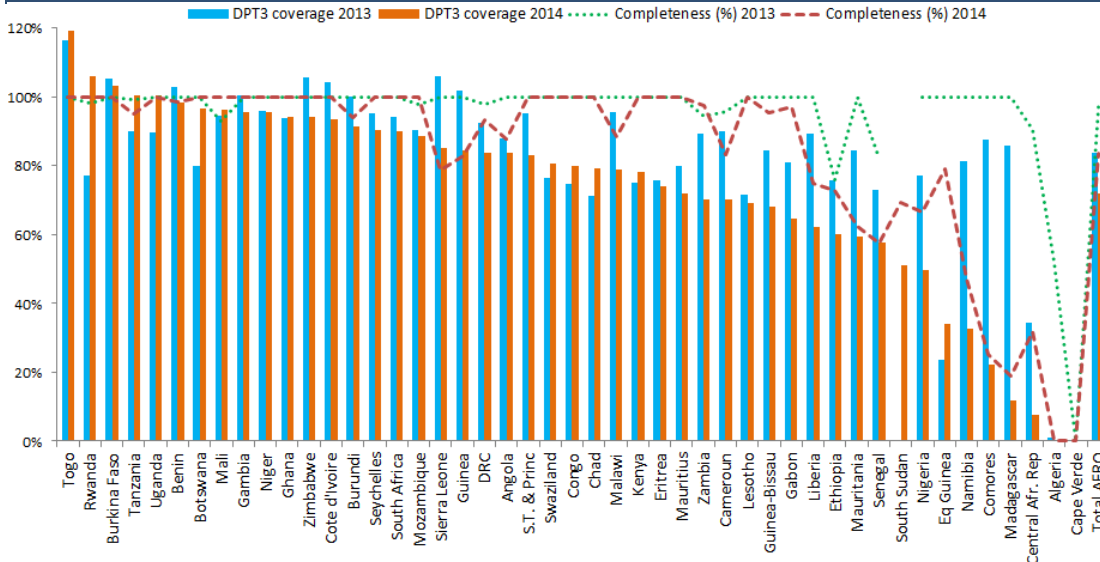


IMMUNIZATION MONTHLY UPDATE IN THE AFRICAN REGION

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District data completeness and DTP3 coverage in the AFR Jan-Apr 2013-2014



Highlights

The data reported in this issue covers the period January to April 2014 with a completeness of 84% & 97% in 2014 & 2013 respectively.

2/47 countries (Algeria, Cape Verde) have not reported for the period and 04/47 (Comoros, Madagascar, Namibia & CAR) have a completeness < 50%. The administrative reported regional DTP3-containing vaccine & Measles coverage was 72% & 75% in 2014 compared to 84% & 87% respectively for the same period of last year.

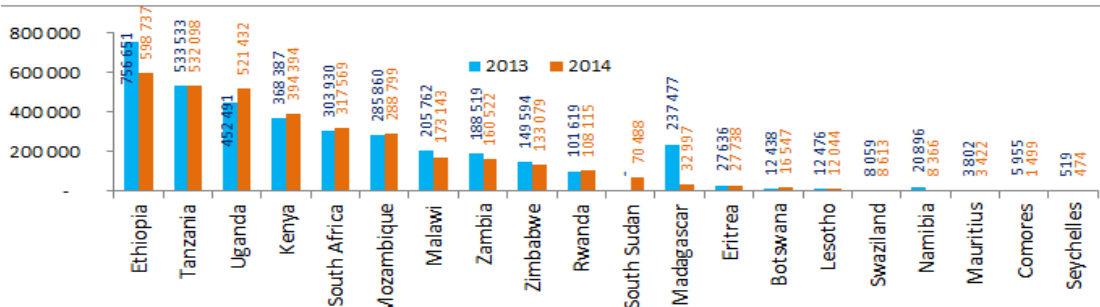
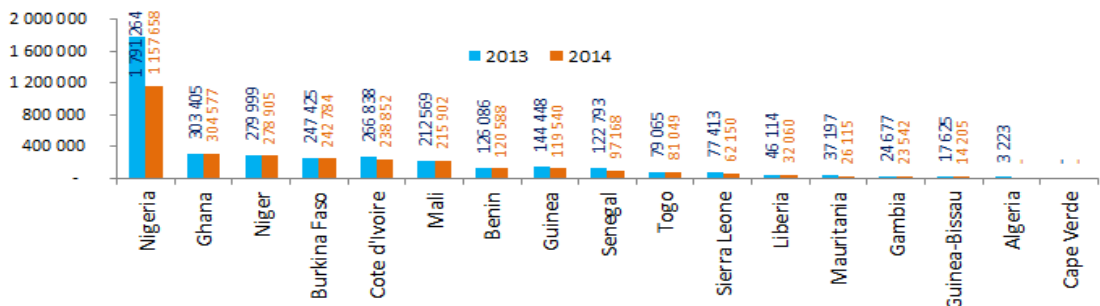
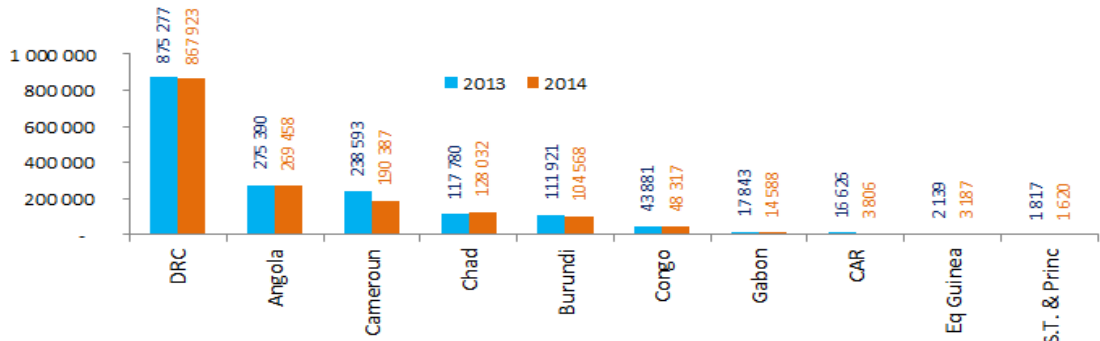
Sixteen countries have achieved a coverage > 90% among which 3 reported coverage above 100% for DTP3 (Rwanda, Togo & Burkina Faso) and 6 for measles (Benin, Togo, Rwanda, Seychelles, Tanzania & Uganda).

Five countries reported a coverage < 50% (Equatorial Guinea, CAR, Comoros, Madagascar & Namibia).

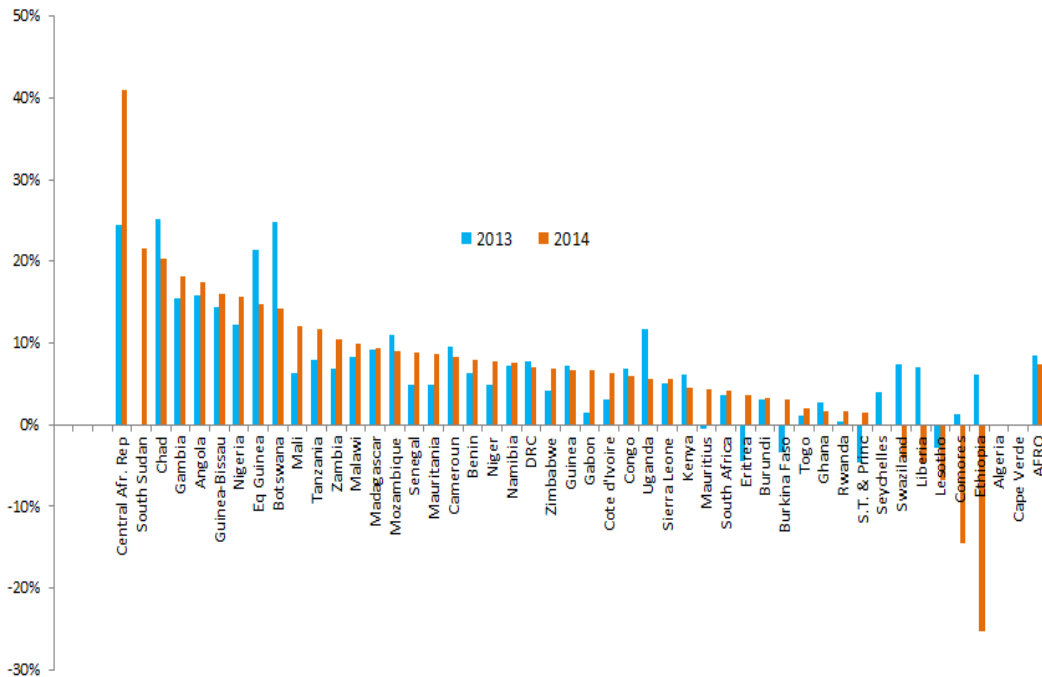
The data reported show that to date, more than 8 million children have been vaccinated with DTP3-containing vaccine compared to > 9 million children during the same period of last year. An increase in the number of vaccinated children was reported only in 13/47 countries with a significant increase (>68 000) in Uganda, moderate increase (>10 000) in Chad and South Africa and minor increase (>3000) in Rwanda, Botswana, Congo and Mali. Nigeria & Ethiopia which are among the most populated countries in the Region, reported the highest number of unimmunized for the period with respectively 633 000 and 157 000.

As stated in the previous editions, low data completeness in many countries, and poor implementation of data verification mechanisms at all levels including denominator issues are some of the challenges the region is currently focusing on for appropriate solution to be implemented at country level.

Number of vaccinated children with DTP3 Jan– Apr 2013-2014



Drop out rate DTP 1-3 Jan– April 2013-2014



Highlights

- The reported regional DTP1/DTP3 containing vaccine drop out rate is 7% compared to 8% for the same period of last year while the DTP1/measles drop out rate is 4% & 5% respectively in 2014 & 2013.
- Five countries (Ethiopia, Comoros, Liberia, Lesotho, and Swaziland) have reported a negative drop out rate (DOR) while 11 have reported DTP DOR above 10% among which 3 (CAR, South Sudan & Chad,) reported figures > 20%. 15 countries reported DTP/MCV1 DOR above 10% among which 6 reported figures > 20% (Chad, CAR, Gambia, Senegal & Mauritania,
- Negative or high drop out rates remain some of the issues that the region is continuously supporting countries on by identifying and implementing appropriate corrective strategies.

Workshop on the development of comprehensive multiyear plan (cMYP) Lomé, Togo 23-27 June 2014



Group picture of the participants at the CMYP workshop in Lome, TOGO

Outcome & recommendations

At the end of the workshop, each country developed a plan to finalize the cMYP revision process. Recommendations made to countries were mainly:

- ◆ To start the revision process of their cMYP within 3 months using the revised tools and ensuring that they are aligned with the GVAP & the Regional Strategic Plan for Immunization 2014-2020.
- ◆ To make sure that other health interventions are integrated in their cMYP and use the cMYP to mobilize necessary resources for its implementation.
- ◆ To include monitoring & evaluation plans in their cMYP and allocate for it at least 10 to 15% of the cMYP budget.
- ◆ Partners were recommended to provide the required technical support for the cMYP revision process.

Highlights

- The workshop organized by WHO in collaboration with other immunization partners was attended by representatives from 16 country in West Africa (EPI managers, focal person for planning in the MOH, WHO & Unicef focal persons) and partners.

The objectives of the workshop were:

- Update countries on the strategic orientations of the Regional Strategic Plan for Immunization 2014-2020, Decade of Vaccine, the Global vaccine Action plan 2011-2020, new development and innovations in immunization
- Update participants on the new guidelines and tools for the development of cMYP that are aligned with the Global Vaccine Action Plan (GVAP).
- Start the process of developing or updating the countries' cMYP in line with the new guidelines
- Agree on next steps in the process of developing or updating cMYP and the annual action plan and identify needs for technical support

8th African Rotavirus Symposium highlights the need for rotavirus surveillance to support decision making on vaccine introduction

Livingstone, Zambia: 12-13 June 2014



Group photo of the Zambian Minister of Community Development, Mother & Child Health, Honorable Emerine Kabanshi, symposium organizers & members of scientific committee

Outcome

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.

According to 2008 estimates, 453,000 deaths occurred globally from rotavirus diarrhea in children <5 years of age and more than half of these deaths (230,000) occurred in African children. Nine (9) of the ten (10) with the greatest absolute number of rotavirus deaths countries with the highest rate of rotavirus mortality are in Africa.

It was noted that sharing of growing in-country experiences on rotavirus surveillance, vaccine introduction, vaccine impact evaluation and safety monitoring has become critical to sustain and accelerate roll out of new vaccines in Africa.

Highlights

This is a regional event organized every two years by the African Rotavirus Surveillance Network (AFRSN) - a network of regional institutions conducting surveillance on diarrheal diseases in children and co-ordinated by the National Ministries of Health and supported mainly by WHO and key immunization partners such as GAVI Alliance. The 8th Rotavirus symposium was organized in collaboration with the Centre for Infectious Disease Research in Zambia (CIDRZ), University Teaching Hospital, Lusaka, the Ministry of Community Development, Mother and Child Health and the Ministry of Health, Zambia.

The theme of this year's symposium was "**Landscape Analysis of the Rotavirus diarrhea disease burden in Africa: Towards Prevention and Control**".

The symposium brought together 140 participants from 30 countries with various profiles: scientists, clinicians, public health professionals, EPI Program Managers and members of the donor community.

The forum 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.

WHO/AFRO presented updates on the importance of ongoing rotavirus surveillance and how surveillance data is being used by countries to provide evidence to support decision making on vaccine introduction. 20 of the 47 countries in Africa have introduced rotavirus vaccine in the national immunization program. Member States are using this robust surveillance system to monitor and document impact of new vaccines on disease burden and any vaccine related adverse events such as intussusception.

Workshop to develop work plans for vaccine safety and pharmacovigilance for anglophone and francophone countries: Grand Bassam, CIV, May 2014



Participants at work in a small group and in plenary at the workshop in Grand Bassam, Cote d'Ivoire

Outcome & next steps

- ◆ All stakeholders involved in monitoring of AEFIs worked together, to define the national priorities for vaccine safety and pharmacovigilance and to develop work plans.
- ◆ Follow up discussions through face-to-face meetings and teleconferences have been planned to closely monitor implementation, provide supportive supervision and deal with bottlenecks.
- ◆ It is expected that there will be improvement in monitoring, reporting and causality assessment of adverse events following immunization and vaccine safety in general in the region.

Highlights

Two workshops were held in Abidjan, Cote d'Ivoire and Accra, Ghana for francophone (Cote d'Ivoire, Cameroun, Madagascar, Guinea, Gabon, Democratic Republic of the Congo, Togo) and Anglophone (Ethiopia, Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda and Zimbabwe) countries respectively.

The overall objective of the workshops was to strengthen national capacity for vaccine safety and pharmacovigilance for the selected countries. Specifically, the workshops aimed to:

- Review vaccine safety and the Global Vaccine Safety Blueprint (GVSb),
- Establish an inventory of resources available for vaccine safety and pharmacovigilance in the Region,
- Support countries to develop roadmaps for vaccine safety and pharmacovigilance for 2014 – 2015, based on the vaccine safety blueprint and the Institutional Development Plans and in line with their National Health Strategic Plans
- Develop a framework for monitoring the implementation of the Roadmaps.

The workshops resulted in comprehensive work plans for each country, by all the stakeholders with clearly delineated activities, timelines for implementation, resource allocation and defined roles and responsibilities for each institution involved.

The catalogue of resources developed by WHO and partners was presented to the countries and online tools demonstrated.