences of countries on the development and implementation of national plans for pharmacovigilance, the emerging threat of falsified vaccines, enhanced adverse events following immunization (AEFI) for new vaccines such as RTS,S, the malaria vaccine, surveillance and results of special studies on vaccine safety conducted in India and Chile. It also provided update on safety of Human Papilloma Virus (HPV) vaccines, contraindications to vaccination, regulatory harmonization initiatives and linkages to pharmacovigilance and vaccine safety communication. A new electronic tool for AEFI causality assessment was also unveiled.

Recommendations/Next steps

- WHO and the African Union Commission to develop activities on vaccine safety and pharmacovigilance to be included in the WHO/AU work plan. This will ensure that all are working in tandem towards attainment of the same objectives, consistent with regional priorities.
- The African Vaccine Regulatory Forum (AVAREF) Steering Committee to review the African Medicines Agency draft business plan and legal and institutional framework, to build consensus and a buy-in from heads of NRAs representing the Regional Economic Communities.
- The AVAREF platform to be used to support the regulatory authorization and implementation of the pilot studies of the new malaria vaccine, RTS,S.
- WHO and partners to promote harmonization in pharmacovigilance across all the initiatives (AMRH, AVAREF, GVSI).
- WHO and partners to support AVAREF to develop a blueprint to address product development in emergencies.

International Conference of Drug Regulatory Agencies (ICDRA):
27 November to 2 December 2016, Cape Town, South Africa

Objectives of the ICDRA meeting

The meeting was organized under the theme: “Patients are waiting: how can regulators collectively make a difference.” with the following objectives
- For regulators to review progress and share information together with all stakeholders including manufacturers;
- Promote networking and harmonization of regulatory practices
- Promote regulatory capacity building and collaboration;
- Review successes and challenges of regulatory oversight for R&D of vaccines against Ebola virus disease;
- Explore the role of regulators in pharmacovigilance
- Identify the means to promote regulatory harmonization initiatives for pharmacovigilance of vaccines in the African region.

Recommendations for WHO and partners

- To support countries to develop and implement national plans for addressing substandard and falsified medical products, including vaccines.
- To advocate for countries to rely on advice of NITAGs to define vaccines that can be used in pregnant women, including vaccines against influenza to protect them and their newborns prior to start of childhood immunization
- To encourage joint meetings between networks and initiatives for strengthening regulatory systems and for promotion of harmonization and convergence.

Objectives of the GVSI meeting

- Review progress in implementation of Global Vaccine Safety Initiative activities;
- Address new challenges and exploit opportunities in vaccine safety;
- Facilitate further partnerships and inter-sectorial collaborations in vaccine safety and pharmacovigilance;
- Explore safety issues of vaccines of current interest;
- Identify the means to promote regulatory harmonization initiatives for pharmacovigilance of vaccines in the African region.

Recommendations for WHO and partners

- To support countries to develop and implement national plans for pharmacovigilance.
- To advocate for countries to rely on advice of NITAGs to define vaccines that can be used in pregnant women, including vaccines against influenza to protect them and their newborns prior to start of childhood immunization
- To encourage joint meetings between networks and initiatives for strengthening regulatory systems and for promotion of harmonization and convergence.

Recommendations (Con’t)

- Sustain and further support for AVAREF as a reliable platform for ethics and regulatory reviews and oversight for product development in emergencies.
- To focus capacity building for clinical trials on regional networks, especially AVAREF since not all countries will carry out trials in Africa.
- With many countries graduating from Gavi, special attention and support should be provided to these countries by WHO to regulate vaccines sourced outside UNICEF supply (licensure and post-marketing surveillance).
- To support NRAs to use risk-based approach or networking and reliance on better-resourced regulatory authorities
- To support countries to regulate medical devices.
- To support the collection and analysis of post-marketing surveillance data on the use of vaccines in pregnant women.
- To support the implementation of new guidelines, for marketing authorization of influenza vaccines.
Highlights of the consultative meeting

On 14th November 2016, WHO AFRO organized a consultative meeting between Immunization partners on how to best link immunization information management and integrated health information systems with the aim to avoid duplications at country level and contribute to data quality improvement. The meeting gathered around 39 Partners from the following institutions: WHO Headquarter (Immunization, Immunization, Health System strengthening / Information, Evidence and Research-IER), WHO /AFRO and the 3 sub regions, GAVI, CDC ATLANTA, USAID, OSLO UNIVERSITY, PATH, GLOBAL FUND and country representative from Nigeria and Ghana.

Outcome: ways to better link the 2 systems explored, a data exchange tool between Health Management Information System (HMIS) which is District Health Information System (DHS2) in most countries (and Immunization information system is being developed by WHO HQ in collaboration with AFRO). Ghana has developed data exchange tool to link DHS2 and DVDMT, action points on how to reinforce the 2 teams at all levels adopted and 5 key requirements of how best to include immunization data within integrated HIS software discussed and adopted.

Consultation on Viral Hepatitis Control in the WHO African Region
23–25 November 2016

Background

Immunization and viral hepatitis and/or HIV focal points from 18 WHO Country Offices in the African Region (Botswana, Cameroon, Congo, Cote d’Ivoire, DRC, Ethiopia, the Gambia, Guinea, Ghana, Mauritania, Namibia, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, and Zimbabwe), focal points from WHO AFRO Immunization & Vaccines Development (IVD) programme of FRH cluster, Communicable Diseases Cluster(CDS) and Maternal Newborn and Child Health (MNCH) programmes, the three Inter-country Support Teams (East and Southern, West, and Central), WHO HQ, the US Centres for Disease Control and Prevention (CDC), UNICEF, CHAI, and the World Hepatitis Alliance met in Brazzaville, Congo.

The joint consultation brought together the countries that have expressed interest in establishing national viral hepatitis programmes and introduction of birth dose vaccination to share experiences and for WHO to provide updates on recent developments in surveillance, prevention and treatment of viral hepatitis. The workshop also emphasized considerations for conducting hepatitis B serosurveys to collect representative data on disease burden in the region.

Rwanda, Uganda, Nigeria and Senegal were shared their hepatitis control experiences with other countries.

Participating countries identified priority actions for viral hepatitis control and set timelines for their implementation. They also highlighted the support they would require in to achieve hepatitis control. There was strong agreement to build the capacity for health workers on preventing, control and treatment of viral hepatitis, how to conduct serosurveys and to develop hepatitis plans.

Momentum for viral hepatitis control is building in the Region but strong coordination and collaboration across sectors is critical. It is expected that, with support from WHO and CDC, a number of the countries will conduct serosurveys and/or introduce the birth dose in 2017-2018.
RITAG Meeting : Dakar Senegal 12– 13 December 2016

Highlights

The meeting reviewed implementation of the action points from the last meeting and also reviewed and assessed performance of the immunization programme in the African Region in delivering services to protect the populations of Africa, against vaccine preventable diseases; discuss challenges and sought expert orientation, from the RITAG members, on how to better deliver on our mandate to the people of the region and the world.

Of particular interest were topical issues like polio eradication and in the African Region and planning for polio legacies post eradication as well as measles rubella elimination. Others were control of Yellow Fever and elimination of maternal and neo-natal tetanus.

A total of 12 technical presentations were made. Three of these were for information while nine were made for RITAG decision and recommendations. The presentations provided participants with the necessary background information on the status of immunization and key vaccine preventable diseases (VPDs) in the African Region. The presentations were followed by discussions leading to actionable recommendations pertaining to topics of discussion.

Meeting of the Sub-regional working Group : Dakar, Senegal: 14-15 December 2016

Highlights

The first day was devoted to discussions on the revised TORs and their adoption and the evaluation of performances of the immunization programme in the subregion, as well as joint evaluations carried out in 2016. The programme of work for 2017 was developed, with particular emphasis on supporting the Gavi transition countries of Angola, Congo, Ghana and Nigeria.

On the 2nd day, updates were provided on the following:
- Gavi’s Gavi 4.0 strategy
- Polio Eradication Initiative in the Lake Chad Basin
- Accountability framework in the context of polio eradication endgame
- Function of Technical Advisory Groups on Immunization in the African Region in general with focus on West African sub-region

The meeting ended with establishment of new management bodies of the Working Group. The chairmanship for the next two years was entrusted to UNICEF, which at the same time takes the lead in the secretariat. WHO will be a member of the Secretariat. The vice-presidency was entrusted to WAHO.

A small group was put in place to suggest pertinent activities to be included in the 2017 action plan for monitoring country performance and sharing with all members. The plan will be evaluated at the next meeting in 6 months.

Background

The second meeting of the Regional Working Group on Immunization for West and Central Africa was held in Dakar on 14 and 15 December 2016.

The opening ceremony was chaired by Dr Farba Sall, Director of Cabinet representing the Minister of Health and Social Welfare of the Republic of Senegal, in presence of Prof. DIARRA NAMA Alimata Jeanne, Representative of WHO in Burkina Faso serving as Chair of the Working Group, the Representative of UNICEF in Senegal, and a representative of GAVI Secretariat. In attendance were WHO Representative in Senegal (Dr OEO NSHIMIRIMANA), Gabon (Dr SAMBO BOUREIMA), WHO AFRO and HQ, as well as immunization partners (AMP, GAVI, MCSP, Sabin Vaccine Institute, USAID, WAHO) and country representatives from Angola, Cote d’Ivoire, Congo, DRC, Ghana and Nigeria.