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

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.
Highlights

Despite a regional completeness of 93% in 2016 vs 97 for the same period last year, Variations are noted in the sub regions and countries IST CA : 97% in 2016 vs 99% in 2015, IST West : 91% in 2016 vs 94% in 2015, IST Eastern and Southern countries : 92% in 2016 vs 98% in 2015.

The same variation is observed for coverage of different antigens. For example, DTP3 containing vaccine, the coverages are as follows for the 3 sub regions IST CA : 81% in 2016 vs 86% in 2015, IST West : 92% in 2016 vs 89% in 2015, IST ESA : 82% in 2016 vs 90% in 2015.

The level of completeness may be one of the reason of the seen 3% drop in coverage between the 2 years.

Source: Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO
Meeting of Manager’s of Expanded Programme on Immunization for countries in the WHO Central Subregion: Douala 12-14 September 2016

**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

**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 managers 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

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.

Technical Coordinating Committee (TCC) Meeting of the African Vaccine Regulatory Forum (AVAREF): 20-23 September 2016, Kigali, Rwanda

“Towards improved processes and timelines for clinical trials”

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

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.

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.

New and revised capacity building resources on Immunization

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.