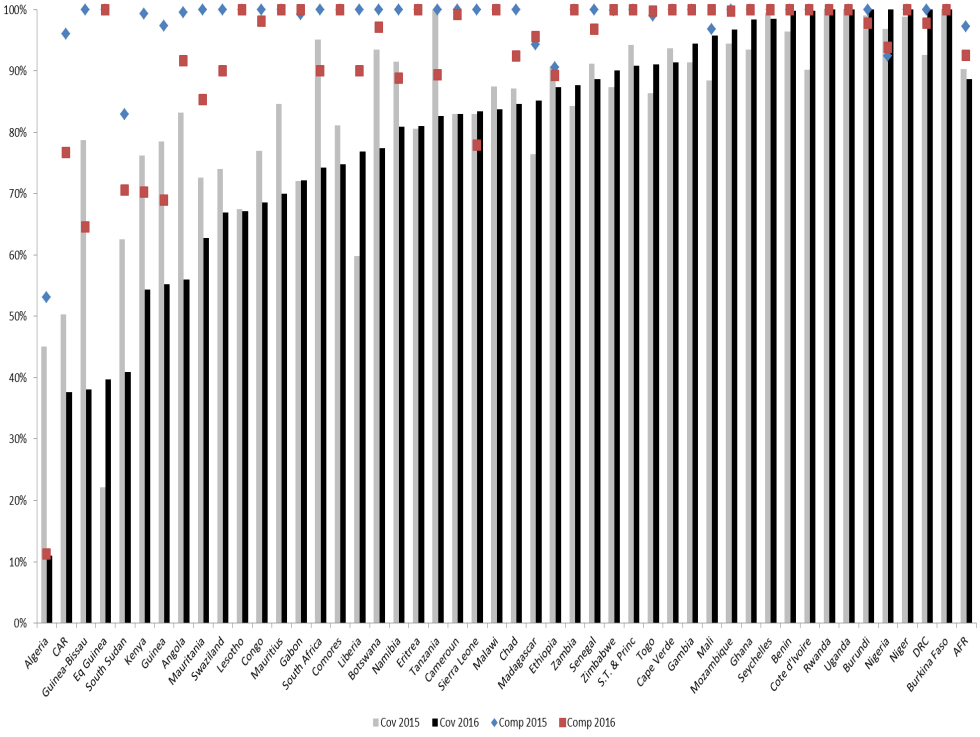
World Health Organization
REGIONAL OFFICE FOR Africa

IMMUNIZATION VACCINE DEVELOPMENT

MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

November– December 2016 (Vol 4, issue N° 7)

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



Highlights

Data reported in this issue cover the period January-October 2016 and is compared to data for the same period in 2015. Regional data completeness was 92% in 2016 vs 97% for the same period last year.

All countries reported a completeness of >80% except for Algeria, Guinea, Guinea Bissau, Kenya, Sierra Leone and South Sudan.

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

A total of 18 countries reported a coverage for DTP3 containing vaccine ≥ 90% with 7 of them reporting coverage >100% (Burundi, Burkina Faso, DRC, Niger, Nigeria, Rwanda, Uganda) as per last month.

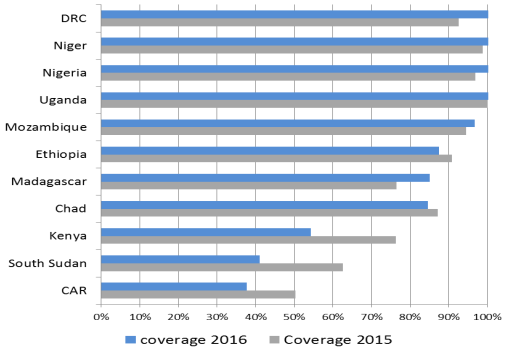
Another 5 countries reported coverage<50% (Algeria, CAR, Equatorial Guinea, Guinea Bissau & South Sudan.

A total of 62% of districts in the region reported coverage ≥ 80%.

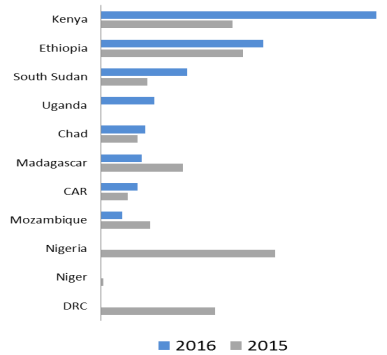
Of a target population of ~ 29 million children, a total of 25. 1 M received their Measles vaccine, leaving ~ 3.9M that have not completed their schedule for the reported period.

Routine Immunization performance for 11 priority countries in the WHO African Region

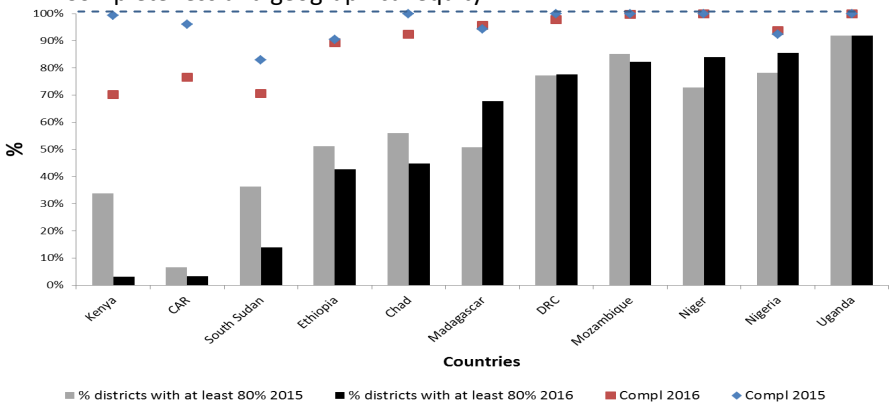
Coverage with Penta 3



Number unvaccinated with Measles 1st dose



Completeness and geographical equity



Highlights

Since June 2016, WHO/AFRO has coordinated monthly teleconferences with partners and 11 priority countries (shown in the graph) to support them in improving various strategic areas of their immunization programmes. Analysis of performance in these countries shows the following:

- Coverage for Penta 3 remained at 100% in Uganda, increased in 5 countries and decreased in 5 others (Chad, CAR, Ethiopia, Kenya, South Sudan), which also have completeness<90% except Chad.
- The number of unvaccinated children with 1st dose of Measles is still too high in Kenya, Ethiopia, South Sudan and Uganda, while DRC, Niger and Nigeria reported having vaccinated all targeted children with this antigen.
- Five countries (DRC, Mozambique, Niger, Nigeria, Uganda) reached Penta 3 coverage ≥ 90%, the GVAP target. However, the percentage of district with at least 80% coverage remained the same in DRC and Uganda, increased in Madagascar, Nigeria, Niger, while it decreased in all other countries.

Those figures still need to be confirmed through country internal data verification mechanisms and coverage surveys.

Source: Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO

Reported country immunization coverage per antigen Jan-October 2016

Country	Completeness		Coverage																Dropout 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	2015	2016
Angola	100%	92%	74%	41%	86%	56%	83%	56%	76%	38%	86%	54%	71%	44%	76%	51%	66%	49%	16%	16%	17%	34%	28%	49%	12%	8%	43%	9%	136 194	401 586	117 219	418 121
Burundi	100%	98%	86%	82%	99%	100%	99%	102%	NA	NA	96%	98%	71%	62%	11%	100%	0%	100%	5%	0%	0%	0%	11%	11%	14%	27%	75%	62%	2 855	0	11 083	6 496
Cameroun	100%	99%	76%	69%	82%	81%	83%	83%	76%	76%	78%	76%	61%	58%	84%	82%	72%	78%	8%	8%	4%	5%	31%	35%	26%	19%	39%	41%	118 252	121 174	153 213	171 243
Centrafrique	96%	77%	60%	45%	49%	36%	50%	38%	49%	35%	54%	38%	50%	35%	44%	39%	NA	NA	31%	33%	40%	63%	53%	33%	0%	0%	7%	3%	62 376	79 838	58 252	79 113
Chad	100%	92%	97%	79%	85%	80%	87%	85%	79%	69%	82%	78%	94%	91%	NA	NA	NA	NA	15%	12%	12%	17%	32%	39%	11%	9%	45%	35%	57 006	67 347	79 944	95 442
Congo	100%	98%	74%	80%	77%	68%	77%	69%	72%	55%	77%	64%	82%	68%	79%	64%	75%	61%	7%	8%	0%	15%	63%	59%	27%	24%	10%	2%	35 886	53 944	36 075	61 591
Eq Guinea	100%	100%	43%	52%	31%	37%	22%	40%	NA	0%	31%	32%	23%	25%	NA	NA	NA	NA	25%	24%	100%	83%	0%	11%	0%	0%	0%	6%	22 602	17 510	20 116	19 885
Gabon	99%	100%	74%	77%	71%	71%	72%	72%	63%	63%	63%	63%	53%	54%	NA	NA	NA	NA	9%	14%	20%	22%	39%	39%	14%	16%	27%	24%	16 183	15 036	21 222	19 707
RDC	100%	98%	87%	100%	91%	83%	93%	106%	88%	81%	91%	103%	90%	87%	84%	87%	NA	NA	7%	7%	2%	0%	21%	22%	23%	21%	55%	56%	196 676	0	248 394	0
S.T. & Princ	100%	100%	90%	89%	94%	91%	94%	91%	82%	89%	92%	89%	68%	75%	94%	91%	NA	NA	-1%	0%	0%	0%	0%	14%	14%	0%	86%	86%	285	427	392	528
IST CA	**100%**	**96%**	**83%**	**81%**	**87%**	**77%**	**88%**	**90%**	**82%**	**69%**	**86%**	**86%**	**80%**	**72%**	**77%**	**78%**	**59%**	**67%**	**9%**	**9%**	**10%**	**12%**	**28%**	**31%**	**18%**	**17%**	**44%**	**40%**	**648 314**	**756 861**	**745 909**	**872 125**
Algeria	53%	11%	41%	8%	45%	11%	45%	11%	NA	NA	43%	10%	0%	0%	NA	NA	NA	NA	1%	-6%	29%	100%	32%	0%	3%	0%	35%	0%	452 182	732 513	471 595	743 340
Benin	100%	100%	101%	102%	97%	100%	96%	100%	92%	92%	92%	95%	73%	76%	27%	100%	NA	NA	7%	6%	0%	0%	14%	11%	34%	23%	53%	66%	11 652	761	26 949	16 362
Burkina Faso	100%	100%	104%	105%	104%	106%	104%	107%	104%	69%	104%	103%	81%	83%	104%	106%	103%	106%	2%	0%	0%	0%	2%	11%	6%	5%	92%	84%	0	0	0	0
Cape Verde	100%	100%	92%	61%	94%	91%	94%	91%	NA	NA	90%	93%	64%	71%	NA	NA	NA	NA	-6%	-5%	0%	0%	12%	20%	18%	27%	71%	53%	552	753	853	649
Cote d'Ivoire	100%	100%	75%	97%	87%	93%	90%	100%	50%	80%	79%	89%	78%	85%	78%	98%	NA	NA	8%	3%	0%	0%	20%	5%	34%	9%	46%	87%	68 533	1 259	144 125	80 339
Gambia	100%	100%	86%	96%	92%	94%	91%	94%	86%	92%	91%	91%	53%	67%	94%	95%	91%	94%	3%	5%	0%	0%	0%	0%	43%	43%	57%	57%	5 572	3 590	5 890	5 829
Ghana	100%	100%	92%	104%	95%	98%	93%	98%	95%	86%	92%	87%	64%	63%	95%	98%	92%	96%	1%	2%	0%	0%	21%	17%	21%	13%	57%	70%	58 398	14 169	68 688	112 016
Guinea	97%	69%	79%	58%	78%	51%	78%	55%	80%	54%	81%	57%	71%	53%	NA	NA	NA	NA	11%	8%	9%	23%	37%	77%	26%	0%	29%	0%	78 176	162 258	69 773	155 080
Guinea-Bissau	100%	65%	91%	51%	77%	40%	79%	38%	74%	33%	76%	40%	28%	20%	NA	NA	NA	NA	13%	24%	0%	82%	45%	18%	27%	0%	27%	0%	10 826	31 444	12 015	30 335
Liberia	100%	90%	71%	78%	60%	78%	60%	77%	52%	66%	59%	69%	66%	61%	56%	76%	NA	29%	16%	10%	20%	0%	60%	27%	13%	40%	7%	33%	53 803	31 055	55 023	41 485
Mali	97%	100%	105%	114%	90%	94%	88%	96%	84%	91%	86%	93%	63%	69%	74%	97%	27%	78%	12%	11%	11%	5%	24%	13%	24%	17%	41%	65%	68 936	25 401	80 838	39 409
Mauritania	100%	85%	84%	68%	66%	60%	73%	63%	NA	NA	71%	62%	39%	30%	70%	61%	52%	61%	14%	9%	13%	18%	58%	69%	13%	5%	16%	7%	34 643	47 105	36 737	48 572
Niger	100%	100%	110%	117%	99%	104%	99%	106%	96%	97%	99%	103%	NA	NA	80%	101%	76%	96%	7%	6%	0%	0%	27%	16%	20%	11%	52%	73%	8 688	0	5 209	0
Nigeria	92%	94%	93%	102%	95%	105%	97%	105%	93%	103%	93%	105%	57%	60%	20%	47%	NA	NA	8%	7%	3%	4%	18%	11%	14%	11%	64%	74%	179 862	0	377 985	0
Senegal	100%	97%	86%	86%	91%	87%	91%	89%	NA	85%	86%	89%	55%	60%	91%	89%	82%	85%	-1%	-1%	1%	1%	27%	24%	24%	19%	48%	56%	39 267	49 958	61 169	49 804
Sierra Leone	100%	78%	93%	71%	83%	88%	83%	83%	89%	69%	168%	76%	104%	57%	83%	73%	79%	78%	10%	-5%	7%	7%	29%	50%	36%	7%	29%	36%	36 795	35 748	0	52 624
Togo	99%	100%	86%	77%	90%	91%	86%	91%	83%	89%	83%	93%	76%	85%	85%	90%	83%	91%	4%	2%	0%	0%	17%	3%	43%	31%	40%	66%	32 832	21 460	40 244	17 058
IST WA	**95%**	**93%**	**90%**	**94%**	**90%**	**93%**	**91%**	**94%**	**86%**	**93%**	**89%**	**91%**	**63%**	**65%**	**49%**	**70%**	**76%**	**88%**	**7%**	**6%**	**3%**	**4%**	**22%**	**17%**	**19%**	**12%**	**55%**	**67%**	**1 140 716**	**1 157 473**	**1 457 092**	**1 392 901**
Botswana	100%	97%	92%	74%	86%	77%	93%	77%	NA	NA	89%	75%	61%	53%	83%	76%	82%	70%	9%	20%	0%	8%	21%	25%	21%	21%	58%	46%	2 807	9 669	4 695	10 517
Comores	100%	100%	74%	75%	63%	75%	81%	75%	NA	NA	82%	77%	0%	0%	NA	NA	NA	NA	2%	11%	0%	6%	41%	53%	6%	18%	53%	24%	3 390	4 640	3 151	4 163
Eritrea	100%	100%	82%	74%	81%	81%	81%	81%	NA	NA	79%	77%	0%	0%	NA	NA	NA	79%	5%	0%	9%	29%	45%	29%	16%	5%	31%	36%	16 353	16 342	17 386	19 459
Ethiopia	91%	89%	85%	81%	84%	82%	91%	87%	NA	NA	87%	85%	NA	NA	94%	87%	88%	85%	5%	5%	11%	6%	38%	51%	13%	32%	38%	10%	219 109	298 990	307 930	351 851
Kenya	99%	70%	73%	52%	73%	53%	76%	54%	1%	0%	77%	53%	53%	38%	68%	54%	66%	51%	7%	8%	8%	44%	58%	53%	20%	2%	14%	1%	300 157	576 920	285 730	597 191
Lesotho	100%	100%	76%	68%	66%	65%	67%	67%	NA	NA	69%	59%	7%	64%	NA	NA	NA	NA	0%	2%	10%	10%	90%	80%	0%	0%	0%	10%	14 175	14 239	13 673	17 606
Madagascar	94%	96%	73%	85%	78%	83%	76%	85%	NA	NA	74%	87%	9%	49%	76%	84%	73%	82%	12%	9%	7%	1%	42%	31%	14%	29%	37%	38%	162 834	100 940	177 738	89 064
Malawi	100%	100%	92%	86%	88%	83%	87%	84%	NA	NA	86%	82%	56%	56%	89%	83%	87%	81%	5%	6%	4%	0%	21%	32%	25%	29%	50%	39%	70 886	91 750	79 236	102 006
Mauritius	100%	100%	84%	87%	86%	71%	85%	70%	NA	NA	90%	82%	62%	63%	NA	NA	NA	81%	-1%	17%	0%	10%	10%	80%	70%	0%	20%	10%	1 664	3 242	1 036	1 912
Mozambique	100%	100%	104%	103%	94%	94%	94%	97%	NA	NA	87%	95%	0%	78%	92%	96%	NA	NA	8%	7%	2%	2%	13%	16%	13%	12%	72%	70%	46 212	27 964	106 156	46 016
Namibia	100%	89%	96%	86%	91%	80%	91%	81%	NA	NA	83%	72%	10%	NA	NA	80%	NA	82%	8%	6%	0%	0%	15%	41%	29%	32%	56%	26%	5 459	12 289	10 634	17 694
Rwanda	100%	100%	100%	104%	101%	101%	101%	101%	NA	NA	104%	99%	75%	96%	101%	101%	102%	104%	2%	2%	0%	0%	3%	0%	17%	23%	80%	77%	0	0	0	3 974
Seychelles	100%	100%	104%	111%	99%	99%	99%	98%	102%	101%	100%	101%	NA	NA	NA	NA	NA	NA	3%	7%	7%	13%	36%	20%	0%	27%	57%	40%	6	19	0	0
South Africa	100%	90%	84%	83%	95%	74%	95%	74%	NA	NA	96%	94%	NA	NA	94%	80%	94%	83%	2%	6%	0%	2%	12%	77%	42%	10%	46%	12%	42 402	211 676	37 732	46 161
South Sudan	83%	71%	66%	47%	63%	39%	63%	41%	NA	NA	72%	47%	48%	34%	NA	NA	NA	NA	17%	24%	42%	67%	22%	19%	7%	7%	29%	7%	133 187	209 868	100 357	187 824
Swaziland	100%	90%	58%	64%	73%	67%	74%	67%	NA	NA	69%	58%	44%	57%	NA	67%	NA	66%	4%	7%	0%	0%	100%	100%	0%	0%	0%	0%	7 292	8 958	8 558	11 291
Tanzania	100%	89%	146%	108%	111%	78%	111%	83%	NA	NA	118%	79%	115%	77%	109%	81%	112%	84%	7%	7%	0%	0%	13%	40%	15%	31%	72%	28%	0	281 952	0	339 723
Uganda	100%	100%	95%	95%	105%	98%	100%	101%	NA	NA	111%	91%	57%	58%	86%	93%	NA	NA	8%	7%	0%	0%	8%	8%	15%	21%	77%	71%	0	0	0	115 842
Zambia	100%	100%	90%	89%	82%	84%	84%	88%	NA	NA	85%	89%	0%	0%	79%	86%	73%	186%	9%	7%	7%	8%	53%	38%	23%	24%	18%	30%	89 620	70 055	83 144	65 299
Zimbabwe	100%	100%	95%	95%	88%	89%	87%	90%	NA	NA	85%	94%	28%	NA	88%	90%	86%	89%	7%	4%	0%	0%	24%	14%	46%	40%	30%	46%	46 456	36 692	55 133	23 781
IST ESA	**98%**	**89%**	**93%**	**85%**	**90%**	**80%**	**91%**	**83%**	**15%**	**0%**	**92%**	**82%**	**35%**	**58%**	**90%**	**84%**	**89%**	**94%**	**7%**	**7%**	**6%**	**15%**	**30%**	**36%**	**19%**	**18%**	**45%**	**30%**	**1 162 008**	**1 976 204**	**1 292 288**	**2 051 372**
AFR	**97%**	**92%**	**89%**	**88%**	**89%**	**85%**	**90%**	**89%**	**79%**	**79%**	**90%**	**87%**	**55%**	**64%**	**71%**	**77%**	**81%**	**88%**	**7%**	**7%**	**6%**	**10%**	**27%**	**28%**	**19%**	**16%**	**49%**	**46%**	**2 951 038**	**3 890 538**	**3 495 289**	**4 316 399**

Highlights

The overall completeness is good >90% for the African region, the West and Central Subregion, but relatively lower than last year. The regional Coverage with 3rd dose of DTP-containing vaccine was 89%in 2016 vs 90% for the same period last year. There are variations in the sub regions as follows IST CA : 90% in 2016 vs 98% in 2015, IST West : 94% in 2016 vs 91% in 2015, IST ESA : 83% in 2016 vs 91% in 2015.

The low level of completeness especially in the Eastern and South subregion (IST/ESA) may be the major cause of the drop in coverage observed between the 2 years. This is due to late reports from districts in addition to those from health facility. The situation in IST/ESA is mainly linked to some of the countries where integrated systems such as DHS2 are currently used and data are sometimes transmitted on a quarterly basis, which affects the overall completeness and coverage in the subregion/region.

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Source: Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO

Fifth Meeting of Global Vaccine Safety Initiative (GVSI), Addis Ababa, 26-27 October 2016

Group picture of participants at the Fifth Meeting of Global Vaccine Safety Initiative

Objectives of the GVSI meeting

- Review progress in implementation of Global Vaccine Safety Initiative activities;
- Address new challenges and exploit opportunities in vaccine safety;
- Facilitate further partnerships and inter-sectorial collaborations in vaccine safety and pharmacovigilance;
- Explore safety issues of vaccines of current interest;
- Identify the means to promote regulatory harmonization initiatives for pharmacovigilance of vaccines in the African region.

Highlights and implications for the WHO African region

This is the first time a GVSI meeting is organized collaboratively by WHO and the AUC. The meeting reviewed lessons learned and experiences of countries on the development and implementation of national plans for pharmacovigilance, the emerging threat of falsified vaccines, enhanced adverse events following immunization (AEFI) for new vaccines such as RTS,S, the malaria vaccine, surveillance and results of special studies on vaccine safety conducted in India and Chile.

It also provided update on safety of Human Papilloma Virus (HPV) vaccines, contraindications to vaccination, regulatory harmonization initiatives and linkages to pharmacovigilance and vaccine safety communication. A new electronic tool for AEFI causality assessment was also unveiled.

Recommendations/Next steps

- WHO and the African Union Commission to develop activities on vaccine safety and pharmacovigilance to be included in the WHO/AU work plan. This will ensure that all are working in tandem towards attainment of the same objectives, consistent with regional priorities.
- The African Vaccine Regulatory Forum (AVAREF) Steering Committee to review the African Medicines Agency draft business plan and legal and institutional framework, to build consensus and a buy-in from heads of NRAs representing the Regional Economic Communities.
- The AVAREF platform to be used to support the regulatory authorization and implementation of the pilot studies of the new malaria vaccine, RTS,S.
- WHO and partners to promote harmonization in pharmacovigilance across all the initiatives (AMRH, AVAREF, GVSI).
- WHO and partners to support AVAREF to develop a blueprint to address product development in emergencies.

International Conference of Drug Regulatory Agencies (ICDRA): 27 November to 2 December 2016, Cape Town, South Africa

Objectives of the ICDRA meeting

The meeting was organized under the theme: "**Patients are waiting: how can regulators collectively make a difference.**" with the following objectives

- For regulators to review progress and share information together with all stakeholders including manufacturers;
- Promote networking and harmonization of regulatory practices
- Promote regulatory capacity building and collaboration;
- Review successes and challenges of regulatory oversight for R&D of vaccines against Ebola virus disease;
- Explore the role of regulators in pharmacovigilance
- Identify the means to promote regulatory harmonization initiatives for pharmacovigilance of vaccines in the African region.

Recommendations for WHO and partners

- To support countries to develop and implement national plans for addressing substandard and falsified medical products, including vaccines.
- To advocate for countries to rely on advice of NITAGs to define vaccines that can be used in pregnant women, including vaccines against influenza to protect them and their newborns prior to start of childhood immunization
- To encourage joint meetings between networks and initiatives for strengthening regulatory systems and for promotion of harmonization and convergence.

Recommendations (Con't)

- Sustain and further support for AVAREF as a reliable platform for ethics and regulatory reviews and oversight for product development in emergencies.
- To focus capacity building for clinical trials on regional networks, especially AVAREF since not all countries will carry out trials in Africa.
- With many countries graduating from Gavi, special attention and support should be provided to these countries by WHO to regulate vaccines sourced outside UNICEF supply (licensure and post-marketing surveillance).
- To support NRAs to use risk-based approach or networking and reliance on better-resourced regulatory authorities
- To support countries to regulate medical devices.
- To support the collection and analysis of post-marketing surveillance data on the use of vaccines in pregnant women
- To support the implementation of new guidelines, for marketing authorization of influenza vaccines.

Regional Data quality workshops: Uganda 14-18 November 2016

Partners consultation meeting, on EPI and HMIS DMS group photo, 14th Nov 2016– Speke resort Munyonyo, Kampala Uganda

Regional data quality capacity building workshop 15-18 Nov 2016 – Speke resort Munyonyo, Kampala Uganda

Highlights of the consultative meeting

On 14th November 2016, WHO AFRO organized a consultative meeting between Immunization partners on how to best link immunization information management and integrated health information systems with the aim to avoid duplications at country level and contribute to data quality improvement.

The meeting gathered around 39 Partners from the following institutions : WHO Headquarter (Immunization, Immunization, Health System strengthening / Information, Evidence and Research-IER) , WHO /AFRO and the 3 sub regions, GAVI, CDC ATLANTA, USAID, OSLO UNIVERSITY, PATH, GLOBAL FUND and country representative from Nigeria and Ghana.

Outcome: ways to better link the 2 systems explored, a data exchange tool between Health Management Information System (HMIS) which is District Health Information System (DHS2) in most countries (and Immunization information system is being developed by WHO HQ in collaboration with AFRO. Ghana has developed data exchange tool to link DHS2 and DVDMT, action points on how to reinforce the 2 teams at all levels adopted and 5 key requirements of how best to include Immunization data within integrated HIS software discussed and adopted.

Highlights of capacity building workshop

The second work shop took place from 15 to 18 November 2016 at Speke resort Munyonyo, Kampala Uganda with the aim to reinforce country team capacity on data quality , information system review and the development of data quality improvement plans.

A total of 97 participants and facilitators attended the workshop with the following profile: Representatives of immunization programme , Health Information system, WHO immunization and data managers focal persons from 16 countries (Nigeria, Sierra Leone, Dr Congo, Ethiopia, Benin, Ghana, Liberia, Tanzania, Zimbabwe, Central Africa Republic, Chad, Senegal, Uganda, Mali, Cameroon and Cote d'Ivoire)

The 22 facilitators came from WHO Headquarter (Immunization, Health System strengthening / Information, Evidence and Research-IER teams), WHO /AFRO and the 3 sub regions, GAVI, CDC ATLANTA, USAID, OSLO UNIVERSITY, PATH, GLOBAL FUND and 4 consultants.

Outcome: participants were trained on Data quality Review (DQR), on development of strategic and annual data improvement plans. All 16 countries developed draft plan during the workshop and key next steps agreed upon. One main action point was for all countries to establish national data quality teams and to perform quarterly monitoring of the developed plan.

Consultation on Viral Hepatitis Control in the WHO African Region 23– 25 November 2016

Participants at the Regional Consultation on Viral Hepatitis Control in the WHO African Region, Brazzaville, Congo, 23-25 November 2016

Background

Immunization and viral hepatitis and/or HIV focal points from 18 WHO Country Offices in the African Region (Botswana, Cameroon, Congo, Cote d'Ivoire, DRC, Ethiopia, the Gambia, Guinea, Ghana, Mauritania, Namibia, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, and Zimbabwe), focal points from WHO AFRO Immunization & Vaccines Development (IVD) programme of FRH cluster, Communicable Diseases Cluster(CDS) and Maternal Newborn and Child Health (MNCH) programmes, the three Inter-country Support Teams (East and Southern, West, and Central), WHO HQ, the US Centres for Disease Control and Prevention (CDC), UNICEF, CHAI, and the World Hepatitis Alliance met in Brazzaville, Congo

Background

At the World Health assembly, in May 2016, a global health sector strategy on viral hepatitis, 2016 – 2021, was adopted. The African Regional Immunization Strategic Plan for 2014-2020 also recognizes viral hepatitis as a serious global public health problem by establishing a goal of reducing hepatitis B infection rates in children to less than 2% and a target for at least 25 countries to introduce nationwide hepatitis B birth dose vaccination by 2020.

Considering the cross-cutting nature of the disease and required interventions, the technical consultation was jointly organized and led by the Communicable Diseases Cluster (CDS) and the Immunization and Vaccine Development (IVD) team of the Family and Reproductive Health Cluster. The purpose of the joint consultation was to to strengthen inter-cluster collaboration and build country capacity to develop comprehensive viral hepatitis control plans with particular emphasis on preventing hepatitis B infection through immunization.

Highlights

The joint consultation brought together the countries that have expressed interest in establishing national viral hepatitis programmes and introduction of birth dose vaccination to share experiences and for WHO to provide updates on recent developments in surveillance, prevention and treatment of viral hepatitis. The workshop also emphasized considerations for conducting hepatitis B serosurveys to collect representative data on disease burden in the region.

Rwanda, Uganda, Nigeria and Senegal were shared their hepatitis control experiences with other countries.

Participating countries identified priority actions for viral hepatitis control and set timelines for their implementation. They also highlighted the support they would require in to achieve hepatitis control. There was strong agreement to build the capacity for health workers on preventing, control and treatment of viral hepatitis, how to conduct serosurveys and to develop hepatitis plans.

Momentum for viral hepatitis control is building in the Region but strong coordination and collaboration across sectors is critical. It is expected that, with support from WHO and CDC, a number of the countries will conduct serosurveys and/or introduce the birth dose in 2017-2018.

RITAG Meeting : Dakar Senegal 12– 13 December 2016

Goal and objectives

This was the second of the two regular meetings of the Regional Technical Advisory Group (RITAG) on immunization in the African Region in 2016. The goal was to appraise the performance of the immunization programme since the last meeting in June 2016. Specific objectives were:

- Apprise RITAG members on level of successes in implementation of the recommendations from the last meeting
- Brief RITAG members on the progress in the work of WHO/AFRO on immunization in the African Region since the last meeting
- Identify challenges confronting the Region on immunization
- Get the orientation of the RITAG on the critical issues affecting the delivery of immunization services in the African Region

Highlights

The meeting reviewed implementation of the action points from the last meeting and also reviewed and assessed performance of the immunization programme in the African Region in delivering services to protect the populations of Africa, against vaccine preventable diseases; discuss challenges and seeked expert orientation, from the RITAG members, on how to better deliver on our mandate to the people of the region and the world.

Of particular interest were topical issues like polio eradication and in the African Region and planning for polio legacies post eradication as well as measles rubella elimination. Others were control of Yellow Fever and elimination of maternal and neo-natal tetanus.

A total of 12 technical presentations were made. Three of these were for information while nine were made for RITAG decision and recommendations. The presentations provided participants with the necessary background information on the status of immunization and key vaccine preventable diseases (VPDs) in the African Region. The presentations were followed by discussions leading to actionable recommendations pertaining to topics of discussion.

Meeting of the Sub-regional working Group : Dakar, Senegal: 14- 15 December 2016

Background

The second meeting of the Regional Working Group on Immunization for West and Central Africa was held in Dakar on 14 and 15 December 2016.
The opening ceremony was chaired by Dr Farba Sall, Director of Cabinet representing the Minister of Health and Social Welfare of the Republic of Senegal, in presence of Prof. DIARRA NAMA Alimata Jeanne, Representative of WHO in Burkina Faso serving as Chair of the Working Group, the Representative of UNICEF in Senegal, and a representative of GAVI Secretariat. In attendance were WHO Representative in Senegal (Dr DEO NSHIMIRIMANA), Gabon (Dr SAMBO BOUREIMA), WHO AFRO and HQ, as well as immunization partners (AMP, GAVI, MCSP, Sabin Vaccine Institute, USAID, WAHO) ,and country representatives from Angola, Cote d'Ivoire, Congo, DRC, Ghana and Nigeria.

Highlights

The first day was devoted to discussions on the revised TORs and their adoption and the evaluation of performances of the immunization programme in the subregion, as well as joint evaluations carried out in 2016. The programme of work for 2017 was developed, with particular emphasis on supporting the Gavi transition countries of Angola, Congo, Ghana and Nigeria.
On the 2nd day, updates were provided on the following:
Gavi's Gavi 4.0 strategy
Polio Eradication Initiative in the Lake Chad Basin
Accountability framework in the context of polio eradication endgame
Function of Technical Advisory Groups on Immunization in the African Region in general with focus on West African sub-region
The meeting ended with establishment of new management bodies of the Working Group. The chairmanship for the next two years was entrusted to UNICEF, which at the same time takes the lead in the secretariat. WHO will be a member of the Secretariat. The vice-presidency was entrusted to WAHO.

A small group was put in place to suggest pertinent activities to be included in the 2017 action plan for monitoring country performance and sharing with all members. The plan will be evaluated at the next meeting in 6 months.