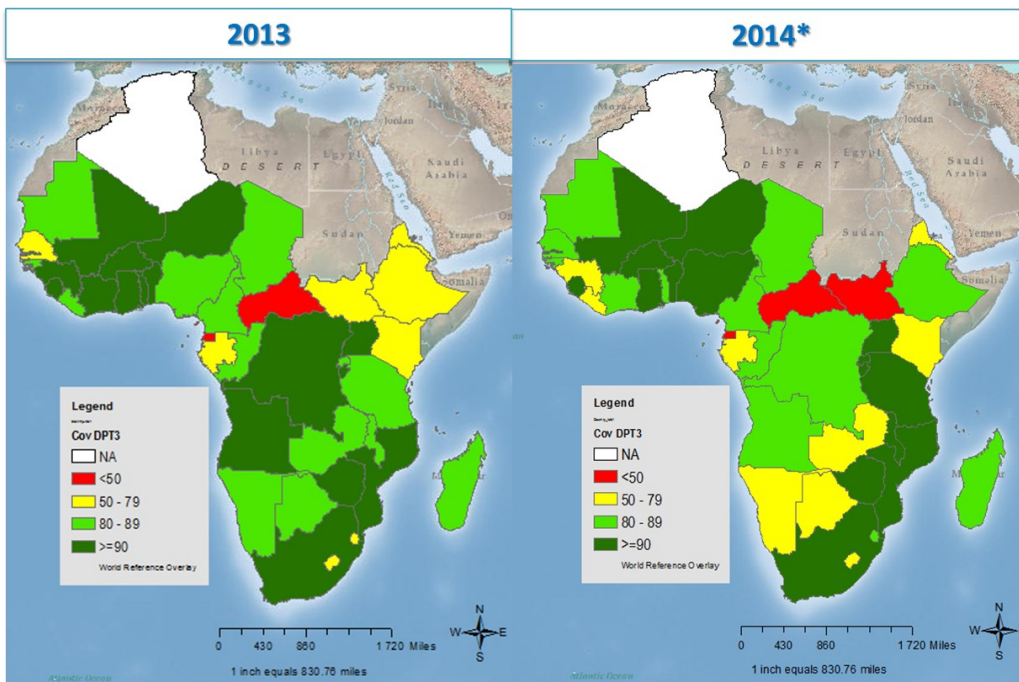


**MONTHLY IMMUNIZATION UPDATE  
IN THE AFRICAN REGION** February 2015 (Vol 3, issue N° 2)

**Coverage of DTP3 containing vaccine by country in the AFR  
Jan– Dec 2013 & 2014**



Source : Monthly RI reports from Member States

\*Data not yet final

**Highlights**

The data reported in this issue cover the period January to December 2013/2014. The completeness was 93% & 97% in 2014 & 2013 respectively. South Sudan reported the lowest data completeness (32%) and 4/47 countries (Equatorial Guinea, CAR, Guinea and Mauritius) have a completeness < 80% for the period.

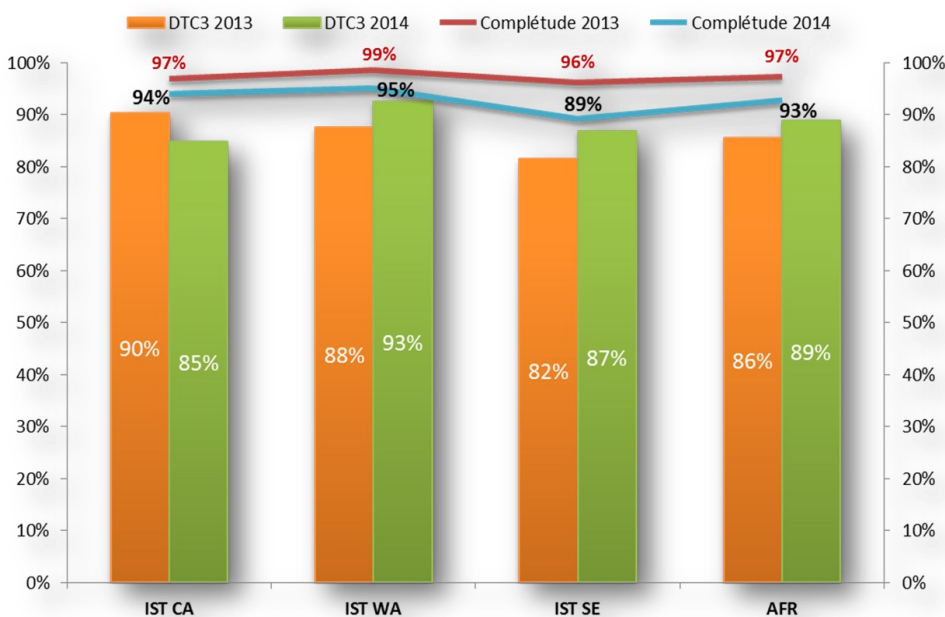
The regional administrative reported DTP3-containing vaccine coverage was 89% in 2014 compared to 86% in 2013, while measles coverage was 87 and 82% respectively in 2014 & 2013. DTP3 coverage has been maintained in most countries, but a decline is observed in the southern Africa countries.

A total of 31/47 countries reported DTP3 coverage ≥ 80% (14 countries between 80-89%, and 17 countries with a coverage >90%). Four countries (Burkina Faso, Tanzania, Rwanda) and Uganda) reported coverage >100%.

Three countries (CAR, Equatorial Guinea & South Sudan) reported coverage < 50%.

A significant decline of the routine immunization coverage was observed in the 3 Ebola affected countries.

**DTP3 coverage and data completeness by sub region (IST) in the AFR  
Jan-Dec 2013-2014**



**Highlights**

To ensure close and efficient support to countries, the region has been divided into 3 sub regions where inter country support teams (IST) are located. These are:

- IST Central (IST/CA): 10 countries
- IST West (IST/WA): 17 countries
- IST/South East & Southern (IST/ESA): 20 countries

For the period Jan-December 2014, IST/WA has the best performance with a completeness of 95% and a reported DTP3 coverage of 93%.

Low coverage as well as suboptimal data completeness were reported in IST Central & East and Southern Africa partly due to the fact that some of the most populated countries in these sub regions reported a completeness <90% (Ethiopia, Kenya, Namibia & South Sudan) and low coverages (Kenya: 74%, Namibia:73%, South Sudan: 21%, CAR: 41%).

Countries should be further sensitized on timeliness and completeness of reporting data with the highest quality.

## Comparative number of vaccinated children with DTP3-containing vaccine per country in the AFR : Jan-Dec 2013-2014

Country	2013	2014	Country	2013	2014	Country	2013	2014
Nigeria	5 622 422	6 392 782	Malawi	575 576	603 497	Gambia	72 448	74 509
DRC	2 683 905	2 751 198	Zambia	509 508	542 885	Central Afr. Rep	37 548	60 476
Ethiopia	1 837 688	2 347 926	Senegal	323 647	439 366	Namibia	66 071	56 343
Tanzania	1 583 020	1 682 488	Zimbabwe	408 313	402 063	Guinea-Bissau	50 424	47 926
Uganda	1 469 684	1 570 908	Chad	423 721	401 175	Gabon	52 221	47 347
South Africa	978 291	1 005 189	Benin	383 114	380 628	Botswana	38 416	40 645
Kenya	1 089 326	990 532	Burundi	331 573	339 484	Lesotho	32 070	35 946
Ghana	912 046	981 952	Rwanda	321 837	335 865	Swaziland	22 372	26 897
Mozambique	890 409	937 587	Guinea	413 999	269 419	Comores	16 467	15 386
Niger	829 170	868 986	Togo	238 311	244 950	Mauritius	11 959	8 443
Angola	872 355	768 251	Sierra Leone	265 864	214 846	Eq Guinea	5 843	6 499
Burkina Faso	716 416	741 134	Congo	148 711	156 997	S.T. & Princ	5 602	5 099
Cote d'Ivoire	794 156	706 595	Mauritania	109 955	119 857	Seychelles	1 563	1 522
Madagascar	700 168	688 176	Liberia	136 636	95 472	Algeria	NA	NA
Cameroun	703 241	680 151	South Sudan	257 228	94 000	Cape Verde	NA	NA
Mali	623 568	631 619	Eritrea	82 639	84 644	<b>Total AFRO</b>	<b>27 649 501</b>	<b>28 897 660</b>

### Highlights

The reported data for the period Jan-Dec 2014 show that out of a target population of 32.5 million surviving infants, more than 28.8 million children have been vaccinated with DTP3 containing vaccine.

More than 1.2 million additional children were vaccinated compared to last year. An increase in the number of vaccinated children was reported in 26/47 countries among which 5 in IST/CE, 9 in IST/West and 12 in IST/SE.

The highest increase was observed in Nigeria and Ethiopia, while moderate increase was noted in Senegal, and Uganda.

Despite the increase in children vaccinated, twelve countries reported a high number (>100,000) of under immunized children with the highest number been observed in Kenya, Ethiopia, DRC and South Sudan.

## Immunization partner's meeting, Brazzaville, Congo, 2-3 March 2015



Group picture of participants at the Immunization partner's meeting in Brazzaville

The World Health Organization (WHO) Regional Office for Africa convened its annual meeting of the African Regional Inter-Agency Coordination Committee (ARICC) in Brazzaville from 2 to 3 March 2015. The meeting provided an opportunity for immunization partners to discuss the latest developments in immunization and deliberate on ways of achieving universal access to immunization services in the African Region.

One of the recent developments in the field of immunization is the existence of a Regional Strategic Plan for Immunization 2014–2020, endorsed by Member States during the 64th session of the Regional Committee meeting in November 2014, which provides policy and programmatic guidance to Member States for their immunization programmes. This strategic plan addresses the challenges countries in the WHO African Region and their partners need to overcome to provide universal access to immunization for all eligible populations by 2020.

### Highlights

The two day meeting, which was well attended, had immunization partners like the Bill & Melinda Gates Foundation (BMGF), U.S. Centers for Disease Prevention and Control (CDC), USAID, United Nations Children's Fund (UNICEF), Rotary International, Gavi the Vaccine Alliance, Médecins Sans Frontières (MSF), the Network for Education and Support for Immunization (NESI) as well as the different Immunization Advisory Bodies in the Region, namely, the Task Force on Immunization (TFI) in Africa, the African Regional Certification Committee (ARCC), the Measles and Rubella Technical Advisory Group among others present.

To date, Nigeria, the only country with endemic transmission of poliovirus in the Region has not reported any case of wild poliovirus since July 2014. "The job to finish polio is not yet completed..." said the Regional Director Dr Matshidiso Moeti. She also pointed out that the Ebola epidemic in West Africa has affected not only the health sector, but also economic, education, agriculture, trade and tourism systems in affected countries. Illustrating the health impact, she noted that this has led to lower immunization coverages and the resurgence of vaccine-preventable diseases such as measles in some districts of the three most affected countries in West Africa.

At the end of the meeting, the immunization partners pledged their continued support to further develop the immunization systems and ensure universal access to vaccines and immunization services in the WHO African Region.



## Workshop on Hepatitis B birth dose , 3-5 February 2015, Brazzaville, Congo



**Participants at the WHO Hepatitis B Birth Dose Assessment Workshop, Brazzaville, Congo, 3-5 February 2015**

The objective of the workshop was to learn about experiences of countries that have already adopted birth dose vaccination and build capacity for birth dose introduction/ strengthening. In addition, consultants were trained to conduct country assessments of birth dose vaccination policies, strategies, and practices.

Participants were immunization (IVE) focal points from WHO Country Offices in 7/8 countries in the African Region that have introduced hepatitis B birth dose vaccination in their national immunization programmes (Algeria, Botswana, Gambia, Mauritania, Namibia, Nigeria, and Sao Tome Principe), IVE and Maternal Newborn and Child Health (MNCH) focal points from WHO AFRO, and the three Inter country Support Teams , WHO HQ, the US Centre for Disease Control and Prevention, and four international independent consultants.

## EPI manager's meetings in the WHO/ Central sub region (IST/CE) 23-27 February 2015



**Group picture of participants at the EPI managers meeting in Douala,**

The annual EPI managers meeting for countries of Central Africa took place from 23 to 26 February 2015 in Douala, Cameroon. The main objective was to share countries experiences from the implementation of the EPI in 2014 and get provide orientations to countries on priorities in the region in 2015. Country participants were EPI managers, surveillance officers, and WHO and UNICEF focal persons from the 10 countries. Partners were from the Cameroon Red Cross., WHO, UNICEF, GAVI, AMP, ROTARY, CDC, HKI, MCHIP, the Organization for the Coordination of the Fight against Endemic Diseases in Central Africa (OCEAC), Sabin Vaccine Institute, and the International Federation of the Red Crescent (IFRC).

## Highlights

The 2014 WHO African Regional Committee adopted a resolution to control viral hepatitis B infection by reducing chronic hepatitis B prevalence to less than 2% in children under five in all Members States by 2020. A key strategy for reaching this goal is to prevent mother-to-child transmission of hepatitis B virus through timely delivery of hepatitis B vaccine at birth followed by at least 2 routine doses.

However, to date only eight countries in the Region have reported nationwide delivery of hepatitis B birth dose vaccination.

The Regional Immunization Strategic Plan for 2014-2020 set a target for at least 25 countries to introduce nationwide hepatitis B birth dose by the end of 2020.

The workshop focused on the many unique aspects to planning and introducing birth dose vaccination, including the critical need to administer the vaccine soon after birth to prevent mother-to-child virus transmission, and the need for joint implementation by EPI and MNCH programmes to ensure timely vaccination and reach to home births.

At the end of the workshop, there was strong agreement by all for the need to integrate and collaborate with MNCH colleagues and to monitor timely birth dose vaccination (vaccine administered within 24 hours after birth). Consultants were trained in the proposed methodology and survey questionnaire for the assessments. It is expected that, with support from WHO and CDC, three to four birth dose assessments will be conducted within the next six months.

## Highlights

The topics discussed were articulated into four main sessions as follows:

- ◆ Strengthening immunization services (routine immunization performance, equity and immunization);
- ◆ GVAP and Accelerated Immunization Initiatives (Measles, Neonatal tetanus Yellow fever and Meningitis);
- ◆ Poliomyelitis Eradication Initiative (implementation of the Polio Eradication strategic plan and Endgame, the quality of immunization campaigns, performance of AFP surveillance , certification process, introduction of IPV, planning the switch from tOPV to bOPV.);
- ◆ Improving the quality of data.

As next steps, countries were requested to finalize action points and share them with the WHO& Unicef sub regional offices, to integrate them into their 2015 EPI action plan. And implement them.

Recommendations made were for Countries to implement the action points adopted by each country during the meeting, and for partners to continue technical and financial support for the implementation of country action points.