World Health Organization
ETHIOPIA COUNTRY OFFICE

Strengthening Routine Immunization in ETHIOPIA

Progress in 2014

OVERVIEW

The Routine Immunization programme in Ethiopia has shown progressive expansion since its inception in 1980. Coverage rose from 52% in 2003 and reached a peak of 86% in 2010.

The initiation of the Health Extension Program at community level, implementation of the reaching every district (RED) approach with support from partners contributed significantly to the success registered in the immunization program. The country was able to successfully introduce additional antigens such as Hib-HepB, PCV 10 (Pneumococcal conjugate Vaccine) and Rota Virus vaccine in 2007, 2011 and 2013 respectively.

However EPI coverage stagnated between 83 – 86% for three successive years after 2010. A national coverage survey conducted in 2012 indicated a pentavalent 3 coverage of 65%. The Government with support from WHO and partners developed a national immunization improvement plan covering the period 2014-2015, with the objective of reducing the number of unimmunized children by 10% every year, reaching 90% coverage in every region and 80% in all zones by end of 2015.

KEY ACHIEVEMENTS

Establishment of a Strong EPI Case Team

The FMOH completed a restructuring exercise in 2013. An EPI team was designated with 8 experts and a Coordinator in late 2013. WHO played a key advocacy role for the success of the restructuring and supported the newly established case team by assigning a Direct Technical Assistant to work closely with the team. In February 2014, WHO Country Office with support from IST/ESA, organized an induction course for the new EPI case team in of the FMOH. The course was followed by a two day retreat involving partners to discuss the annual work plan with focus on moving the routine EPI improvement plan forward.

FIGURE_1

Induction course for FMoH EPI team and EPI retreat (FMoH, WHO, and partners) – Debre Zeit, February 2014

Focused Support to Poor Performing Zones:

51 zones were selected based on numbers of unimmunized children and reports of measles outbreaks Technical assistants were assigned for each zone and WHO contributed 25 TAs (including 10 under the WHO-CDC START project). One week training on immunization and surveillance was facilitated by WHO for all Technical Assistants. The proportion of zones achieving at least 80% coverage increased from 29% in 2013 to 48% in 2014 (Figure 1).

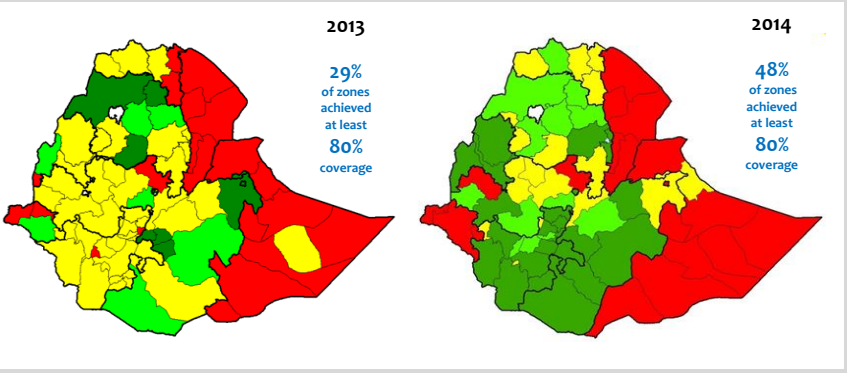

FIGURE_2

EPI performance at zonal level, 2013 and 2014

Cold Chain and Vaccine Management Support

Emphasis was given to improve the cold chain and vaccine management based on the findings of the national cold chain inventory and effective vaccine management assessment which were largely funded and technically supported by WHO. To date, more than 1,200 Solar Direct Drive refrigerators, 17 cold-rooms, 415 ice lined refrigerators and a number of vaccine carriers have been procured. More than 10,000 continuous temperature monitoring devices were distributed and rapid cold chain maintenance campaigns were

implemented. The vaccine requisition form was also standardized in order to improve proper stock management at all levels.

Capacity building

To enhance the capacity of health workers, the immunization in practice guideline was revised and standardized. Training of trainers was given for all WHO field officers in November 2014 and trainings were cascaded in nine zones where more than 900 EPI focal persons working in health centers were trained.

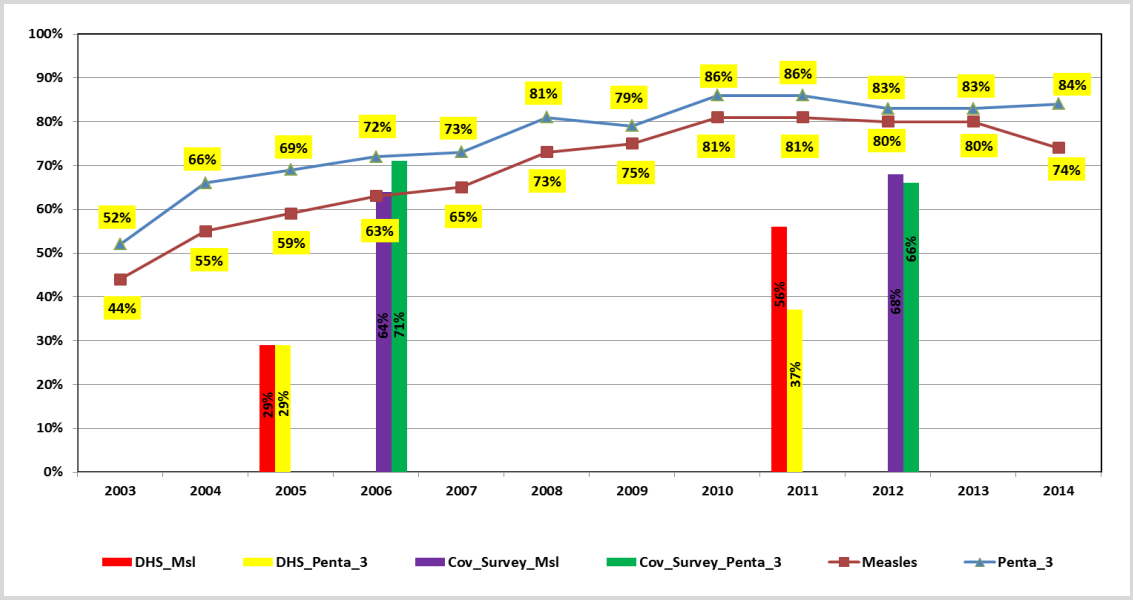

FIGURE_3

National EPI coverage – ETHIOPIA, 2003 – 2014*
(* 82% completeness of reporting in 2014)

Meningitis A Vaccine Introduction

The country introduced MenAfrivac® for individuals between 1-29 years of age in a phased approach starting in 2013. The second phase of the campaign was conducted in October 2014 targeting a total of 26,904,650 individuals in three regions achieving coverage of 97.3%.

FIGURE_4

Launching of rotavirus vaccine introduction by HE Dr Kesetebirhan Admassu, Minister of Health

Rotavirus Vaccine Introduction in Somali Region

The national launching of Rotavirus vaccine introduction was held on 7 November 2013. Somali Region introduced the vaccine in August 2014 due to engagement of the region in intensive polio outbreak response activities.

Supporting Program Management and Coordination

The WCO organized and financially supported four quarterly review meetings in 2014 with the FMOH, to review EPI and surveillance performance with regional counter parts in the presence of all EPI partners. Additionally, EPI review meetings were supported at regional level and in 7 poorly performing zones where woreda EPI officers reviewed their performance chaired by Heads of zone health departments.

FIGURE_4:

MenAfrivac ® vaccination session at a high school - Shebedino *Woreda*, October 2014

KEY CHALLENGES

- **High staff turnover at all levels; inadequate skill capacity**
- **Persistent low routine EPI coverage in pastoralist regions**
- **Lack of timely data submission on routine EPI performance**

PRIORITIES for 2015

- **Continue support to the routine immunization improvement plan implementation and monitoring**
- **Continue intensified polio eradication efforts with emphasis on further strengthening of surveillance and routine EPI**
- **Measles elimination: implement a wide age group SIA**
- **New vaccine introduction: IPV, HPV, Men A (phase 3)**
- **Strengthening data management at national level**

Polio Legacy Planning

Documentation of polio assets and their contribution to the health system was done with support from AFRO and participation of Government and partners. Financial resources from the GPEI was utilized to support capacity building at operational level. A total of 8 SIAs, including one NID were conducted in 2014 and used as an opportunity for routine EPI strengthening including through high level advocacy at all levels. The surge human resources involved in the outbreak response were trained on routine EPI and their TOR expanded to address routine EPI.

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