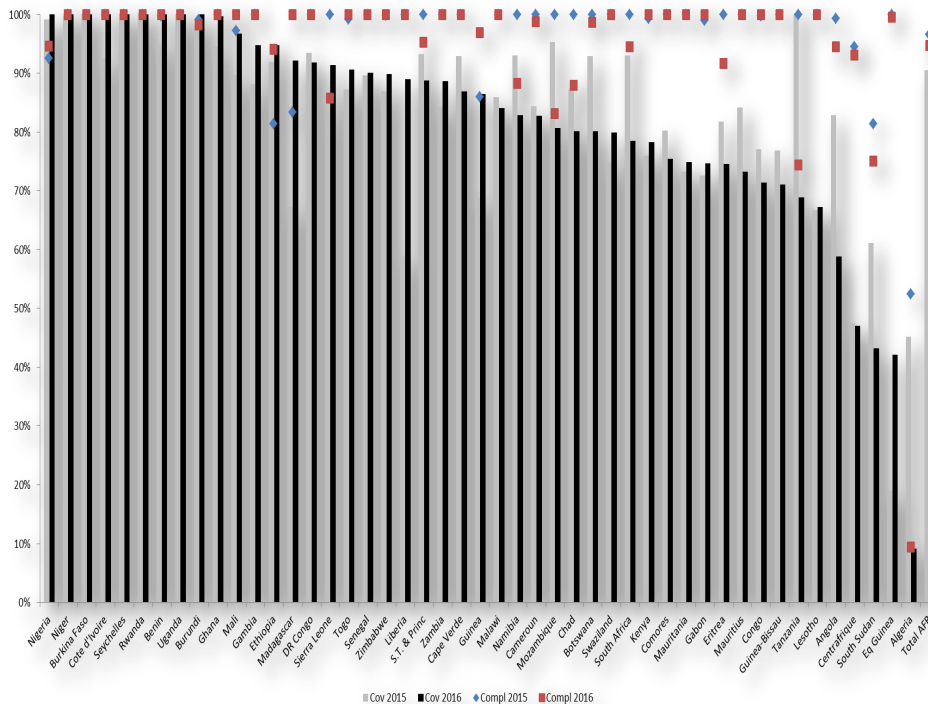


MONTHLY IMMUNIZATION AND POLIO UPDATE IN THE AFRICAN REGION

January– February 2017 (Vol 5 issue N° 1)

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



Highlights

Data reported in this issue cover the period January– December 2016 compared to data for the same period in 2015.

Regional data completeness was 95% in 2016 vs 97% for the same period in 2015.

Algeria, Tanzania and South Sudan reported completeness < 80% while 4 (Chad, Sierra Leone, Mozambique and Namibia) reported completeness < 90%.

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

A total of 19 countries reported a coverage for DTP3 containing vaccine ≥ 90% with 6 of them reporting coverage > 100% (Burkina Faso, Cote d'Ivoire, Niger, Nigeria, Rwanda, Seychelles).

As per previous years, the same 4 countries (Algeria, CAR, Equatorial Guinea, & South Sudan) reported coverage < 50%. The situation in Algeria will change once all data are received.

Drop out rate between 1st dose of DTP1– and measles containing vaccines was maintained at 9% for the region despite rates > 20% in CAR, Equatorial Guinea, Gabon and Liberia.

17 countries reported having achieved coverage ≥ 80% in more than 80% of districts.

Number of children vaccinated with DTP3 containing vaccine and 1st dose of measles by country Jan-Dec 2016

Country	DTP3	MCV1	Country	DTP3	MCV1
Nigeria	7 400 632	7 357 303	Sierra Leone	236 480	218 151
DR Congo	3 096 990	2 999 031	South Sudan	184 387	214 742
Ethiopia	2 697 021	2 605 010	Congo	147 190	137 514
Uganda	1 598 124	1 451 101	Liberia	143 092	124 683
Tanzania	1 337 959	1 280 188	Mauritania	113 628	110 088
Kenya	1 185 244	1 131 689	Algeria	90 620	79 793
Ghana	1 059 515	1 022 990	Centrafrique	72 311	74 857
South Africa	774 273	968 298	Gambia	73 758	71 766
Niger	929 006	906 163	Eritrea	77 093	66 763
Mozambique	832 931	814 879	Namibia	63 759	57 095
Madagascar	750 841	807 390	Guinea-Bissau	43 319	45 202
Cote d'Ivoire	868 264	789 162	Botswana	41 158	43 563
Burkina Faso	769 690	747 108	Gabon	48 296	41 660
Mali	691 199	666 120	Lesotho	34 995	31 443
Cameroun	706 069	649 102	Swaziland	25 959	22 407
Zambia	606 771	618 329	Comores	16 670	16 938
Angola	644 840	603 301	Eq Guinea	14 688	11 905
Malawi	570 776	552 153	Mauritius	9 489	10 519
Senegal	477 991	476 619	Cape Verde	9 122	8 051
Zimbabwe	400 823	409 538	S.T. & Princ	4 984	4 752
Chad	419 568	391 577	Seychelles	1 569	1 521
Guinea	376 409	382 631	Sub total IST CA	5 515 234	5 266 558
Benin	396 215	379 166	Sub total IST ESA	11 558 350	11 440 296
Burundi	360 298	352 859	Sub total IST WA	13 941 378	13 649 415
Rwanda	348 508	336 730	Total AFR	31 014 962	30 356 269
Togo	262 438	264 419			

Highlights

From January to December 2016, of a target population of 34.8 million surviving infants, an estimated 31 and 30.4 million children were vaccinated with three doses of DTP containing vaccine and first dose of Measles containing vaccine respectively.

A total of 29 countries reported an increase in the number of children vaccinated with the third dose of DTP containing vaccine. A significant increase (>75,000) was noted in 6 countries (Nigeria, Democratic Republic of Congo, Cote d'Ivoire, Ethiopia, Guinea, Madagascar).

Meanwhile, a huge decrease in the number of children vaccinated (>100,000) during this period was observed in Algeria, Burundi, Mozambique, South Africa and Tanzania. An estimated number of 4.4 million children were under vaccinated with 3rd dose of DTP containing vaccine.

The ongoing peer review workshops will contribute to having more cleaned data for the year 2016.

Reported country immunization coverage per antigen Jan-Dec 2016 vs 2015

Country	Completeness		Coverage																		Drop out rate DTP1-DTP3		DTP3 Containing vaccine districts performance (%)								Number of not vaccinated			
			BCG		OPV3		3rd dose DTP containing vaccine		YF		MCV1		TT2+		Pneumo3		Rota Last		<50%				50-79%		80-89%		>=90%		With DTP3		With MCV1			
	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016				
Angola	99%	94%	73%	37%	85%	58%	83%	59%	74%	38%	83%	55%	68%	45%	75%	54%	66%	51%	15%	15%	15%	31%	30%	44%	11%	10%	44%	15%	167 371	450 297	165 368	491 836		
Burundi	99%	98%	85%	81%	98%	98%	98%	100%	NA	NA	94%	98%	68%	62%	23%	99%	NA	99%	6%	0%	0%	0%	11%	13%	18%	22%	70%	64%	6 550	0	22 267	7 378		
Cameroun	100%	99%	74%	69%	83%	81%	84%	83%	77%	76%	79%	76%	62%	59%	85%	82%	73%	78%	8%	8%	4%	4%	28%	35%	26%	18%	41%	43%	130 400	147 621	176 906	204 588		
Centrafrique	94%	93%	56%	57%	46%	45%	47%	47%	45%	45%	50%	49%	46%	43%	42%	48%	NA	NA	31%	32%	53%	50%	40%	40%	0%	3%	7%	7%	79 075	81 277	74 951	78 731		
Chad	100%	88%	96%	75%	84%	73%	87%	80%	79%	65%	82%	75%	93%	86%	NA	NA	NA	NA	14%	12%	12%	19%	30%	39%	13%	11%	45%	31%	67 640	104 068	97 040	132 059		
Congo	100%	100%	76%	80%	77%	71%	77%	71%	72%	59%	76%	67%	80%	71%	78%	67%	74%	64%	8%	6%	0%	10%	60%	61%	33%	22%	7%	7%	42 947	58 851	44 937	68 527		
Eq Guinea	100%	100%	38%	53%	30%	39%	19%	42%	NA	0%	28%	34%	23%	30%	NA	NA	NA	NA	32%	19%	100%	72%	0%	17%	0%	6%	0%	6%	28 248	20 165	24 970	22 948		
Gabon	99%	100%	72%	76%	72%	74%	73%	75%	61%	64%	61%	64%	53%	55%	NA	NA	NA	NA	7%	10%	20%	22%	37%	39%	12%	10%	31%	29%	19 015	16 408	26 766	23 044		
RDC	100%	100%	86%	92%	91%	86%	93%	92%	88%	79%	91%	89%	91%	89%	86%	90%	NA	NA	6%	6%	2%	1%	15%	23%	27%	21%	56%	56%	209 348	275 104	282 345	373 063		
S.T. & Princ	100%	95%	90%	85%	93%	89%	93%	89%	80%	84%	89%	85%	71%	72%	93%	89%	NA	NA	-2%	-2%	0%	0%	0%	14%	29%	14%	71%	71%	400	634	672	866		
Sub total IST CA	100%	98%	82%	76%	87%	79%	88%	83%	82%	68%	86%	79%	79%	73%	79%	81%	70%	68%	9%	8%	11%	11%	25%	31%	20%	17%	44%	41%	750 993	1 154 424	916 221	1 403 039		
Algeria	52%	9%	40%	6%	45%	9%	45%	9%	NA	NA	42%	8%	0%	0%	NA	NA	NA	NA	4%	-6%	23%	100%	35%	0%	13%	0%	29%	0%	541 399	897 140	568 839	907 967		
Benin	100%	100%	99%	102%	95%	100%	95%	100%	90%	91%	90%	96%	72%	77%	37%	100%	NA	NA	7%	7%	0%	0%	9%	12%	41%	23%	50%	65%	20 139	0	38 540	16 123		
Burkina Faso	100%	100%	104%	106%	105%	105%	105%	103%	58%	103%	102%	81%	82%	104%	105%	104%	105%	3%	3%	0%	2%	2%	11%	3%	2%	95%	86%	0	0	0	0	2 451		
Cape Verde	100%	100%	94%	62%	93%	91%	93%	87%	NA	NA	91%	77%	64%	68%	NA	NA	NA	NA	-2%	1%	0%	7%	12%	27%	18%	20%	71%	47%	741	1 380	942	2 451		
Cote d'Ivoire	100%	100%	77%	96%	89%	97%	92%	103%	57%	86%	81%	94%	81%	87%	82%	101%	NA	NA	6%	2%	0%	0%	11%	5%	32%	0%	57%	95%	63 543	0	159 610	50 128		
Gambia	100%	100%	88%	97%	88%	94%	88%	95%	87%	93%	91%	92%	53%	71%	90%	95%	88%	94%	5%	5%	0%	0%	0%	0%	57%	43%	43%	57%	9 221	4 062	7 224	6 054		
Ghana	100%	100%	94%	105%	96%	99%	95%	100%	95%	86%	93%	96%	65%	64%	95%	100%	93%	97%	2%	2%	0%	0%	19%	14%	16%	11%	64%	75%	57 472	3 421	74 576	39 946		
Guinea	86%	97%	69%	87%	68%	80%	69%	86%	70%	85%	71%	88%	63%	83%	NA	NA	NA	NA	11%	7%	17%	3%	51%	34%	23%	21%	9%	42%	135 618	59 007	127 389	52 785		
Guinea-Bissau	100%	100%	89%	85%	76%	72%	77%	71%	72%	67%	76%	74%	27%	40%	NA	NA	NA	NA	14%	19%	0%	0%	55%	73%	18%	18%	27%	9%	14 120	17 643	14 671	15 760		
Liberia	100%	100%	69%	88%	59%	90%	59%	89%	51%	70%	57%	78%	62%	69%	55%	88%	NA	46%	15%	9%	27%	0%	60%	20%	7%	13%	7%	67%	66 149	17 749	69 841	36 158		
Mali	97%	100%	106%	115%	91%	95%	90%	97%	84%	92%	86%	93%	63%	69%	77%	97%	33%	79%	12%	12%	8%	5%	19%	8%	33%	19%	40%	68%	73 897	23 040	98 447	48 119		
Mauritania	100%	100%	85%	87%	67%	72%	73%	75%	NA	NA	70%	73%	37%	35%	71%	73%	56%	75%	15%	14%	13%	9%	56%	58%	13%	11%	18%	22%	40 653	38 100	45 611	41 640		
Niger	100%	100%	110%	117%	99%	104%	100%	106%	96%	98%	99%	104%	NA	NA	82%	102%	78%	97%	7%	6%	0%	0%	25%	11%	20%	11%	55%	77%	1 573	0	9 290	0		
Nigeria	93%	95%	95%	103%	98%	107%	99%	108%	94%	105%	95%	107%	57%	61%	21%	57%	NA	NA	7%	7%	2%	4%	17%	8%	16%	9%	65%	79%	55 831	0	359 951	0		
Senegal	100%	100%	89%	91%	90%	88%	90%	90%	NA	84%	87%	90%	55%	60%	90%	90%	84%	89%	4%	4%	1%	2%	27%	29%	21%	23%	51%	46%	55 050	52 696	70 990	54 068		
Sierra Leone	100%	86%	93%	78%	84%	96%	84%	91%	88%	76%	154%	84%	101%	71%	84%	83%	81%	87%	10%	-3%	7%	7%	21%	43%	43%	14%	29%	36%	41 712	22 145	0	40 474		
Togo	99%	100%	86%	80%	90%	90%	87%	91%	84%	88%	84%	91%	77%	84%	86%	91%	84%	91%	4%	4%	0%	0%	17%	3%	46%	35%	37%	63%	37 106	26 993	46 338	25 012		
Sub total IST WA	95%	95%	91%	96%	91%	95%	92%	96%	86%	95%	89%	94%	63%	67%	50%	76%	78%	90%	7%	6%	3%	3%	21%	13%	19%	11%	57%	72%	1 214 224	1 163 376	1 692 259	1 336 685		
Botswana	100%	99%	90%	81%	86%	80%	93%	80%	NA	NA	89%	85%	61%	56%	83%	79%	81%	73%	8%	17%	0%	8%	25%	29%	4%	8%	71%	54%	3 640	10 232	5 713	7 827		
Comores	100%	100%	73%	75%	65%	75%	80%	75%	NA	NA	81%	77%	0%	0%	NA	NA	NA	NA	1%	9%	0%	6%	41%	47%	6%	24%	53%	24%	4 253	5 437	4 161	5 169		
Eritrea	100%	92%	83%	68%	82%	75%	82%	75%	NA	NA	78%	65%	0%	0%	NA	NA	NA	72%	5%	-1%	9%	33%	43%	29%	9%	7%	40%	31%	18 342	26 374	22 135	36 704		
Ethiopia	81%	94%	86%	88%	85%	88%	92%	95%	NA	NA	88%	92%	NA	NA	94%	97%	89%	92%	5%	5%	11%	6%	36%	34%	16%	23%	38%	36%	230 323	149 293	329 495	241 304		
Kenya	99%	100%	70%	72%	72%	76%	76%	78%	1%	2%	76%	75%	44%	48%	69%	78%	67%	74%	7%	6%	8%	9%	61%	57%	18%	16%	13%	18%	363 581	329 731	362 615	383 286		
Lesotho	100%	100%	74%	68%	65%	65%	67%	67%	NA	NA	66%	60%	7%	64%	NA	NA	NA	NA	3%	3%	10%	10%	90%	80%	0%	10%	0%	0%	17 394	17 025	17 620	20 577		
Madagascar	83%	100%	64%	91%	69%	90%	67%	92%	NA	NA	65%	99%	8%	52%	67%	91%	64%	89%	11%	7%	13%	1%	55%	11%	21%	29%	11%	59%	271 621	64 061	288 879	7 512		
Malawi	100%	100%	90%	86%	86%	83%	86%	84%	NA	NA	85%	81%	56%	57%	88%	83%	86%	81%	5%	6%	4%	0%	21%	39%	29%	25%	46%	36%	95 274	108 376	103 884	128 999		
Mauritius	100%	100%	82%	85%	85%	74%	84%	73%	NA	NA	87%	81%	61%	64%	NA	NA	NA	81%	-3%	13%	0%	10%	10%	60%	80%	20%	10%	10%	2 045	3 461	1 715	2 431		
Mozambique	100%	83%	101%	86%	94%	78%	95%	81%	NA	NA	89%	79%	0%	65%	93%	80%	NA	NA	9%	7%	2%	5%	11%	40%	12%	26%	75%	28%	47 389	200 143	114 424	218 195		
Namibia	100%	88%	95%	86%	93%	82%	93%	83%	NA	NA	86%	74%	10%	NA	NA	82%	NA	84%	6%	6%	0%	0%	15%	35%	24%	32%	62%	32%	5 372	13 223	10 787	19 887		
Rwanda	100%	100%	100%	104%	101%	101%	101%	101%	NA	NA	102%	98%	75%	96%	100%	101%	102%	104%	2%	3%	0%	0%	3%	0%	17%	23%	80%	77%	0	0	0	7 003		
Seychelles	100%	100%	105%	259%	101%	102%	101%	102%	100%	101%	99%	99%	NA	NA	NA	NA	NA	NA	-1%	3%	7%	13%	36%	20%	0%	13%	57%	53%	0	0	21	20		
South Africa	100%	95%	85%	86%	93%	62%	93%	79%	NA	NA	96%	98%	NA	NA	93%	84%	93%	88%	1%	6%	0%	2%	21%	73%	38%	13%	40%	12%	72 592	211 671	41 093	17 646		
South Sudan	81%	75%	64%	50%	62%	41%	61%	43%	NA	NA	69%	50%	46%	36%	NA	NA	NA	NA	17%	24%	42%	59%	20%	28%	13%	5%	25%	7%	165 951	242 278	132 790	211 923		
Swaziland	100%	100%	59%	71%	74%	80%	75%	80%	NA	NA	71%	69%	49%	66%	NA	80%	NA	76%	4%	5%	0%	0%	100%	75%	0%	25%	0%	0%	8 481	6 519	9 743	10 071		
Tanzania	100%	74%	146%	90%	109%	65%	111%	69%	NA	NA	117%	66%	114%	64%	109%	68%	112%	70%	7%	7%	0%	2%	12%	77%	12%	11%	76%	10%						

2nd meetings of the Technical Coordinating Committee and Steering Committee of AVAREF, Zanzibar : 20-24 February, 2017



2nd meetings of the Technical Coordinating Committee and Steering Committee of the African Vaccine Regulatory Forum (AVAREF), 20-24 February 2017, Zanzibar, United Republic of Tanzania

Highlights

Development of vaccines and other health products is now increasingly focusing on African who have high disease burdens of the target diseases. Clinical trials of medicines, vaccines and diagnostics therefore tend to focus on countries of the AFR. The AVAREF was established to promote development of vaccines and medicines, through strengthen ethics and regulatory approvals and oversight of clinical trials.

The TCC and SC of AVAREF met for the second time to review and endorse a strategic plan for AVAREF for 2017-2020, a model for joint review of clinical trials, common timelines for the review and authorization of clinical trials by National Regulatory Authorities (NRAs) and Ethics Committees (ECs) and an annual work plan for AVAREF. The SC endorsed the model for joint review, timeline for reviews of clinical trials and a work-plan for 2017.

The meeting also offered an opportunity for key partners from Centre for Biologics Evaluations and Research (CBER- FDA), Health Canada, European Developing Countries Clinical Trials Partnership (EDCTP), Drugs for Neglected Diseases Initiative (DNDi), Paul Ehrlich Institute of Germany, the Bill and Melinda Gates Foundation, the African Medicines Harmonization Initiative to present their plans and areas of collaboration with AVAREF.

Pre-AVAREF Consultation with regulators of pilot countries for Mosquirix®, new malaria vaccine, 18-19 February 2017, Zanzibar.

The new malaria vaccine Mosquirix®, was tested in clinical trials in 57 countries of the WHO AFR. In July 2015 the vaccine, received a positive regulatory scientific opinion from the European Medicines Agency (EMA), under its Article 58 procedure. WHO recommends initial introduction in 3 - 5 epidemiological settings, at subnational levels as pilot implementation projects. The main purposes would be to assess the feasibility of administering 4 doses in routine vaccination programmes, and to further characterize vaccine safety and impact on child mortality.

AVAREF convened a joint review for clinical trial application of phase 3 of Mosquirix® in 2008 and regulators participated in the EMA Article 58 procedure. AVAREF therefore convened consultation with the regulators of the 3 pilot countries to define pathway for authorization of the vaccine in the pilot implementation projects. Countries agreed on:

- ⇒ Special authorization (not conventional marketing authorization)
- ⇒ Post-licensure surveillance of all AEs
- ⇒ share and meet periodically to review data

Workshop for revitalizing Home Based Records (HBR) , Uganda: 21-24 February 2017



Group picture of participants at the workshop on Home Based Records, Munyonyo, Kampala: 21-24 February 2017



A view of some participants during group work

Highlights

Participants represented 6 African countries, (Cameroon, Ethiopia, Liberia, Nigeria, Uganda and Rwanda), Organizations & Partners: WHO (IST Central Africa, West, East & South, AFRO, HQ), UNICEF, BMGF, JSI, Claro Partners and Salesforce.

During the workshop, an overview presentation was made on the context of HBR globally and in the African region. The six participating countries presented an analysis of their findings of pre-workshop information-gathering on HBR for caregivers, health workers and health administrators.

These presentations were followed by discussions on commonalities and differences. The user centric approach was presented and country teams prioritized needs/challenges for each of the three HBR user-groups, and identified key actions to be implemented for improving HBR. They also prioritized prototype elements to use for the development of new prototypes.

At the end of the workshop, five countries had developed prototypes of HBR and drafted implementation plans with next steps. The workshop facilitators agreed to continue supporting countries after the workshop, through finalization, pretesting and endorsement of the revised HBR.

Highlights

Home-based records are a simple and effective way to capture an individual's vaccination status. Unfortunately, the ability of HBRs to fulfill their primary function is often compromised as a result of shortages or stock outs at health facilities, illegible or improperly completed records, loss/damage of the record itself, or a lack of importance placed on these documents by healthcare workers and/or caregivers.

The objective of the workshop organized by WHO AFRO in collaboration with BMGF, UNICEF and other immunization partners was to contribute to the end-to-end improvement of participant countries' home-based records (HBR) for immunization, and the related supply chain, with the aim of improving decision making and increasing vaccination coverage.

The workshop provided an opportunity to apply the principles outlined in the WHO practical guide on home-based records Available at <http://WHO.guidance.on.home-based.records>. It included an exploration of the uses and users of home-based records, the role of design, and hands-on work to build prototypes of improved cards.

Updates on Polio Eradication Initiative

AFP surveillance indicators, 2016 (as of week 52, 2016)

IST	AFP cases reported	Annualized NP- AFP Rate	% 2 Stools within 14 days
Central	3977	5.3	90%
West	21996	13.2	97%
South-East	6285	3.6	89%
Regional	32258	7.8	95%

cVDPV and WPV cases reported in the Region

2016 & 2017 cVDPV:

No new cVDPV case has been reported this week

The date of onset of latest case was 28th October 2016 (Nigeria)

2016 & 2017 WPV:

No new wild poliovirus case has been reported this week:

The date of onset of latest case was 21st August 2016 (Nigeria)

Wild poliovirus cases 2015-2016

2015

2016

COUNTRY	W1	W3	W1+W3	Total	COUNTRY	W1	W3	W1+W3	Total
					NIGERIA	4	0	0	4
NIGERIA	0	0	0	0	TOTAL AFR	4	0	0	4
TOTAL AFR	0	0	0	0					

Highlights

At Regional level

2016 data: As of 6th March 2017, four WPV1 cases were reported in the African region from only one country (Nigeria). No WPV case has been reported in 2017.

At Global level

2016 data: Thirty-seven wild polioviruses (WPV) cases were reported from 3 endemic countries and 0 cases from non-endemic countries. With 4 out of 37 cases, AFR accounts for 11% of WPV cases reported globally

2017 data: Three WPV cases were reported from 2 endemic countries and none from non-endemic countries. No WPV case was reported from AFR (WHO/HQ, 6th March 2017).

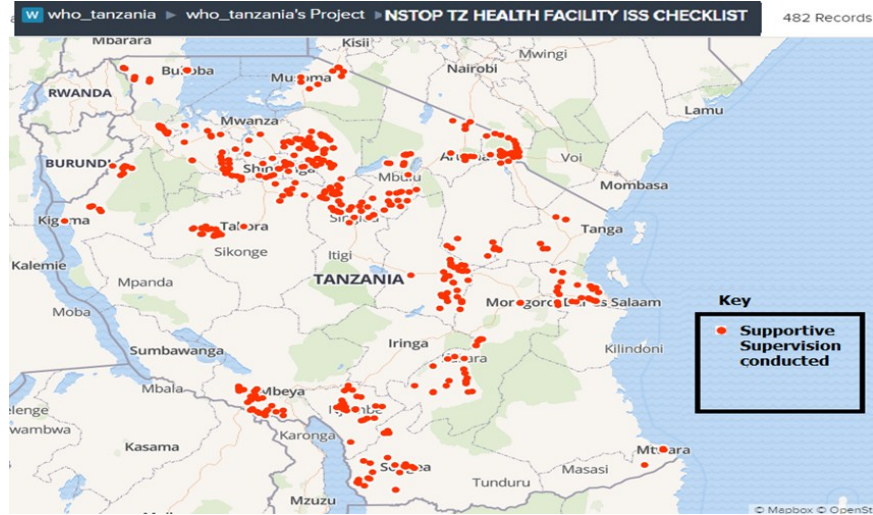
AFP surveillance

2016 Data: 42 out of 47 (89%) countries achieved the recommended operational Non polio AFP rate of at least 2/100,000. (Data source – WHO/AFRO, 2016, last update 6th March 2017).

Distribution of cVDPV and aVDPV cases by serotype in AFR, 2012-2016

Serotype Classification	2014			2015			2016			Total									
	type 1		type 2	type 1		type 2	type 1		type 2	type 1		type 2							
	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV							
CAMEROON												0	0	0	4	0	0		
CHAD						1							0	0	2	4	0	12	
DRC			1			2				1			1	0	3	0	0	17	
ETHIOPIA			1			1							0	0	3	0	0	0	
GUINEA				1				7					0	0	0	8	0	0	
KENYA													0	0	0	0	0	3	
MADAGASCAR	1				1	10							1	11	0	0	0	0	
NIGER													0	0	0	1	0	0	
NIGERIA			2	30			1			1		1	1	0	6	37	0	8	
UGANDA			1										0	0	1	0	0	0	
SOUTH SUDAN				2			1						0	0	1	2	0	0	
TOTAL	1	5	33		1	10	5	8		2		1		3	11	16	55	0	40

Innovations and Accountability using geographic Information System (GIS)



Real-time Map of Supportive visits to Health Facility by STOP Team members in Tanzania using the platform

Highlights

Examples of scenarios elucidating these real-time data:

A staff member goes to supervise environmental surveillance in far away Somali region in Ethiopia and the moment he collects the sample sewage, the EPI focal person in Addis Ababa is alerted via email, the Environmental focal person in the Regional office Brazzaville is alerted with all the information for the sewage collection with the map displaying the location.

Another scenario is a staff in Nigeria visits a health facility for supportive supervision and notes that an AFP/Measles case was missed and that there is no BCG for immunization. The system automatically issues an email to the surveillance officer on the surveillance gap and another alert to the Vaccine logistics local group on the vaccine stock out at that level.

Other focus areas for the GIS Centre include expanding AFP surveillance case notifications through community informants, **Auto Visual AFP detection and Reporting (AVADAR)**, eSurv for tracking visits to Health facilities for surveillance and routine immunization and accountability assurance using maps.

Highlights

Polio Eradication Programme (PEP) setup a GIS Centre for the African Regional Office (AFRO) in February 2017 to add the "geography" and 'real-time' to the day to day data collection with intrinsic accountability of staff at the core.

Adding Geography simply means spatially representing core activities like AFP surveillance, environmental surveillance, active case search, supplemental immunization and supportive supervision .

The real-time data collection synergized with "live" triggers gives line-managers and supervisors field- awareness of what is going on with focus activities via maps, dashboards, emails and or SMS.

Workshop for compilation and edition of standard Operations Procedures (SOPs) and Key performance Indicators (KPIs) of Accountability Framework for Polio and Immunization, Vaccine & Development programmes in the AFR, Brazzaville: 2-5 March 2017



Workshop for the implementation of accountability framework in East and Southern Africa
Cape Town, 23-25 January 2017

Highlights

The workshop was attended by thirteen Polio and immunization technical staffs in the AFR
Objectives of the workshop were:

- To compile and edit revised SPOs and KPIs for polio and Immunization, Vaccine and Development Programmes of subnational, national and the 3 WHO /AFR sub regions (IST) levels.

- To define tracking tools at IST, national and subnational levels.

During the 4 day meeting, a critical review of the revised SOPs and KPIS focusing on the inputs and additional SPOs and KPIs made by countries, ISTs and AFRO was done. A total of 164 KPIs had been selected by level and by thematic area. Next steps include:

- ◆ Cleaning of SOPs and KPIS consolidated versions
- ◆ Development tracking tools for monitoring staff and programs performance
- ◆ Redaction of the introduction paragraph
- ◆ Printing of the final versions of the SPOs by end March 2017.

Group picture of participants at the Orientation workshop on accountability framework