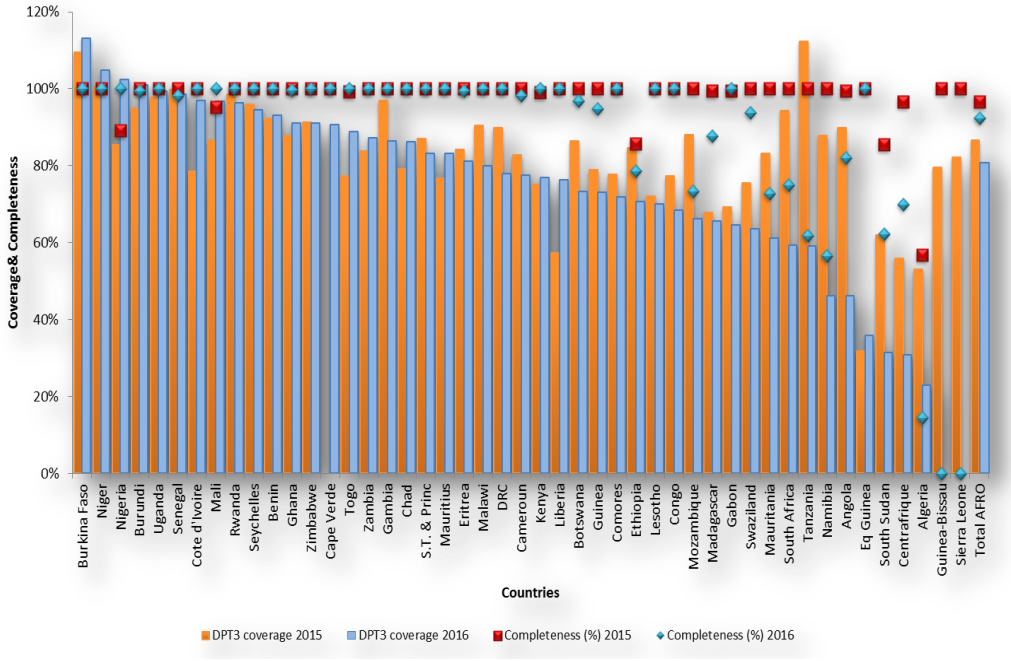
World Health Organization
REGIONAL OFFICE FOR Africa

IMMUNIZATION VACCINE DEVELOPMENT

MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

May—June 2016 (Vol 4, issue N° 4)

Data completeness and coverage rates by districts for DTP3 containing vaccine per country , Jan- Apr 2015-2016



Highlights

Data reported in this issue cover the period January to April 2016 and is compared to the same period of last year. The regional data completeness were 97% and 92 % for 2015 & 2016 respectively. In the first 4 months of 2016, Thirty six (36) reported a completeness of at least 80% with 28 achieving 100%. Eleven countries (Algeria, Central Africa Republic , Ethiopia, Guinea-Bissau, Mauritania, Mozambique, Namibia, Sierra Leone, South Africa, South Sudan, Tanzania) reported a completeness <70%.

Regional administrative reported coverage rates for DTP3 & Measles containing vaccine were 81% and 79% for the period January–April 2016 compared to 87% and 85% respectively in 2015.

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

Country	DTP3	MCV1	Country	DTP3	MCV1	Country	DTP3	MCV1
Nigeria	2 347 666	2 384 978	Senegal	174 189	141 462	Gabon	13 936	14 763
DRC	874 786	866 558	Angola	168 218	189 380	Botswana	12 542	13 511
Ethiopia	670 246	653 629	Chad	150 550	143 895	Lesotho	12 125	10 994
Uganda	528 488	453 290	Zimbabwe	135 335	16 601	Namibia	11 861	10 869
Kenya	388 370	383 084	Benin	122 722	126 956	Swaziland	6 879	6 520
Tanzania	382 685	376 885	Burundi	121 343	124 838	Comores	5 287	5 993
Ghana	322 701	333 331	Rwanda	110 446	114 169	Eq Guinea	4 169	3 831
Niger	305 413	306 699	Guinea	106 026	111 446	Mauritius	3 587	3 875
Burkina Faso	276 240	257 959	Togo	85 798	93 025	Cape Verde	3 177	2 886
Cote d'Ivoire	271 017	247 066	Algeria	75 321	61 726	S.T. & Princ	1 559	1 753
Mali	230 463	226 206	Congo	46 983	46 575	Seychelles	486	471
Mozambique	227 751	212 987	South Sudan	44 642	45 867	Guinea-Bissau	NA	NA
Cameroun	220 327	204 608	Liberia	40 945	38 965	Sierra Leone	NA	NA
Zambia	199 009	193 046	Mauritania	30 922	26 380	IST CA	1 617 580	1 610 980
South Africa	194 763	268 767	Eritrea	28 022	26 517	IST WA	4 415 008	4 380 568
Malawi	180 913	179 802	Gambia	22 408	21 483	IST ESA	3 321 475	3 158 228
Madagascar	178 038	181 351	Centrafrique	15 709	14 779	AFR	9 354 063	9 149 776

Highlights

From January to April 2016, of a target population of 11.6 million surviving infants, an estimated 9.3 million and 9.1 million children were vaccinated with three doses of DTP containing vaccine and first dose of Measles containing vaccine respectively. Five countries (Nigeria, Democratic republic of Congo, Ethiopia, Kenya and Tanzania) reported the highest number of vaccinated children for the period.

Eighteen countries reported an increased number of children vaccinated with the third dose of DTP containing vaccine between January to April 2015 and 2016 with the highest number reported from Nigeria (>380 000) and Cote d'Ivoire (>50,000).

Reported country immunization coverage per antigen Jan-April 2016

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	2015	2016
Angola	100%	82%	80%	28%	92%	48%	90%	46%	86%	34%	92%	52%	78%	41%	79%	40%	NA	41%	16%	11%	15%	47%	28%	34%	8%	6%	49%	13%	32 754	196 828	27 578	175 666
Burundi	100%	99%	83%	89%	95%	100%	95%	101%	NA	NA	102%	104%	78%	64%	0%	101%	0%	103%	5%	4%	0%	0%	20%	11%	25%	18%	55%	70%	6 026	0	0	0
Cameroun	100%	98%	78%	69%	82%	77%	83%	77%	73%	74%	78%	72%	61%	56%	82%	76%	61%	71%	10%	9%	5%	8%	31%	40%	24%	20%	40%	31%	47 919	64 236	60 277	79 955
Centrafrique	97%	70%	61%	35%	54%	29%	56%	31%	51%	28%	60%	29%	52%	32%	44%	29%	NA	NA	25%	29%	38%	71%	45%	21%	7%	0%	10%	7%	22 127	35 487	20 318	36 417
Chad	100%	100%	92%	81%	78%	80%	79%	86%	74%	75%	79%	82%	90%	97%	NA	NA	NA	NA	23%	17%	16%	20%	39%	31%	14%	11%	31%	38%	36 807	23 995	37 741	30 650
Congo	100%	100%	86%	80%	77%	68%	77%	68%	76%	60%	86%	68%	83%	71%	77%	65%	70%	63%	5%	6%	0%	13%	47%	56%	40%	28%	13%	3%	14 121	21 697	8 940	22 105
Eq Guinea	100%	100%	43%	47%	30%	31%	32%	36%	NA	0%	30%	33%	22%	22%	NA	NA	NA	NA	22%	31%	82%	83%	18%	11%	0%	0%	0%	6%	7 914	7 449	8 089	7 787
Gabon	100%	100%	72%	73%	69%	64%	69%	65%	67%	68%	68%	68%	61%	57%	NA	NA	NA	NA	3%	10%	39%	29%	39%	37%	6%	16%	16%	18%	7 119	7 632	7 513	6 805
RDC	100%	100%	92%	69%	89%	66%	90%	78%	83%	75%	89%	77%	88%	76%	78%	75%	NA	NA	8%	8%	8%	14%	27%	40%	18%	16%	47%	30%	108 396	249 245	117 328	257 473
S.T. & Princ	100%	100%	83%	90%	87%	83%	87%	83%	71%	94%	97%	94%	70%	63%	87%	83%	NA	NA	-5%	5%	0%	0%	29%	14%	14%	71%	57%	14%	257	314	56	120
Sub total IST CA	**100%**	**96%**	**86%**	**64%**	**86%**	**66%**	**87%**	**73%**	**80%**	**66%**	**87%**	**72%**	**80%**	**67%**	**73%**	**69%**	**74%**	**62%**	**11%**	**9%**	**13%**	**20%**	**31%**	**37%**	**17%**	**15%**	**39%**	**28%**	**283 441**	**606 883**	**287 841**	**616 978**
Algeria	57%	15%	43%	17%	53%	23%	53%	23%	NA	NA	46%	19%	0%	0%	NA	NA	NA	NA	-7%	-8%	17%	45%	40%	40%	0%	0%	43%	15%	154 749	253 932	178 860	267 527
Benin	100%	100%	101%	99%	93%	93%	92%	93%	94%	97%	94%	96%	72%	76%	NA	93%	NA	NA	7%	7%	0%	0%	18%	16%	38%	30%	45%	54%	10 180	9 041	7 377	4 807
Burkina Faso	100%	100%	102%	100%	110%	113%	110%	113%	107%	97%	107%	106%	83%	82%	108%	113%	108%	113%	-2%	-4%	0%	2%	2%	10%	3%	3%	95%	86%	0	0	0	0
Cape Verde	100%	100%	91%	67%	91%	91%	0%	91%	NA	0%	79%	82%	61%	61%	NA	NA	NA	NA	100%	6%	0%	0%	6%	47%	35%	0%	59%	53%	3 501	324	718	615
Cote d'Ivoire	100%	100%	47%	96%	75%	91%	78%	97%	21%	77%	72%	88%	74%	89%	46%	95%	NA	NA	13%	2%	1%	0%	54%	7%	24%	13%	21%	79%	60 207	8 746	77 396	32 697
Gambia	100%	100%	87%	95%	94%	85%	97%	86%	57%	83%	82%	83%	50%	46%	99%	87%	95%	86%	11%	13%	0%	0%	0%	29%	29%	57%	71%	14%	806	3 532	4 575	4 457
Ghana	100%	100%	89%	94%	92%	90%	88%	91%	97%	102%	97%	94%	67%	62%	91%	90%	88%	87%	-1%	-2%	1%	3%	34%	24%	19%	16%	47%	57%	43 164	31 611	8 920	20 981
Guinea	100%	95%	85%	76%	79%	64%	79%	73%	83%	70%	83%	77%	71%	67%	NA	NA	NA	NA	12%	9%	11%	14%	46%	40%	9%	23%	34%	23%	30 398	39 113	25 242	33 693
Guinea-Bissau	100%	0%	101%	0%	78%	0%	80%	0%	71%	0%	81%	0%	49%	0%	NA	NA	NA	NA	18%	NA	0%	NA	36%	NA	64%	NA	0%	NA	4 156	20 321	3 845	20 321
Liberia	100%	100%	72%	80%	57%	76%	57%	76%	53%	68%	66%	73%	68%	65%	54%	74%	NA	NA	12%	10%	13%	7%	60%	27%	7%	27%	20%	40%	22 832	12 669	18 122	14 649
Mali	95%	100%	103%	111%	89%	99%	87%	97%	88%	90%	92%	95%	66%	70%	57%	101%	14%	81%	11%	7%	13%	5%	25%	13%	24%	16%	38%	66%	31 699	7 617	19 624	11 874
Mauritania	100%	73%	80%	62%	81%	59%	83%	61%	NA	0%	67%	52%	37%	24%	78%	59%	42%	59%	3%	7%	15%	31%	36%	50%	20%	11%	29%	7%	8 468	19 654	16 937	24 196
Niger	100%	100%	112%	118%	100%	101%	100%	105%	99%	103%	102%	105%	NA	NA	75%	98%	71%	92%	7%	6%	0%	8%	25%	13%	18%	8%	57%	72%	0	0	0	0
Nigeria	89%	100%	78%	99%	77%	102%	85%	102%	79%	101%	78%	104%	53%	58%	10%	31%	NA	NA	9%	7%	9%	0%	29%	16%	15%	16%	48%	68%	334 245	0	513 703	0
Senegal	100%	98%	85%	87%	100%	99%	100%	98%	NA	80%	76%	80%	53%	54%	100%	100%	86%	98%	0%	-1%	0%	3%	17%	15%	16%	16%	67%	67%	446	2 707	42 534	35 434
Sierra Leone	100%	0%	85%	0%	82%	0%	82%	0%	102%	0%	80%	0%	104%	0%	82%	0%	79%	0%	9%	NA	7%	NA	36%	NA	29%	NA	29%	NA	15 338	86 208	17 584	86 208
Togo	99%	100%	76%	65%	78%	88%	77%	89%	78%	88%	78%	96%	73%	81%	72%	87%	72%	88%	6%	0%	6%	0%	31%	11%	37%	40%	26%	49%	21 902	10 679	21 490	3 452
Sub total IST WA	**93%**	**95%**	**80%**	**90%**	**81%**	**91%**	**85%**	**92%**	**71%**	**86%**	**81%**	**91%**	**61%**	**63%**	**39%**	**59%**	**74%**	**87%**	**7%**	**5%**	**7%**	**7%**	**31%**	**17%**	**18%**	**12%**	**44%**	**64%**	**742 090**	**506 153**	**956 926**	**560 910**
Botswana	100%	97%	92%	79%	82%	69%	87%	73%	NA	NA	94%	79%	66%	NA	78%	70%	78%	63%	15%	12%	0%	17%	33%	29%	25%	21%	42%	33%	2 310	4 588	1 072	3 619
Comores	100%	100%	72%	73%	78%	73%	78%	72%	NA	NA	88%	81%	0%	NA	NA	NA	NA	NA	1%	11%	6%	18%	47%	47%	18%	12%	29%	24%	1 588	2 082	891	1 376
Eritrea	100%	100%	77%	73%	84%	81%	84%	81%	NA	NA	85%	77%	0%	NA	NA	NA	NA	74%	-4%	2%	7%	28%	40%	29%	7%	3%	47%	40%	5 317	6 467	5 091	7 972
Ethiopia	86%	79%	80%	67%	75%	68%	85%	71%	NA	NA	82%	69%	NA	NA	84%	70%	80%	68%	5%	6%	11%	24%	39%	68%	16%	4%	34%	4%	145 835	278 525	168 909	295 142
Kenya	99%	100%	73%	71%	70%	75%	75%	77%	1%	0%	78%	76%	53%	NA	76%	76%	61%	71%	5%	NA	15%	15%	44%	41%	13%	17%	28%	26%	125 852	116 622	110 069	121 908
Lesotho	100%	100%	91%	70%	71%	68%	72%	70%	NA	NA	74%	63%	7%	NA	NA	NA	NA	NA	-5%	-3%	0%	10%	70%	80%	30%	0%	0%	10%	4 852	5 215	4 584	6 346
Madagascar	100%	88%	73%	64%	68%	62%	68%	66%	NA	NA	68%	67%	9%	NA	67%	65%	65%	64%	14%	13%	26%	24%	41%	46%	21%	13%	12%	17%	88 782	93 596	88 125	90 283
Malawi	100%	100%	95%	83%	91%	78%	91%	80%	NA	NA	85%	79%	56%	NA	93%	79%	89%	78%	6%	9%	4%	0%	7%	50%	36%	18%	54%	32%	21 320	45 471	34 240	46 582
Mauritius	100%	100%	82%	89%	78%	84%	77%	83%	NA	NA	90%	90%	66%	NA	NA	NA	NA	77%	1%	1%	0%	0%	70%	70%	20%	30%	10%	0%	1 004	730	433	442
Mozambique	100%	73%	97%	74%	87%	61%	88%	66%	NA	NA	81%	62%	0%	NA	85%	66%	NA	NA	7%	6%	3%	11%	22%	67%	18%	11%	57%	10%	39 545	116 607	63 230	131 371
Namibia	100%	57%	94%	49%	87%	45%	88%	46%	NA	NA	82%	42%	10%	NA	NA	45%	NA	45%	10%	2%	0%	50%	32%	35%	26%	12%	41%	3%	3 095	13 800	4 730	14 792
Rwanda	100%	100%	99%	100%	98%	96%	99%	96%	NA	NA	104%	100%	78%	NA	98%	96%	100%	98%	3%	1%	0%	0%	3%	7%	33%	27%	63%	67%	1 637	4 132	0	409
Seychelles	100%	100%	111%	91%	96%	95%	96%	95%	98%	100%	92%	92%	NA	NA	NA	NA	NA	NA	-1%	4%	14%	13%	29%	27%	14%	7%	43%	53%	21	28	43	43
South Africa	100%	75%	92%	67%	94%	59%	94%	59%	NA	NA	98%	82%	NA	NA	97%	70%	93%	66%	3%	6%	0%	20%	12%	73%	38%	4%	50%	4%	19 321	133 885	7 997	59 881
South Sudan	86%	62%	65%	37%	64%	30%	62%	31%	NA	NA	75%	32%	49%	NA	NA	NA	NA	NA	17%	24%	38%	76%	17%	16%	12%	5%	33%	3%	54 079	97 580	35 313	96 355
Swaziland	100%	94%	59%	68%	75%	62%	76%	64%	NA	NA	71%	60%	51%	NA	NA	63%	NA	61%	5%	8%	0%	25%	75%	75%	25%	0%	0%	0%	2 732	3 947	3 201	4 306
Tanzania	100%	62%	139%	71%	113%	49%	112%	59%	NA	NA	121%	58%	117%	NA	109%	54%	112%	56%	7%	4%	0%	24%	12%	61%	17%	7%	71%	8%	0	265 279	0	271 079
Uganda	100%	100%	93%	91%	111%	120%	98%	99%	NA	NA	86%	85%	57%	NA	84%	91%	NA	NA	8%	7%	0%	0%	11%	18%	19%	21%	71%	62%	10 954	3 057	71 382	78 255
Zambia	100%	100%	92%	90%	83%	83%	84%	87%	NA	NA	85%	85%	0%	NA	76%	86%	72%	87%	9%	6%	9%	5%	55%	49%	14%	14%	22%	31%	36 754	29 152	34 623	35 115
Zimbabwe	100%	100%	98%	NA	92%	87%	91%	91%	NA	NA	95%	11%	32%	NA	91%	91%	88%	89%	6%	3%	0%	0%	19%	10%	29%	30%	52%	60%	12 838	13 336	7 564	132 070
Sub total IST ESA	**98%**	**86%**	**91%**	**76%**	**87%**	**72%**	**88%**	**73%**	**1%**	**1%**	**88%**	**69%**	**36%**		**88%**	**74%**	**85%**	**70%**	**7%**	**-6%**	**9%**	**18%**	**29%**	**45%**	**19%**	**13%**	**43%**	**24%**	**577 835**	**1 234 098**	**641 496**	**1 397 345**
Total AFRO	**97%**	**92%**	**86%**	**79%**	**85%**	**79%**	**87%**	**81%**	**69%**	**74%**	**85%**	**79%**	**55%**	**84%**	**65%**	**67%**	**81%**	**73%**	**8%**	**2%**	**9%**	**15%**	**30%**	**32%**	**18%**	**13%**	**43%**	**40%**	**1 603 365**	**2 347 134**	**1 886 262**	**2 575 233**

Highlights

NB: The delay between the time data are generated in countries and the production of this feedback is due to review processes happening at each level at a defined timeline from the district to national level and to WHO.

For countries of IST Central, the average coverage for the period dropped from 87 to 73 % essentially due to 2 countries (DRC with a drop from 90 to 78 because of the completeness of only 69%, and Angola which dropped from 90 to 46% probably due to intensive YF response activities)

The average coverage rate for IST Eastern and Southern African countries, dropped from 88 to 73% probably due to the low completeness in 5 countries (South Africa, Tanzania, Namibia, South Sudan, Ethiopia).

The high performance in Nigeria for the period has helped IST West to have a better overall performance compared to last year (ie coverage for DTP3 containing vaccine of 91 % and 89% in 2016 and 2015 respectively).

Source: Countries reported administrative coverage

Ethiopia establishes its National Immunization Technical Advisory Group (NITAG)

Group picture of participants at NITAG training in Ethiopia

Key outcomes

At the end of the workshop, the following next steps were agreed :

⇒ Urgent establishment of the secretariat and appointment of a focal person

⇒ Secretariat/focal person to call for a meeting of the core members within a month to finalize working documents i.e. Internal procedure manual and work plan plus budget.

⇒ Formal creation and official appointment of the NITAG by the Honorable Minister of Health.

NITAG is a technical deliberative body set up to guide policy makers and to make evidence-based immunization-related policy decisions based on local epidemiology and cost effectiveness, thus reducing dependency on external bodies for policy guidance.

The Ethiopian Federal Ministry of Health has established the Ethiopian National Immunization Advisory Group comprising 7 national independent experts who serve as both a technical resource and a deliberative body to provide scientific evidence-based recommendations to the Ministry of Health. The Ministry of Health will review, prioritize, and make final decisions on all recommendations provided by the Ethiopia NITAG.

Highlights

From 16th to 18th May 2016, WHO/AFRO in collaboration with AMP/SIVAC initiative held a three day workshop for members of the Ethiopia NITAG in Debreziet, Ethiopia.

The training attended by 6 core and 8 non-core members, was organized to orient them on operations and functions of NITAGs as per WHO guidelines.

In addition, the members utilized the workshop to also develop the first draft of the NITAG internal procedures manual and agreed upon the way forward for the functioning of the NITAG.

Following the successful completion of the workshop, the NITAG planned to hold its inaugural meeting by end June 2016 to adopt the working documents developed at the Debreziet workshop and to also serve as the official launch of the NITAG.

10th African Rotavirus Symposium in Bamako, Mali: 1 to 2 June 2016

A view of the participants at opening ceremony chaired by the head of State of Mali.

Group picture of participants with the head of State of Mali taken at the symposium in Bamako

The symposium was attended by 155 participants from 35 countries and provided an opportunity to garner momentum to further intensify efforts to address the scourge of rotavirus disease burden, share experiences and lessons learned on diarrhea prevention strategies in Africa.

The symposium ended with a renewed call to continue efforts to sustain and strengthen surveillance and to raise awareness among policy makers, stake holders and immunization partners on mortality due to diarrheal diseases.

Rotavirus surveillance data has recently been used to revise the rotavirus disease burden estimates. It has been documented that globally, the number of rotavirus deaths in children <5 years of age has declined from 528 000 in 2000 to 215 000 (range, 197 000–233 000) in 2013 and notably more than half of these deaths occurred in African children. Four countries (India, Nigeria, Pakistan, and Democratic Republic of Congo) accounted for approximately half (49%) of all estimated rotavirus deaths in 2013.

Highlights

The 10th African Rotavirus symposium was organized in collaboration with The Center for Vaccine Development, Mali (CVD-Mali), in collaboration with the World Health Organization (WHO), the Ministry of Health in Mali and the University of Maryland Center for Vaccine Development (CVD), USA, BMFG, CDC, PATH and other immunization partners.

This is an annual regional event organized by the African Rotavirus Surveillance Network (AFRSN), a network of countries and institutions conducting diarrheal disease surveillance in children.

This year's theme was "***Reaching Every Child in Africa with Rotavirus Vaccines***", the first one to be held in a Francophone country and the first to be officially opened by a Head of State.

30 countries now use rotavirus vaccine in routine EPI in the WHO African region and participants urged WHO and partners to support the remaining 17 countries to introduce the rotavirus vaccines.

Extraordinary AVAREF meeting, Addis Ababa,9-10 June 2016

Group picture of participants at AVAREF meeting in Ethiopia

Regulatory systems of many African countries are still weak. For this reason, the World Health Organization (WHO) established the African Vaccine Regulatory Forum (AVAREF) in 2006 to build capacity of regulatory and research ethics agencies. To improve its governance system, expand its mandate beyond vaccines, and promote alignment with other regional regulatory harmonization initiatives, an extraordinary meeting of AVAREF was convened by the WHO in Addis Ababa 9-10 June 2016. The meeting was attended by heads of regulatory and research agencies from 20 Africa countries, the AU/NEPAD, Regional Economic Community Secretariats, the World Bank, Product Developers, regulators from Europe and North America, and donors. The primary objective was to obtain stakeholder alignment on the new vision, and new terms of reference.

The Heads of agencies (HoAs) endorsed new AVAREF TORs, representing a historic and game-changing moment for product development in Africa with the creation of a pan-African regulatory network and, potentially a precursor to the African Medicines Agency.

The expanded and strengthened AVAREF will help accelerate product development for priority diseases and conditions, delivering to African's population timely access to safe and efficacious medical products of assured quality.

Highlights

New AVAREF terms of reference endorsed at the meeting that include the following:

Expanded scope to include all medical products and diagnostics, and includes all Africa countries.

A pan-African regulatory network and, potentially a precursor to the African Medicines Agency.

A steering committee of heads of agencies representing the regional economic blocks.

The technical coordinating committee that develops strategies, and guidelines.

AVAREF Assembly becomes the African Regulators Conference that is held every two years starting 2017.

The expanded and strengthened AVAREF will also help improve vaccine safety and pharmacovigilance .

Workshop to review the Reaching Every District (RED) guideline , Seychelles 27-1st July 2016

Group pictures of participants at RED workshop in Seychelles

Objectives of the workshop were:

- ◊ To revise the 2008 RED approach guidelines based on field experience, equity dimension and life course approach;
- ◊ To incorporate the integrated child survival approaches;
- ◊ To update the RED Approach planning and monitoring tools;
- ◊ To agree on next steps and timeline for finalizing and producing the revised RED approach guideline and dissemination to countries

Workshop organized by WHO/AFRO was attended by key immunization partners (UNICEF, JSI, USAID, BMGF) as well as WHO/HQ and selected country offices. At the end of the workshop, participants produced revised versions of the 5 components of the Reaching Every District approach (planning and managing of resources, reaching target populations, strengthen links with communities, supportive supervision, Monitoring for action) and suggestions for revised monitoring tools.

A timeline was agreed upon with the consultant that will consolidate the document and harmonise it so that a draft is discussed during the 3 EPI manager's meeting to receive feedback and finalize it.

Highlights

The Reaching Every District (RED) Approach developed in 2002 by WHO and its partners and revised in 2008 has been implemented for a number of years in the Region and has been particularly useful for countries to increasing and sustaining high levels of routine immunization by tackling particularly districts, known to contain large number of un-immunized children.

However, to reach the goal of universal immunization coverage as stipulated in the Regional Strategic Plan for Immunization 2014-2020 endorsed by Member States in November 2014, a special focus should be given to reaching equitably the unreached and underserved populations.

The workshop was organized as a follow up of the workshop conducted in January 2016 in IST/ESA on Exchange of Best Practices on Reaching Every District (RED), equity and integration of child survival interventions.

Meeting of the Regional Working Group for West and Central Africa, Abidjan: 9– 10 June 2016

Group pictures of participants at Regional working Group in Abidjan

Key outcomes

- Terms of Reference of the group were thoroughly revised to better harmonize and align partners' technical support in country, in line with the Gavi Strategic Plan 4.0 and in the context of the Sustainable Development Goals.
- The meeting called for the strengthening of communication with regional and global coordination mechanisms, namely the Regional Immunization Technical Advisory Group (RITAG) or the Alliance Technical Team.
- The Regional Working Group also called on the Gavi Secretariat to continue its financial support for increasing the technical assistance capacity and coordination of the Group.
- With the implementation of the Strategic Plan Gavi 4.0 from 2016 to 2020, a number of principles of technical and financial assistance were renewed or introduced.

The next meeting is scheduled in November 2016.

Highlights

The Regional Working Group (RWG) on Immunization for West and Central Africa held its 1st meeting for 2016 from 9th to 10th of June, 2016, in Abidjan, Cote d'Ivoire.

- Present at the opening were the WHO Representative *ai* and the Director of Programme, Gavi Alliance. Participants were drawn from WHO (HQ, AFRO, IST Central and West Africa), AMP, CDC, JSI and country representatives.
- In discussing issues of financial sustainability, participants highlighted the challenges of the activities not funded by GAVI, including activities conducted in non-Gavi -eligible countries particularly in a context of transitioning of countries in the region.
- It was clear to the members of the Regional Working Group that strengthening the health system should be at the heart of its work and technical assistance to countries will be in accordance with the commitments of the governing bodies of the Member States, including the Declaration of Addis Ababa..

Meeting of the Regional working Group for Eastern and southern Africa: 14 – 16 June 2016

Group picture of participants at Regional working Group in Nairobi

Key outcomes

ESAR RWG ToRs finalized and endorsed by all members

Key actions by working groups in the coming 6 months, to coordinate Gavi processes (JA, PEF/TCA monitoring/reporting, GPF monitoring…….), yellow fever outbreak response and the polio transition planning

Key recommendations from the meeting being finalized

Progress and challenges to the immunization programs in Kenya and South Sudan discussed and actions by the working group to support the countries agreed.

Next steps

- Develop a work plan for the RWG for the implementation of the coordination activities agreed to, in the endorsed ToRs
- Complete and disseminate the harmonized matrix for joint alliance partners' technical support to countries in the coming 6 months
- Implement the quarterly coordination TCs agreed to in the endorsed ToRs

Next meeting :October 2016 in South Sudan or Mozambique

Highlights

The Regional Working Group (RWG) on Immunization for Eastern and Southern Africa held its 1st meeting for 2016 from 14th to 16h of June, 2016, in Nairobi, Kenya. Participants came from UNICEF/ESARO, UNICEF/NYHQ, WHO/HQ, WHO/AFRO, WHO/IST, GAVI Secretariat, JSI/MCSP, American Red Cross, SIVAC/AMP, CHAI, EPI/MoH Kenya, EPI/MoH South Sudan.

Objectives of the meeting were:

- Review and endorse the generic terms of reference (ToRs) for the ESA RWG

- Review and update of Gavi grant processes including the PEF/TCA, the new Gavi grant application and management process that seeks to align all Gavi support with national health priorities through HSSP, NDPs……This new process will be piloted in Malawi

- Insight into the windows for Gavi and other donors to support and fund polio asset transitioning in priority countries

- Updates on the ongoing yellow fever outbreaks in the region, and how the working group could provide additional support

- Updates on program performance (progress & challenges) in Kenya and South Sudan