

## MONTHLY IMMUNIZATION AND POLIO UPDATE IN THE AFRICAN REGION

May– June 2018 (Vol 6 issue N° 3)

Launch of the Business case for WHO immunization activities on the African continent  
WHA71 – 23 May 2018



Business case for WHO immunization activities on the African continent 2018-2030



### Highlights

It illustrates WHO's future plans for immunization while responding to the evolving needs of tomorrow. New frameworks and developments on immunization are highlighted in this [business case](#) to include the:

- ◆ 2030 ambition to save 1.9 million lives and avert 167 million VPD cases;
- ◆ Paradigm change and new approach for immunization as a core component of UHC & health-SGDs;
- ◆ Country categorization for the African continent;
- ◆ WHO immunization maturity grid to drive impact in countries;
- ◆ WHO new value proposition and country-tailored approach; and
- ◆ WHO transformation of the immunization programme.

7 speakers took part in the launch to include the WHO Director-General, WHO Regional Director for Africa, newly elected WHO Regional Director for the Eastern Mediterranean, a representative of the Ministry of Health of Mali, CDC Director and two WHO Assistant Director Generals. To learn of key elements of this [business case](#), please click on the following video clip.

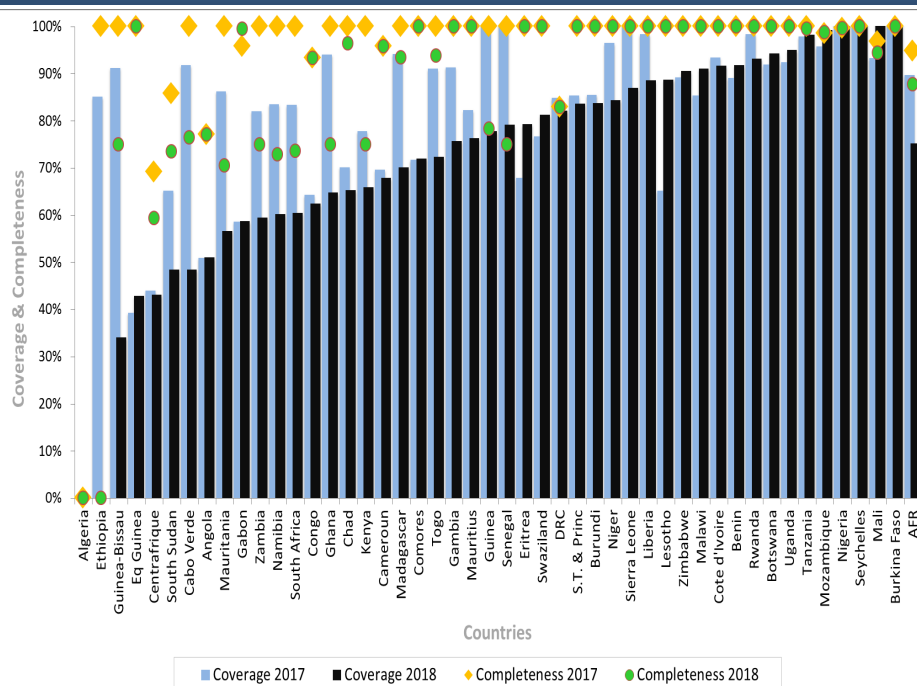


### Highlights

As the [Global Polio Eradication Initiative](#) ramps-down and closes on the African continent and countries continue to transition from Gavi support, WHO has a critical role to play to ensure steadfast support to countries. Nevertheless, there is a recognized need for WHO to transform its way of working and enhance accountability and impact.

In this context, WHO/AFRO and WHO/EMRO jointly developed the [business case for WHO immunization activities on the African continent 2018-2030](#) which aligns with the Director-General's priorities that *everyone can live healthy, productive lives, regardless of who they are and where they live*. This [business case](#) has been developed to mobilize sufficient resources for WHO to continue supporting all 54 Member States of the African continent to fully achieve the [ADI commitments](#). It also provides an additional channel to communicate and illustrate WHO's future plans for immunization while responding to the evolving needs of tomorrow. The business case was officially launched at the 2018 World Health Assembly in Geneva (23 May 2018) which clearly articulate WHO's vision and approach to become the WHO that stakeholders want for immunization.

### District data completeness and coverage of 8DTP3 containing vaccine per country January- April 2018- 2017



### Highlights

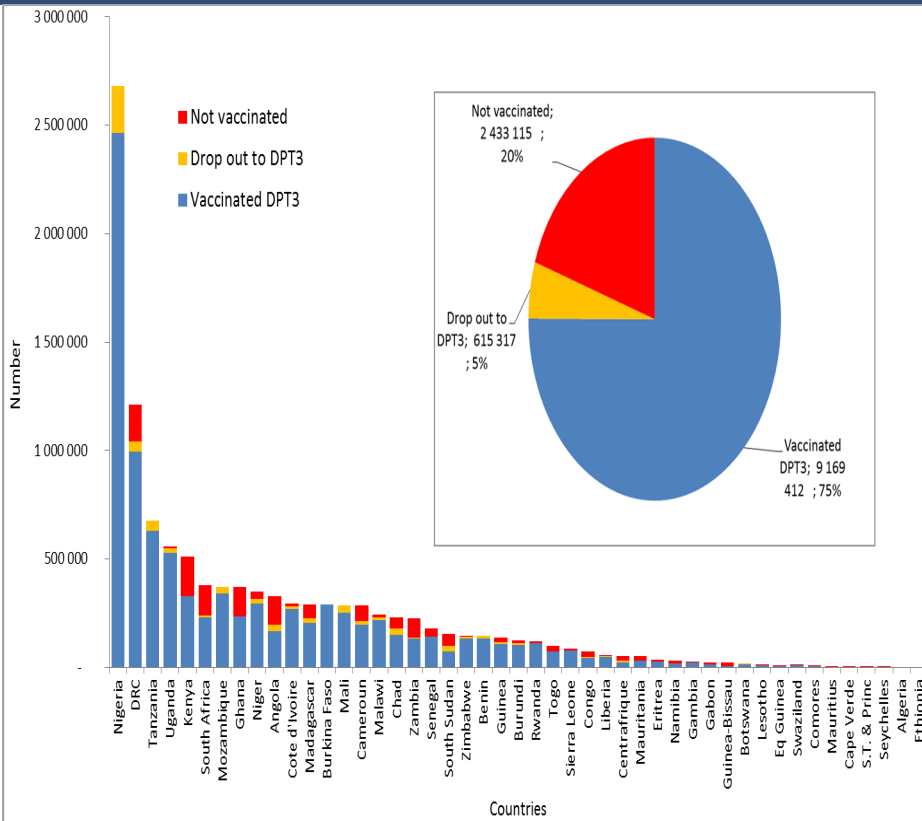
This issue covers the data reported during the period January – April 2018 compared to data for the same period in 2017. Regional data completeness was 87.7% in 2018 compared to 95% in 2017. Algeria and Ethiopia did not report data for the period.

Regional administrative reported coverage for DTP3 and Measles 1st dose for the period was 75% and 73% compared to 90% and 87% for same period in 2017. Completeness <90% and absence of data of highly populated countries such as Ethiopia and Algeria might have contributed to this low coverage.

Thirteen countries reported coverage ≥90% among which 4 with coverage above 100% (Burkina Faso, Mali, Nigeria, Seychelles).

Another 5 countries (CAR, Equatorial Guinea, Cape Verde, Guinea Bissau, South Sudan) reported coverages <50%.

## Number of children vaccinated with DTP3 containing vaccine and 1st dose of measles by country Jan– April 2018



Note that Ethiopia has not reported data in 2018, the country is transitioning to DHIS2

### Highlights

Data reported by countries show that an estimated 2.4 million children (20%) are still missed while around 600,000 (5%) did not complete their vaccinations.

Majority of children missed are in DRC, Kenya, Angola, South Africa, Ghana, Zambia, Cameroon, Chad, Madagascar and South Sudan.

Nigeria who has the largest birth cohort did not report unvaccinated children, but rather reached a coverage >100% showing that the implementation of emergency plan in Nigeria seems to yield results. These still needs to be confirmed by LQAS conducted every 3 months in the country.

However, despite the fact that many countries report having reached the target, there are still gaps in immunity as shown by numerous outbreaks in countries. Poor mastering of the denominator remains one of the issues.

There is need for countries to ensure quality microplanning and use a wide variety of strategies (PIRI, strengthening fixed, outreach, mobile ...) to reach all population, including innovative strategies (urban immunization, addressing Missed opportunities for vaccination, etc.) tailored to the country context.

It is also capital to make sure that strong monitoring and verification mechanism are put in place for all targets to be reached.

## Vaccines utilization (Claude)

### Highlights

### Highlights

# Reported country immunization coverage per antigen Jan-April 2018 vs 2017

Country	Score card (DPT3 progress 2018 vs 2017)		Coverage (%)														Drop out (%)				DPT3 Containing vaccine districts performance (%)																
	Progress based on DPT3 cor diff 2017 vs 2018	Progress Absolute Number DPT3 (n=1000 points diff 2017 vs 2018)	Completeness (%)		BCG		OPV3		IPV		DPT3		YF		MCV1		MCV2		TTP Coverage (Pregnant Women)		Pneumo 3		Rota Last		Drop out rate DPT1-DPT3		Drop out rate DPT1-MCV1		<50%		50-79%		80-89%		>=90%		
			2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	
			2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017
Angola	→	→	77%	77%	54%	54%	50%	50%	NA	NA	51%	51%	43%	43%	50%	50%	0%	0%	43%	43%	50%	50%	46%	46%	14%	14%	15%	15%	49%	49%	33%	33%	7%	7%	10%	10%	
Burundi	→	→	100%	100%	77%	75%	86%	84%	NA	NA	86%	84%	NA	NA	97%	95%	69%	68%	58%	55%	86%	84%	87%	85%	6%	6%	-6%	-6%	0%	0%	43%	43%	26%	26%	30%	30%	
Cameroun	→	→	96%	96%	86%	84%	65%	64%	68%	67%	70%	68%	64%	63%	56%	55%	NA	NA	34%	33%	69%	68%	69%	68%	9%	9%	26%	26%	18%	18%	50%	50%	14%	14%	18%	18%	
Centrafrique	→	→	69%	59%	46%	46%	43%	42%	42%	41%	44%	43%	41%	40%	41%	40%	NA	NA	45%	44%	43%	43%	NA	NA	23%	23%	28%	28%	59%	59%	24%	24%	10%	10%	7%	7%	
Chad	↓	→	100%	98%	55%	51%	72%	67%	75%	69%	70%	65%	71%	66%	70%	65%	NA	NA	96%	74%	NA	NA	NA	NA	16%	16%	16%	16%	29%	29%	44%	44%	15%	15%	12%	12%	
Congo	→	→	93%	93%	74%	71%	64%	62%	52%	51%	64%	62%	64%	62%	71%	69%	0%	0%	76%	71%	62%	60%	62%	60%	7%	7%	-3%	-3%	33%	33%	51%	51%	13%	13%	3%	3%	
Eq Guinea	↑	→	100%	100%	48%	46%	39%	42%	38%	41%	39%	43%	22%	24%	36%	39%	NA	NA	42%	54%	NA	NA	NA	NA	8%	8%	16%	16%	61%	61%	22%	22%	0%	0%	17%	17%	
Gabon	→	→	96%	100%	77%	77%	41%	41%	59%	59%	59%	59%	64%	64%	63%	63%	NA	NA	42%	42%	NA	NA	NA	NA	13%	13%	6%	6%	47%	47%	39%	39%	8%	8%	6%	6%	
RDC	↓	→	83%	83%	84%	81%	83%	80%	77%	75%	85%	82%	81%	79%	81%	78%	NA	NA	85%	82%	85%	82%	NA	NA	4%	4%	9%	9%	28%	28%	25%	25%	5%	5%	43%	43%	
S.T. & Princ	→	→	100%	100%	85%	83%	80%	79%	100%	98%	85%	84%	92%	90%	92%	90%	92%	90%	63%	62%	85%	84%	90%	88%	-2%	-2%	-10%	-10%	0%	0%	29%	29%	0%	0%	71%	71%	
IST CA	↓	→	87%	87%	75%	73%	73%	71%	73%	71%	75%	72%	70%	68%	71%	69%	17%	17%	69%	66%	75%	73%	62%	61%	8%	8%	12%	12%	30%	30%	34%	34%	9%	9%	26%	26%	
Algeria	ND	ND	0%	0%	ND	ND	ND	ND	ND	ND	ND	ND	NA	NA	ND	ND	NA	NA	NA	NA	NA	NA	NA	NA	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
Benin	↑	↑	100%	100%	90%	102%	86%	92%	NA	NA	89%	92%	88%	97%	88%	97%	NA	NA	77%	80%	86%	89%	NA	0%	8%	9%	9%	4%	1%	7%	17%	28%	30%	23%	52%	42%	
Burkina Faso	↑	↑	100%	100%	98%	98%	111%	113%	NA	NA	105%	114%	0%	107%	100%	109%	NA	NA	82%	83%	113%	107%	113%	113%	6%	-4%	11%	0%	0%	0%	0%	4%	3%	96%	97%		
Cape Verde	↓	↓	100%	76%	91%	60%	86%	57%	NA	NA	92%	48%	NA	10%	79%	41%	NA	NA	57%	30%	NA	NA	NA	NA	0%	-3%	15%	12%	0%	40%	19%	40%	25%	7%	56%	13%	
Cote d'Ivoire	→	↓	100%	100%	90%	95%	92%	90%	NA	NA	93%	92%	88%	85%	91%	86%	NA	NA	85%	88%	93%	91%	21%	37%	5%	5%	7%	10%	0%	0%	7%	11%	21%	23%	72%	66%	
Gambia	↓	↓	100%	100%	88%	86%	79%	74%	NA	NA	39%	91%	76%	67%	72%	69%	71%	NA	NA	44%	28%	80%	75%	78%	94%	2%	15%	25%	20%	0%	0%	43%	71%	43%	29%	14%	0%
Ghana	↓	↓	100%	75%	98%	61%	100%	86%	NA	NA	94%	65%	88%	65%	97%	66%	NA	NA	67%	42%	100%	66%	93%	62%	9%	-2%	6%	-5%	0%	14%	15%	56%	8%	14%	77%	16%	
Guinea	↓	↓	100%	78%	99%	82%	95%	78%	NA	NA	103%	76%	94%	80%	96%	80%	NA	NA	59%	65%	NA	NA	NA	NA	7%	10%	13%	7%	0%	0%	16%	79%	26%	5%	58%	16%	
Guinea-Bissau	↓	↓	100%	75%	94%	38%	78%	34%	NA	NA	47%	91%	34%	66%	35%	67%	35%	NA	NA	43%	41%	NA	NA	NA	NA	11%	10%	34%	7%	0%	91%	55%	9%	27%	0%	18%	0%
Liberia	↓	↓	100%	100%	91%	83%	96%	89%	NA	NA	88%	88%	88%	75%	89%	87%	NA	NA	77%	61%	91%	88%	88%	83%	-1%	8%	9%	10%	0%	0%	27%	20%	0%	20%	73%	60%	
Mali	↑	↑	97%	94%	99%	116%	68%	105%	NA	NA	25%	93%	102%	81%	102%	81%	102%	NA	NA	44%	39%	66%	104%	68%	56%	15%	13%	26%	13%	12%	4%	45%	16%	27%	21%	16%	59%
Mauritania	↓	↓	100%	71%	83%	56%	82%	55%	NA	NA	76%	86%	57%	NA	NA	66%	36%	NA	NA	35%	20%	84%	56%	81%	56%	4%	10%	26%	43%	13%	42%	31%	47%	13%	7%	44%	4%
Niger	↓	↓	100%	100%	97%	91%	91%	84%	NA	NA	96%	84%	90%	81%	90%	92%	NA	NA	75%	68%	90%	84%	87%	82%	9%	7%	15%	-1%	4%	4%	15%	10%	12%	26%	69%	60%	
Nigeria	↓	↓	100%	100%	101%	97%	106%	101%	NA	NA	114%	101%	108%	94%	107%	94%	NA	NA	82%	56%	103%	100%	NA	NA	-4%	8%	2%	14%	2%	2%	8%	13%	6%	10%	83%	75%	
Senegal	↓	↓	100%	75%	91%	70%	105%	79%	NA	NA	103%	79%	66%	32%	79%	65%	NA	NA	73%	51%	105%	79%	104%	77%	-8%	-3%	18%	15%	0%	1%	9%	56%	4%	17%	87%	26%	
Sierra Leone	↓	↓	100%	100%	66%	75%	99%	86%	NA	NA	103%	87%	76%	80%	91%	82%	NA	NA	37%	69%	96%	85%	97%	86%	-9%	3%	3%	8%	7%	0%	7%	33%	14%	25%	71%	42%	
Togo	↓	↓	100%	94%	86%	75%	93%	14%	NA	NA	91%	72%	101%	69%	100%	67%	NA	NA	103%	64%	85%	NA	95%	NA	2%	4%	-8%	11%	0%	3%	0%	58%	13%	20%	88%	20%	
IST WA	↓	↓	97%	90%	92%	86%	93%	86%	NA	NA	35%	99%	87%	90%	86%	93%	83%	NA	NA	65%	59%	96%	89%	34%	33%	1%	6%	7%	11%	3%	6%	13%	26%	10%	13%	75%	55%
Botswana	↑	→	100%	100%	97%	88%	92%	89%	85%	89%	92%	94%	NA	NA	102%	103%	97%	89%	NA	NA	91%	92%	90%	90%	16%	14%	7%	7%	8%	4%	17%	21%	8%	8%	67%	67%	
Comores	→	→	100%	100%	75%	72%	72%	72%	73%	5%	72%	72%	NA	NA	80%	68%	NA	NA	NA	NA	NA	NA	NA	NA	6%	5%	-4%	11%	0%	35%	76%	29%	6%	18%	18%	18%	
Eritrea	↑	↑	100%	100%	60%	72%	68%	79%	NA	NA	68%	79%	NA	NA	72%	72%	56%	NA	13%	14%	68%	79%	65%	78%	-12%	-2%	-20%	8%	24%	16%	41%	28%	12%	19%	22%	38%	
Ethiopia	ND	ND	100%	ND	83%	ND	83%	ND	NA	NA	85%	ND	NA	NA	87%	ND	NA	NA	NA	NA	91%	ND	93%	ND	3%	ND	1%	ND	2%	ND	36%	ND	32%	ND	30%	ND	
Kenya	↓	↓	100%	75%	85%	64%	77%	65%	73%	59%	78%	66%	1%	1%	82%	63%	39%	36%	62%	50%	78%	66%	75%	60%	6%	-4%	1%	1%	2%	0%	66%	63%	15%	6%	17%	11%	
Lesotho	↑	→	100%	100%	56%	95%	58%	88%	48%	2%	65%	89%	NA	NA	51%	77%	41%	63%	56%	NA	58%	88%	NA	54%	-5%	-4%	17%	10%	10%	0%	90%	20%	0%	30%	0%	50%	
Madagascar	↓	↓	100%	93%	98%	72%	91%	69%	58%	54%	94%	70%	NA	NA	92%	64%	0%	NA	55%	35%	94%	70%	92%	69%	7%	9%	9%	16%	1%	17%	13%	50%	23%	19%	63%	14%	
Malawi	↑	↑	100%	100%	68%	95%	86%	90%	NA	0%	85%	91%	NA	NA	79%	87%	1%	1%	61%	52%	85%	91%	83%	89%	6%	5%	13%	10%	0%	0%	32%	19%	36%	30%	32%	52%	
Mauritius	↓	→	100%	100%	64%	75%	83%	77%	3%	NA	82%	76%	NA	NA	84%	0%	NA	NA	72%	64%	83%	NA	76%	NA	-2%	-2%	-5%	100%	0%	0%	40%	60%	30%	40%	30%	0%	
Mozambique	↑	↑	98%	99%	108%	115%	83%	93%	45%	71%	96%	99%	NA	NA	98%	102%	53%	61%	83%	86%	94%	91%	88%	90%	7%	8%	7%	5%	1%	3%	21%	17%	12%	9%	65%	70%	
Namibia	↓	↓	100%	73%	92%	60%	82%	52%	NA	NA	24%	83%	60%	NA	NA	78%	55%	NA	NA	NA	NA	82%	64%	78%	59%	9%	4%	17%	11%	0%	21%	65%	74%	18%	3%	18%	3%
Rwanda	↓	↓	100%	100%	100%	97%	98%	92%	NA	NA	98%	93%	NA	NA	108%	90%	NA	NA	79%	87%	98%	92%	105%	93%	0%	1%	-9%	4%	0%	0%	23%	20%	10%	27%	67%	53%	
Seychelles	→	→	100%	100%	105%	43%	102%	103%	NA	NA	102%	102%	108%	92%	106%	84%	NA	NA	NA	NA	NA	NA	NA	102%	-10%	-7%	-14%	12%	20%	0%	27%	13%	13%	20%	40%	67%	
South Africa	↓	↓	100%	74%	77%	48%	83%	60%	NA	NA	83%	60%	NA	NA	81%	62%	NA	NA	58%	NA	77%	64%	78%	60%	1%	4%	3%	1%	0%	20%	60%	77%	14%	3%	26%	0%	
South Sudan	↓	↓	86%	73%	60%	56%	65%	46%	61%	33%	65%	48%	NA	NA	87%	54%	NA	NA																			



## Capacity building workshop for immunization data and DHIS2 Experts in the WHO African Region Accra, 22-25 May 2018



Group photo :  
DHIS2 and WHO  
immunization  
App training-  
Accra, Ghana  
May 2018

### Highlights

From 22 to 25 April 2018, WHO AFRO organized in collaboration with GAVI and Oslo University the first training of trainers on WHO immunization App and DHIS2 targeting WHO immunization data experts and DHIS2 experts in the African Region. The training took place in Accra-Ghana with 2 major objectives : To Build the capacity of DHIS2 expert on immunization data metrics and indicators in order to better support immunization agenda with DHIS2 and to build capacity of Immunization data experts on DHIS2 for them to better support countries in the context of DHIS2 expansion

### Highlights

A total of 42 participants were present representing WHO and MOH Immunization Data experts and DHIS 2 experts from different HISP in the Africa region, Data experts from HSS cluster in the Africa Region as well as from the EIR teams in WHO HQ and data experts from partners including GAVI, CDC, CHAI, HISP.

The following countries were represented: Angola, Cameroon, Chad, DRC, Ghana, Kenya, Nigeria, Senegal, Tanzania, Togo, Uganda.

During the 4 days workshop DHIS2 experts were trained on immunization indicators and data with focus on critical data elements used for indicators calculation and data quality metrix. The same way Immunization data experts were trained first on general DHIS2 aspects and specifically on WHO immunization App recently developed with support from Oslo University.

DHIS experts were also trained how to install the WHO immunization App for them to be ready to support the deployment process in countries in coordination with immunization data experts in the Region.

## Updates on Hepatitis B Birth dose in the AFR and plans for 2018-2020

WHO sub region (IST)	Country	Year BD was introduced	% Coverage WUENIC 2016
Central	Angola	2015	N/A
	Sao Tome*	2002	N/A
South-East	Botswana	1998	N/A
	Mauritius*	Unknown	N/A
	Namibia	2014	87
West	Algeria	2001	99
	Cabo Verde	2002	96
	Gambia	1990	N/A
	Mauritania	2013	61
	Nigeria	2004	32
	Senegal	2016	68

Hepatitis B birth dose introduction by country and year, WHO Afro region, 2018

NB: \* Provide birth dose only to infants with mothers positive to HBsAg

### Highlights

The Global Health Sector Strategy (GHSS) on Viral Hepatitis, 2016–2021 sets a goal to eliminate Hepatitis B (HepB) by 2030, a strategy that contributes to the achievement of the 2030 Agenda for Sustainable Development. Subsequently, the WHO African Regional Committee endorsed a resolution for a HepB control goal by 2020 to reduce chronic HepB infection prevalence to < 2% among children less than 5 years of age, attain 90% of HepB third dose vaccine coverage among infants, and have a least 25 countries introduce HepB birth dose (HepB-BD) vaccine.

### Highlights

How are we doing?

There is a lack of data to truly estimate the burden of HepB in the Afro region. Recent modeling data suggested that the estimated burden of the disease decreased from historical prevalence of 9.5% to 7.2% in the general population and 3.4% among children aged 5 years. To date, all 47 countries in the WHO Africa Region have introduced HepB vaccine in combination with other vaccines into their routine infant immunization schedule; however, the coverage of the third dose of the vaccine has been maintained at 74% over the past 3 years and only 9 countries have introduced universal HepB-BD in their routine immunization schedule whereas 2 countries provide the vaccine only to newborns whose mothers are screened positive for the hepatitis B virus surface antigen.

What are we doing?

For the next couple of years, the regional office plans to provide assistance for:

The introduction of HepB-BD in at least 14 additional countries

Post introduction evaluation in countries that have recently introduced the birth dose.

Gathering data on the burden of the disease among children age 5 years, and estimating mother to child transmission as well as impact of vaccine through the development of protocols and implementation of serosurveys.

# Updates on Polio Eradication Initiative

## AFP surveillance indicators, 2018 (as of week 24, 2018)

IST	AFP cases reported	Annualized NP- AFP Rate	% 2 Stools within 14 days	% stool in good condition
Central	2272	5.4	86%	88%
West	5824	6.3	88%	91%
South-East	2630	3.0	90%	89%
<b>Regional</b>	<b>10726</b>	<b>4.8</b>	<b>88%</b>	<b>90%</b>

## cVDPV and WPV cases reported in the Region, 2018

### cVDPV:

No new cVDPV case was reported this week

The date of onset of most recent case was 5<sup>th</sup> May 2018 from Gethy district, Ituri province (DRC)

No new cVDPV from environment was reported this week

The date of most recent sample collection was 9<sup>th</sup> April 2018 from Baba Roba Valley, Gombe State, Nigeria.

### WPV:

No new wild poliovirus case was reported this week:

The date of onset of most recent case was 21<sup>st</sup> August 2016 (Nigeria)

## Highlights

### At Global level

**2018 Data:** Eleven WPV cases have been reported from 2 endemic countries and 0 from non-endemic countries. No WPV case was reported from AFR (WHO/HQ, 26<sup>th</sup> June 2018)

### At Regional level

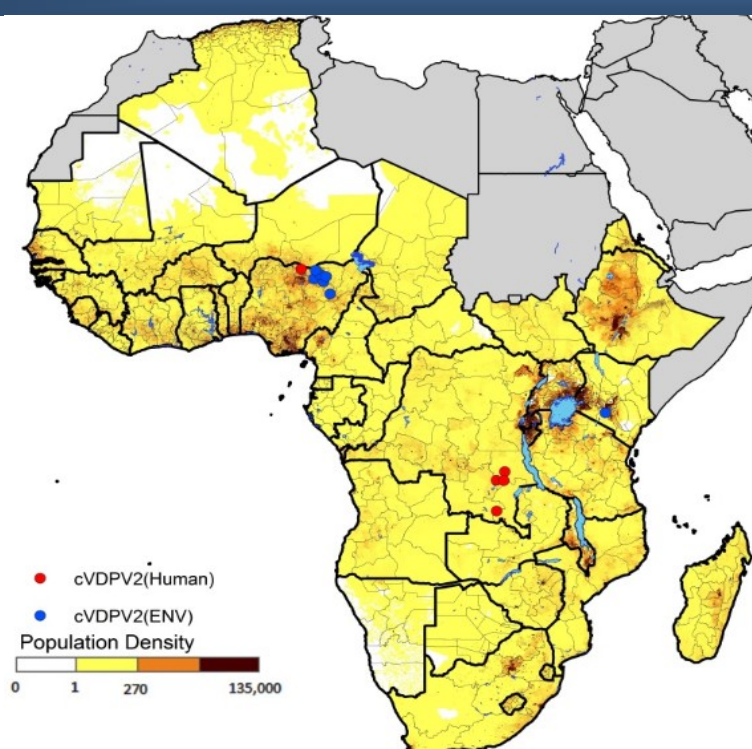
**2018 Data:** as of 29<sup>th</sup> June, Fourteen cVDPVs (seven cases and seven from environment) were reported in the Region.

The date of onset of most recent case was 5<sup>th</sup> May 2018 from DRC and date of sample collection from the environment was 9<sup>th</sup> April 2018 from, Nigeria.

### AFP surveillance

**2017 Data:** A total of 40 out of 47 (85%) countries achieved the recommended operational NP-AFP rate of at least 2/100,000. (Data source – WHO/AFRO, 2017, last update 18<sup>th</sup> June 2018).

## Distribution Map of cVDPV cases in AFR, 2018



### 2017

#### cVDPVs by country: Week 1- 24

COUNTRY	Human	Environment	Total
DRC	8	0	8
Kenya	0	0	0
Nigeria	0	0	0
<b>TOTAL AFR</b>	<b>8</b>	<b>0</b>	<b>8</b>

### 2018

#### cVDPVs by country: Week 1- 24

COUNTRY	Human	Environment	Total
DRC	6	0	6
Kenya	0	1	1
Nigeria	1	6	7
<b>TOTAL AFR</b>	<b>7</b>	<b>7</b>	<b>14</b>

Meeting of the African Certification Commission for poliomyelitis eradication,  
18-22 June 2018, Abuja, Nigeria

Highlights

ARCC meeting in Abuja, June 2018

The meeting methodology of work included: (i) *Presentations followed by discussions in plenary*; (ii) *Closed Review sessions* (Each country meets with the ARCC) with focus on discussing Madagascar complete documentation; and annual progress/update Reports of Nigeria, Central Africa Republic, South Sudan, Equatorial Guinea; Guinea Bissau, Kenya,

Angola and Mauritania; (iii) *Closed working sessions* (ARCC and WHO secretariat).

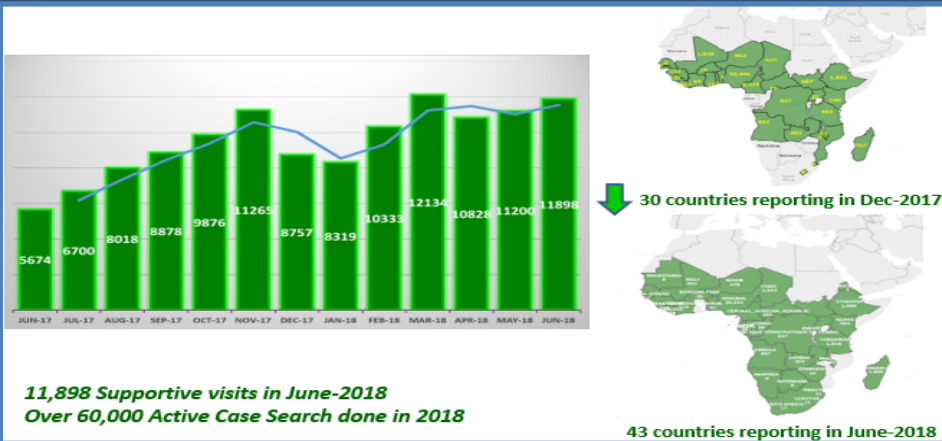
Following detailed review, ARCC accepted complete documentation from Madagascar supporting polio-free status of the country. ARCC congratulated the efforts and the quality of reports presented by Angola, Bissau Guinea, Equatorial Guinea, Mauritania, South Sudan, Central African Republic, Kenya and Nigeria. The ARCC provided general as well as specific country recommendations.



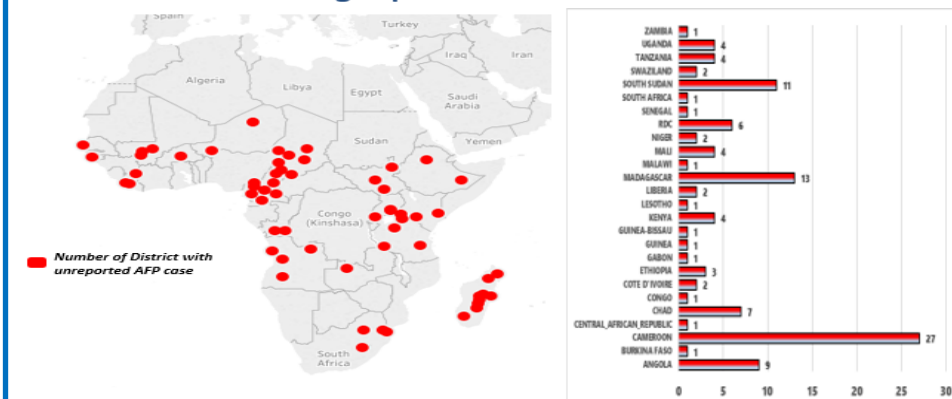
Context

The Africa Regional Certification Commission (ARCC) met at Transcorp Hilton Hotel, Abuja, Nigeria, 18- 22 June 2018 to review Certification status and documentation of member countries in African Region. Eighty four (84) participants attended the meeting, including participants from the 9 invited countries, ARCC members from 5/6 WHO regions, WHO/ secretariat (ISTs, AFRO and HQ), AFRO, partners (CDC) and interpreters. A total of 128 participants (including the added forty four (44) national invited guests, Dignitaries, NGO's and partners) attended the opening and the closing ceremonies that were covered by thirty (30) journalists/media.

Integrated Supportive Supervision January – June 2018 (ISS) Updates



Missed Reporting: Unreported AFP Cases found during Supervision Jan- June 2018





## Inter country workshop for the adaptation of the Revised AFRO RED Guide for WHO ESA countries Nairobi Kenya 21-24, May 2018



A view of participants at the workshop

### Highlights

The Inter-country workshop to adapt the Revised 2017 Reaching Every District (RED) Guide was attended by 57 participants from 17 countries of East and Southern Africa. The activity was facilitated by 19 facilitators drawn from WHO regional office(1) , IST ESA FRH (8) , and WHO HQ (2) Unicef regional office for East and Southern Africa, (3) JSI (3) , USAID (1) & CDC (1) .

The workshop objectives were to

- ◆ To train participants on understanding the principles and tools of the Revised RED guide for the adaptation and use specific to each country context
- ◆ To reinforce the use of the standard full components of the RED strategies
- ◆ To share lessons and practices on innovations of implementing the RED strategy
- ◆ To reinforce country capacity for improved planning and implementation to reach every community and eligible target using the RED strategy guideline towards reaching the country, regional and global immunization targets
- ◆ To improve the integration of essential services along the life course to generate demand, and to strengthen routine immunization services and improve coverage

### Outcomes

All countries agreed that they would need an abridged version of the RED guide for the Health facility level. . The next steps were identified by all used to guide and to strengthen the sessions.

At the end of the workshop,

- ◆ all countries have developed their next steps to advance the draft adapted guidelines & shared their draft country RED guidelines for review by facilitators.
- ◆ It was agreed that the WHO IST will monitor the finalization of the Draft country Revised RED guide documents through regular follow up as per the country plan. Majority of countries intend to finalize adaptation between Oct- November but few by January (Zam)
- ◆ The countries intend to adapt the tools at Health facility level that suits their local situation; will conduct stakeholder meetings to endorse the draft adapted guide and to allow inputs and further consultation by all relevant units prior to finalization.

## Subregional Working Group for Eastern and Southern countries, Nairobi: 25-26 May 2018

### Highlights

The first semi-annual face-to-face meeting in 2018 of the Regional Working Group (RWG) for Eastern and Southern Africa took place in Nairobi, Kenya from 25 to 26 May 2018. The one-and-half day meeting was attended by Gavi alliance member agencies from regional and global levels. Topics discussed included among others:

- ⇒ status of **implementation of the recommendations from the last RWG meeting** in November 2017 and key outcomes from the March 2018 EPI Managers' meeting , status of implementation of activities to attain set milestones in their 2017 TCA plans by core and extended alliance partners (UNICEF, WHO, JSI and CDC) .
- ⇒ outcomes of the meeting organized by WHO/AFRO to **discuss access by MIC countries** to affordable vaccines with the participation of immunization and other key stakeholders,
- ⇒ **Quality of the Joint Appraisal (JA) process in the region** since it started in 2015 with observation of progressive improvement. However, there is still lack of improvement in the preparatory phase, lack of engagement by relevant in-country stakeholders and poor govt ownership of the process in some of the countries.
- ⇒ The concern about the **continued stagnation in routine immunization coverage in the region** and low coverage of MCV2 in most of the countries it was introduced with main challenges being limited government ownership and political commitment, low community awareness and engagement and inadequate human and financial resources amongst other factors,
- ⇒ The classification by WHO and CDC/Atlanta, of **countries based on maturity grids**, which allows for the prioritization of countries for technical support by the agencies. The working group urged other partners to embark on similar classification of countries and explore ways for harmonization.
- ⇒ The recently updated **WHO Immunization Repository**, which stores data and information across the various aspects of the program, making it easy for partners to access and use data for planning and monitoring of core program performance indicators.
- ⇒ a proposed set of **roles/deliverables that the Alliance Coordination Team (ACT) expects of the RWGs** with the objective of further strengthening the groups' technical assistance to countries was presented for feedback.

### Outcomes

The one-and-half day meeting ended with the suggestion of practical and feasible actions that have clear responsibilities and timelines to address most of the challenges to program performance identified.

- ◇ Measures to strengthen the JA processes and improve its outcomes were suggested (use of pré JA lists, development of draft zero before the JA, participation of relevant stakeholders....)
- ◇ The Working Group to improve the TCA planning, implementation and monitoring process through (share point of annual work plans, attendance to monitoring TC's...)
- ◇ Coordinate, monitor and provide additional technical support to improve the CEF planning processes in Lesotho, Rwanda & Tanzania through:
- ◇ RWG members to familiarize themselves with and regularly update the RWG Dashboard on the WHO Immunization Repository platform and use appropriate aspects to regularly monitor and guide TA to countries for improving their program performance
- ◇ Field joint missions to priority countries as part of efforts to strengthen programs

The implementation of the actions will be rigorously monitored by the RWG through TCs and f2f meetings

Highlights

A view of participants at the retreat

Highlights

Vaccine effectiveness (VE) against rotavirus hospitalizations during the first year of life in Sub-Saharan Africa

Country	Vaccine – Year intro	VE (95% CI)
Botswana	RV1 – 2012	52 (8-75)
South Africa	RV1 – 2009	54 (32-68)
Tanzania	RV1 - 2013	56 (-2-81)
Burkina Faso	RV5 - 2014	58 (10-81)
Rwanda	RV5 - 2012	65 (-80-93)*
Malawi	RV1 – 2012	71 (34-87)
Ghana	RV1 – 2012	78 (2-95)**

\*Vaccine administered at ~10, 14, 18 weeks; \*\*Any dose  
 Groome et al, Lancet ID, 2014; Bar-Zeev et al, CID, 2016; Gastanaduy et al, CID, 2016; Anmah et al, CID, 2016; Tate et al, CID, 2016; Abelo et al, JD, 2017; Bonkougou et al, Vaccine, 2017

Highlights

In 2009, the World Health Organization (WHO) recommended use of rotavirus vaccine in all countries globally, particularly those with high mortality due to diarrhea. Following this recommendation, South Africa, a middle-income country, became the first country in WHO’s African Region to introduce rotavirus vaccine into its national immunization program in 2009.

By the end of 2017, a total of 32 (68%) of 47 countries in the African Region had introduced rotavirus vaccine into their national immunization programs, including 27 countries that received financial support from Gavi.

It is estimated that 135,000 rotavirus hospitalizations and 21,000 rotavirus deaths in children <5 years of age were estimated to have been prevented in the 29 African countries that introduced rotavirus vaccine into their national immunization programs.

Highlights

If all countries in Africa introduced rotavirus vaccine into their national immunization programs at vaccine coverage levels similar to other routine infant immunizations, an estimated 273,000 rotavirus hospitalizations and 47,000 rotavirus deaths could be prevented annually, Shah MP, Tate JE, Mwenda JM, Steele AD, Parashar UD. Estimated reductions in hospitalizations and deaths from childhood diarrhea following implementation of rotavirus vaccination in Africa. Expert Rev Vaccines. 2017;16:987-95

Several early introducing African countries including South Africa, Ghana, Rwanda, Malawi, Botswana, Tanzania, Togo, Zambia, and Zimbabwe, have previously evaluated the impact, vaccine effectiveness, and/or cost effectiveness of their routine rotavirus vaccination programs. Under conditions of routine use, rotavirus vaccine was 52-78% effective against rotavirus hospitalization during the first year of life. Mwenda et al, In Press, Vaccine July 2018

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