

REPORT OF THE AFRICAN VACCINATION WEEK



2013



World Health
Organization
REGIONAL OFFICE FOR **Africa**

*Save Lives.
Prevent
disabilities.
Vaccinate!*

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List of Abbreviations

AVW:	African Vaccination Week
CAM:	Communication, Advocacy and Media
CAH:	Child and Adolescent Health
CDC:	Centres for Disease Control and Prevention
DPT:	Diphtheria, Pertussis, Tetanus
EGPAF:	Elizabeth Glaser Paediatric AIDS Foundation
EPI:	Expanded Programme on Immunization
ESARO:	UNICEF East and Southern Africa Regional Office
FAQ:	Frequently Asked Questions
FMOH:	Federal Ministry of Health
GAVI:	Global Alliance for Vaccines & Immunization
GVAP:	Global Vaccine Action Plan
HepB:	Hepatitis B
Hib:	<i>Haemophilus influenzae</i> Type B
HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ITNs:	Insecticide Treated Nets
IST:	Inter-Country Support Team
IVD:	Immunization and Vaccines Development Cluster
MCV:	Measles Containing Vaccines
MNCHW:	Maternal, New-born and Child Health Week
MoHS:	Ministry of Health and Sanitation
MSF:	Médecins Sans Frontières
OPV:	Oral Polio Vaccine
ORS:	Oral Rehydration Salts
PCV:	Pneumococcal Conjugate Vaccine
REJAV :	<i>Réseau des Journalistes Amis de la vaccination</i>
TFI:	Task Force on Immunization
TT:	Tetanus Toxoid
UNICEF:	United Nations Children's Fund
VDC:	Village Development Committees
VHC:	Village Health Committees
WCARO:	UNICEF West and Central Africa Regional Office
WCO:	WHO Country Office
WIW:	World Immunization Week
WPV:	Wild Polio Virus
WHA:	World Health Assembly
WHO:	World Health Organization
WHO/AFRO:	WHO Regional Office for Africa

FOREWORD

The African Vaccination Week was celebrated by Member States in the WHO African Region from 22 to 28 April 2013. The overarching goal of the initiative is to strengthen immunization programmes in the African Region and draw attention to the right of every person, in particular women and children, to be protected from vaccine-preventable diseases.

The theme chosen for this year's AVW "**Save lives, Prevent disabilities, Vaccinate!**" aptly underscores this ambitious goal.

During this week, participating countries undertook a variety of activities that raised awareness through advocacy media events on the life-saving value of immunization; provided access to new and existing vaccines in routine immunization and supplemental immunization activities to all, especially to underserved, marginalized and hard-to-reach populations; provided access to other high-impact child-survival packages and life-saving interventions integrated with immunization.

It is gratifying to note that, 43 countries out of the 46 in our Region participated in this year's edition of the AVW, signalling to the world that immunization is a priority for the Region.

We achieved an 89% reduction in measles mortality between 2000 and 2009. The elimination of maternal and neonatal tetanus had been validated in 30 countries in the Region by the end of 2012. All countries in the Region except one have introduced Hepatitis B and Hib vaccines and the introduction of new vaccines such as pneumococcal conjugate vaccine, rotavirus and Human Papilloma Virus (HPV) vaccines are being scaled up.

A newly developed meningococcal A meningitis conjugate vaccine has been introduced into 10 hyper-endemic countries within the meningitis belt of West and Central Africa. To date, more than 103 million people have so far been vaccinated and no confirmed case of meningitis A has been reported in vaccinated populations.

Much progress has been made in avoiding deaths from preventable diseases, but efforts have stagnated. Nearly one out of five children in the world is still not being immunized and the pace of new vaccines introduction is still slow.

This report summarizes the efforts of countries in commemorating the third edition of the African Vaccination Week in 2013. It describes activities implemented by some of the 43 countries that celebrated this 3rd event of the AVW. The report also provides information on how to plan for the AVW, implement activities, monitor and evaluate the implementation. Countries should use the report in their preparations towards the 4th edition of the AVW in April 2014.

The WHO is fully committed to universal access to immunization, through a strong community appreciation and demand for services. Vaccination is good for all people, children, adolescents, adults and the elderly, regardless of where they are born, who they are, or where they live. We should all strive to vaccinate to save lives and prevent disabilities.

Dr. Luis Gomes Sambo

I. Background

1.1. Rationale for establishing the African Vaccination Week

The low routine immunization coverage at district level and the significant number of children not reached during supplementary immunization activities in countries jeopardized the gains made in polio eradication and measles control as demonstrated by the 2009 polio and measles outbreaks. The reappearance of yellow fever, together with the high burden of other vaccine-preventable diseases further underscored the need for a coordinated international response to prevent future outbreaks, as disease transmission does not respect political boundaries.

Based on the successes achieved by Child Health Weeks in the WHO African Region and Vaccination Weeks in other WHO Regions in boosting population immunity and further raising the profile of immunization activities to the highest political level, the TFI recommended in 2008 the institutionalization of an annual African Vaccine Week for sustaining advocacy, expanding community participation and improving immunization service delivery. The 60th session of the WHO Regional Committee held in Malabo, Equatorial Guinea, in 2010 ratified a number of actions aimed at strengthening routine Immunization and polio eradication activities in the WHO African Region. Notable among them was the institutionalization of an annual AVW, which was subsequently celebrated for the 1st time in the last week of April 2011.

The adoption of Resolution AFR/RC60/R4 by the 60th Regional Committee, also defined the overarching goal of the AVW, namely to strengthen immunization programmes in the African Region through advocacy and by increasing the awareness of the importance of the right of every person (in particular women and children) to be protected from vaccine-preventable diseases. A slogan for the AVW was defined, namely "Vaccinated communities, Healthy communities". Each year, a theme is appropriately selected for the celebration, which addresses a specific regional public health priority.

Over the last decade, all the six Regions of the WHO created similar initiatives, focusing on the specific needs of their Member States. This growing global movement gained momentum in 2012 with the establishment of the first World Immunization Week (WIW). The World Health Assembly endorsed the World Immunization Week during its May 2012 session, alongside the Global Vaccine Action Plan. WIW is intended to complement and unify the unique vaccination week initiatives of all the WHO Regions. The goal of the World Immunization Week is to create awareness, improve access, and thus enable more people – and their communities – to be protected from vaccine-preventable diseases. The slogan of WIW is "Protect your world – get vaccinated".

This year's AVW comes after the approval by the WHA, in May 2012, of the Global Vaccine Action Plan (GVAP), which envisions a world in which all individuals and communities enjoy life free from vaccine-preventable diseases". The mission of the Decade of Vaccines is to extend, by 2020 and beyond, the full benefits of immunization to all people, regardless of where they are born, who they are, or where they live."

The 2013 AVW planned for 22-28 April, therefore, took into account these important goals by focusing on activities that will emphasize the right of every person to be protected from vaccine-preventable diseases. The AVW is designed as a flexible initiative, enabling countries to select their own activities each year in accordance with national public health priorities, while also taking into account the overarching AVW objectives, which are:

- Increase stakeholder **awareness** of the value and benefit of immunization;
- Promote and maintain **immunization as a priority** for decision-makers;
- Advocate for and **mobilize human, financial and material resources** for immunization;
- Increase **demand** and **utilization** of immunization services;
- Improve **access for high-risk populations and hard-to-reach areas** in the Region.

Each year, the commemoration of the AVW follows a sequence of careful planning, including: (i) a preparatory consultation of stakeholders; (ii) country planning & resource mobilization; (iii) dissemination of updated tools to countries; (iv) regular teleconferences to monitor planning and implementation at country level.

This report covers the third AVW celebrated in April 2013.

1.2. Preparatory activities

Member States in the African region identified their own activities for AVW according to national health goals, immunization priorities and current epidemiologic evidence. Planning for the week started in the Region with the support of WHO/AFRO, approximately four months prior to the launch. This period allowed for the identification of the interventions to be implemented, the development/update and dissemination of tools, social mobilization materials and for the mobilization and allocation of financial and human resources.

The period retained for the commemoration of the 2013 edition of the AVW was 22 - 28 April. However, many countries extended this period in order to accommodate planned synchronized supplemental immunization activities to reach isolated populations or in response to outbreaks, launching of the introduction of new vaccines or integrate the AVW with other health interventions.

1.2.1. Informal consultation meeting

In February 2013, a two-day informal consultation involving WHO communication and routine immunization officers from the three ISTs, WCO routine immunization officers from the Democratic Republic of the Congo and Uganda, communication experts from UNICEF Regional Offices for West and Central Africa (WCARO) and East and Southern Africa (ESARO) as well as members of the local public and private media, took place at the WHO Regional Office in Brazzaville, Congo to prepare for the African Vaccination Week. The main objective of this meeting was to share experiences and lessons learned from the past two editions of the AVW and to define how to effectively support countries to provide vaccines and other lifesaving interventions to a maximum number of unreached children during the 3rd AVW. Agreement was reached on the AVW planning tools and on the monitoring and evaluation mechanism for activities. The participants gained a better understanding of regional efforts in improving immunization and other integrated child survival activities. Working mechanisms for the implementation of the AVW activities between WHO/AFRO, UNICEF WCARO & ESARO and partners were established. After a brainstorming session, the group identified the 3rd AVW theme: "Save lives. Prevent disabilities. Vaccinate!"

The consultation meeting should normally have taken place in October 2012, at least six weeks before the AVW. The delay meant that some countries may not have had enough time to make the necessary preparations towards the celebration of the AVW.



Group picture of participants at the informal consultation meeting for the preparations towards the 3rd edition of the African Vaccination Week. 07-08 February 2013. Brazzaville, Congo.

1.2.2. Planning, and Monitoring and Evaluation tools

The “Guidelines for national planning” document was developed in order to assist the WHO/UNICEF Country focal points and their national counterparts to plan for the national Vaccination Week. The document contains information and guidance on the development and evaluation of AVW activities in a methodical and efficient manner. The document proposes a 3-step approach towards development of national plans, a situation analysis, definition of target groups and activity development.

A “planning and monitoring” framework was also developed to assist national health professionals in the planning of AVW 2013. The framework contains a table for countries to delineate the activities, as well as the planning and strategies to be used. The framework also requests information on the monitoring, evaluation and reporting of their AVW activities.

There is a great diversity of AVW activities across the Region. In order to evaluate these AVW activities and document the AVW, a format for report writing/documentation was created. The format allows for collection and collation of some standardized information that is critical for WHO/AFRO to provide timely response to donor requests and promote AVW results in public forums on behalf of Member States.

1.2.3. Bi-weekly conference calls

The IVD/AFRO, CAM/AFRO and CAH/AFRO teams held bi-weekly teleconferences with respective WHO and UNICEF teams at HQ and IST levels. This played a strategic role in reviewing the level of preparedness of the countries for AVW activities, ensuring high-quality planning and implementation, coordination and provision of feedback as well as technical support. It was also useful in the planning of major events like the regional AVW launch in Uganda.

The availability of accurate and relevant data is crucial to monitoring the progress towards the set targets and goals. It has proven to be very challenging to gather information and data at country level on the planning processes, funding and development of AVW activities. As a consequence, monitoring and evaluation of activities turned out to be challenging as well.

Each country, in collaboration with its internal partners, was expected to mobilize the necessary financial and human resources and to plan with all stakeholders in order to implement and evaluate the national vaccination week activities. Technical support was provided by the Regional Office, ISTs and WHO Country Offices, in collaboration with UNICEF and other partner agencies.

Apart from these calls, the Regional Office participated in calls initiated by Headquarters with the six WHO Regions for the preparation of the 2nd WIW where the planned activities, the level of preparedness and materials developed by HQ and each Region were shared.

1.2.4. Multi-partner effort

The AVW initiative is a multi-partner-led effort. Experience has shown the value of strong partnerships across sectors and country borders in increasing access to vaccines. Therefore, for the successful implementation of the AVW by countries, national governments worked in close collaboration with partner organizations, notably WCOs, UNICEF, CDC, Rotary International, Lions Clubs and many others.

Apart from government resources, the Regional Office, UNICEF and other partners mobilized resources to supplement catalytic funds and/or in-kind contribution for the initiation of activities to address specific areas, including the national planning meeting, the identification of national priorities, the identification of target underserved populations and the integration of immunization activities with other interventions.

II. Commemoration of the week

Forty-three countries¹ celebrated the third anniversary of the AVW devoted to the theme “Save lives, Prevent disabilities, Vaccinate!” This celebration was held from 22 to 28 April 2013 and coincided with the 2nd celebration of the WIW. The regional launch event was organized in Uganda.

Like the two previous editions of the AVW, (2011 and 2012), the main activities of the 2013 edition were: (i) advocacy through media events; (ii) introduction of new vaccines; (iii) specific routine immunization activities for underserved communities; (iii) supplementary immunization activities; (iv) integrated interventions for child survival or other high impact interventions for women, adolescents and adults. These activities served several purposes: raising awareness on the life-saving value of immunization; reaching underserved and marginalized communities (particularly those living in remote areas, deprived urban settings and strife-torn areas) with high-impact child survival packages; reinforcing the medium and long-term benefits of immunization and other child survival interventions, all with the aim of increasing vaccination coverage and helping to transform the lives of millions of children, by giving them a chance to grow up healthy, go to school, and improve their life prospects.

Specifically, the countries used the AVW to introduce some new vaccines like the conjugate pneumococcal, rotavirus and HPV vaccines, provided vitamin A supplementation and medicines for intestinal worms, distributed Long-Lasting Insecticide-Treated Nets, provided traditional vaccines as part of ‘catch up’ activities in low performing districts, conducted polio and measles campaigns, screened children for moderate or severe malnutrition, distributed WASH kits, ORS, iron and folate tablets as well as condoms.

Participating countries also embarked on mobilization and sensitization campaigns, using traditional, modern and social media, engaging religious leaders, organizing sensitization workshops for media practitioners and health workers, among others; conducting community dialogues through panel discussions, recognizing deserving health workers through award of certificates, and sensitizing supervisors as well as undertaking supportive supervisory visits to vaccination sites. These activities have a common overarching goal: to showcase the power of vaccination in promoting public health.

¹ All countries except CAR, Equatorial Guinea & Namibia.

2.1. Regional launching event

The 2013 edition of the AVW initiative was launched at the regional level in Uganda. The event was also commemorated throughout the Region in multiple ceremonies and celebrations in large cities and small towns, all under the same regional theme, “Save lives. Prevent disabilities. Vaccinate”.

One of the highlights of the AVW events in Uganda was the commemoration, which took place at Kamuli District (Busoga Region) in eastern Uganda. This location was chosen as one of the districts with poor routine immunization performance, and which was also affected by the Wild Polio Virus outbreak in October 2010. This very successful launch was attended by high profile local, state and international leaders, including the Right Honourable Alintuma Rebecca Kadaga, Speaker of the National Parliament in Uganda; the Minister of Health, Mrs Sarah Aceng Opendi, Uganda’s Director General of Health Services, Dr Jane Ruth Aceng, the WHO Representative in Uganda, Dr Wondimagegnehu Alemu, and Mrs Salam Musumba, Chairperson of Kamuli District.

Towards the end of the week dedicated to the AVW commemoration, Uganda celebrated the official introduction of the new pneumococcal conjugate vaccine (PCV 10), an event launched by the President of Uganda, His Excellency Yoweri Kaguta Museveni. This step in the rollout of the pneumococcal vaccine into Uganda’s routine immunization schedule, aimed to vaccinate initially all Ugandan children aged below one year. The Ugandan president was joined at the launch by Dr Deo Nshimirimana, representing the WHO Regional Director for Africa, Dr Luis G. Sambo, the WHO Representative in Uganda, Dr Wondimagegnehu Alemu, UNICEF Deputy Representative in Uganda, Ms May Anyabou; the Chief Executive Officer of GAVI, Dr Seth Berkley, and high-ranking Ugandan government officials and international partners.



President of Uganda, H.E. Yoweri Museveni, is being presented a baby immunized by the new PCV10 during the launch of the third AVW.



Mothers with their children at the launch of the new conjugate vaccine against pneumonia (PCV10) seated under a banner announcing the theme for the AVW.

Throughout the Region, multiple national AVW launching events occurred in cities, towns and remote villages, in almost all the countries (43 in total). These events were graced by both high-level authorities and local leaders, and also served to raise the profile of immunization and underscore the importance of immunization to the participating communities and media outlets. All the events were captured and are available at ‘daily updates’ on the WHO/AFRO webpage. Some countries took advantage of the platform created by the African Vaccination Week to integrate other health interventions together with their vaccination campaigns, such as vitamin A supplementation, deworming treatment, provision of ITNs, ORS, Zinc tablets, iron and folate tablets, wash kits and various screening procedures.

2.2. Highlights by subregion

A total of eight out of the ten countries of IST Central Africa, 18 of the 19 countries of IST South East Africa and all of the 17 countries of IST West Africa participated in the AVW.

2.2.1. Countries of IST Central Africa

Eight of the ten Central African countries successfully commemorated the third African Vaccination Week in the last week of April 2013. The Central African Republic and Equatorial Guinea did not organize national AVW activities because of insecurity and national elections respectively. Angola, Cameroun, Chad, Congo, Gabon, Democratic Republic of the Congo, and Sao Tome and Principe scaled up their effort in order to reach the unvaccinated and hard-to-reach populations with a package of life-saving interventions. Cameroun and Chad also conducted supplementary immunization activities against polio. Burundi intensified sensitization on MCV 2, which was introduced in the country in January 2013.

The 25 priority municipalities of Angola with the highest drop-out rates were successfully covered through intensification of the routine immunization activities conducted during the 3rd AVW, by providing all vaccines except Yellow fever.

In Gabon children aged below 12 months were vaccinated in the framework of “completing the unfinished agenda”. Pregnant women received vitamin A supplementation while deworming treatment was given to under-five children.

Highlights of some of these events are summarized below:

Angola:

A press conference was organized to provide the national media with information on AVW activities and Routine Immunization data. The conference comprised four sessions organized for different news channels.



A media conference to provide information about the activities for the AVW.

Burundi:

On 7 May 2013, the 3rd AVW was held at the Kinama Health Centre (in a district north of the capital, Bujumbura). The event was officially launched by the Honourable Minister of Public Health and the fight against HIV and AIDS of the Republic of Burundi, Dr Sabine Ntakarutimana. Participants included the WHO representative, Dr Babacar Dramé, the UNICEF representative, the Mayor and other civil servants of Bujumbura, religious leaders, and representatives from the Ministries of Health and Education of Burundi among others. The launch was marked by sensitization of the population and provision of a second dose of measles-containing vaccine in routine immunization at the Kinama Health Centre to children aged below 18 months. In Burundi, sensitization days were

organized in four provinces: Cibitoke, Bururi, Gitega and Ngozi for religious leaders, parents' organizations and teachers to raise awareness around immunization issues.



Hon. Dr. Sabine Ntakarutimana, Minister of Public Health and Fight against HIV and AIDS officially launched AVW by immunizing a child against measles.



A press conference to formally launch the AVW in Bujumbura, Burundi.

Cameroon:

As part of advocacy activities, the country organized a press conference to announce the AVW and involve key media outlets of the country in the promotion of the health benefits of vaccination. This goal was attained successfully, since 33 journalists of the written, online and audio-visual media were present. At the end of the press conference, the journalists had the opportunity to visit the offices of the 'Expanded Programme on Vaccination' as well as the vaccine warehouse.



Press conference for the all the media (radio, print, television) to announce the activities planned for AVW in Cameroon.

The Secretary of State for Public Health, Mr Alim Hayatou, officially launched the third AVW in Cameroon on 29 April, which was coupled with the Maternal and Child Nutrition Action Health Week. Close to 2,000 people attended the ceremony in Gashiga (Northern region). It is important, however, to notice that the AVW activities started on 26 April, in the 10 regions of Cameroon. Participants at the launching ceremony included the Governor of the northern region, Mr Otto Joseph Wilson, civil servants, traditional and religious leaders of the region, representatives of WHO and UNICEF as well as a delegation from the UN Foundation and Rotary International. At the end of the ceremony, a parade marched through the streets mobilizing an immense crowd. Furthermore, a caravan of motorcycles rode through the districts announcing the start of the polio vaccination campaign in the northern region.

Congo:

In Congo several sensitization meetings were organized in each region, in close collaboration with local partners; mayors, village and district representatives, and religious leaders to advocate for resource mobilization for vaccination.



Women waiting to have their babies vaccinated at the launch of the AVW in Brazzaville, Congo.

DRC:

A press conference was organized to officially launch the AVW on 22 April 2013



A press conference chaired by the Ministry of Health with the participation of partners, to explain the activities planned for the AVW in DRC.

Catch up immunization activities were also conducted in low-performing provinces and the new PCV13 was introduced in three provinces, namely Maniema, Kasai Oriental and Kasai Occidental. Specific vaccination activities were also delivered in the internally displaced camps of Mugunga III in Nord Kivu.

2.2.2. Countries of IST South and Eastern Africa

Only Namibia did not participate in the AVW, and Comoros and Eritrea postponed their AVW to June. Different countries of the IST South and Eastern African subregion, namely Ethiopia, Kenya, Mozambique, Lesotho and Malawi engaged in advocacy activities to raise awareness on the importance of immunization. Other countries (Botswana, Kenya, Malawi, Swaziland, and Uganda) organized community mobilization activities to inform the community about the AVW, using different structures. They also produced and disseminated communication materials to sensitize communities on AVW. The summary in selected countries for different activities is presented in the sections below:

Botswana:

In Botswana, health talks were conducted in the Kodibeleng catchment area consisting of hard-to-reach communities bordering the Central Kalahari Game Reserve. Messages on immunization were sent out through schools, village health committees (VHC) and village development committees (VDC). Moreover, a mini vaccination and health promotion campaign was conducted later in the

month in seven other hard-to-reach communities that were missed in the beginning of the week, marking the end of Botswana's 2013 AVW/Child Health Days celebrations.

Ethiopia:

On 31 April 2013, the WHO Regional Director for Africa, Dr Luis G. Sambo, joined in solidarity, as he attended the AVW closing event in Selam Health Centre at Asalla, Ethiopia. Other participants included the Ethiopian Federal Minister of Health (FMOH), WHO and UNICEF Country Representatives to Ethiopia, Deputy Head of Addis Ababa City Administration Health Bureau, WHO and UNICEF staff, several mothers with their children, health workers and other participants.



Dr Luis G. Sambo, WHO Regional Director for Africa, being interviewed on the occasion of the African Vaccination Week in Ethiopia.

Lesotho:

The third annual African Vaccination Week (AVW) was commemorated on 24 April in Mafeteng District, Lesotho, highlighting this year's global theme: "Save lives, Prevent disabilities, Vaccinate!" The occasion was organized by the Ministry of Health, in collaboration with WHO and UNICEF and was graced by the presence of the Honourable Deputy Minister of Health, Dr. Nthabiseng Makoae, the WHO Country Representative, Dr Jacob Mufunda, Dr Victor Ankrah, Health Advisor from UNICEF and NGOs such as Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), World Vision, and Red Cross. The community, schools and the media were also present for the celebration.



The Hon. Deputy Minister Dr Nthabiseng Makoae delivering her speech during the launch of AVW in Lesotho.

Madagascar:

With the support of WHO and its partners, the AVW campaign in Madagascar targeted 4,158,373 children, aged below five years and 1,039,593 pregnant women, with free vaccination services. Vitamin A supplementation was given to children that are less than 5 years old. Children aged 0 - 23 months were vaccinated while pregnant women that missed regular doses were also vaccinated. Deworming tablets were given to children ages 1 - 5 years and to pregnant women who are in the fourth month of their pregnancy.

Swaziland:

In Swaziland, community members were engaged in dialogue to promote AVW in the four regions. These meetings were attended by community leaders and the general public. The importance of immunization was discussed as well as the fact that parents and families should be encouraged to complete their children's basic immunization in the first year of life. Attention was also drawn to the fact that fathers and community leaders have an important role to play in encouraging families to take children for immunization.



The local Member of Parliament (MP) for Maphalaleni Constituency, Hon. Sicelo Dlamini, delivering his speech at the launch of the AVW in Swaziland.

Tanzania:

On 23 April 2013, the AVW Tanzanian national launch took place in the Coastal Region and was chaired by the First Lady of the United Republic of Tanzania, Mama Salma Kikwete. Other dignitaries present to witness the launch were the Regional Commissioner for Coastal Region, Hon. Mwantumu Mahiza; the Deputy Minister for Health and Social Welfare, Dr Seif Rashid; the Ag. Permanent Secretary, Ministry of Health and Social Welfare, Mrs Regina Kikuli; Heads of UN agencies; officials of the Ministry of Health and Social Welfare; WHO staff, Kibaha District Health Team, school children, community members and members of the media.



The First Lady of the United Republic of Tanzania vaccinating a child against polio during the AVW launch

Zimbabwe:

The AVW launch was commemorated in Tsholotsho District, Matebeleland North Province on 26 April 2013 with financial support from WHO, MSF and Health Services Fund. There was overwhelming response from the targeted Khoisan community, who are usually nomadic. The launch was community owned with all proceedings organized and led by the community leadership and Health Centre Committee. There were activities such as drama, role plays, singing and dancing, quiz and prizes, children games such as egg race, poems and drum majorettes as well as vaccination and Vitamin A supplementation.

2.2.3. Countries of IST West Africa

All the 17 countries commemorated the 3rd AVW. Burkina Faso decided to separate the event from the synchronized polio campaign and postponed it to the 2nd week of June.

Seven countries of the IST West Africa sub-region planned synchronized polio SIAs, which also coincided with the commemoration of the AVW. They took the advantage to increase media exposure and social mobilization for the campaign. These are Benin, Guinea, Côte d'Ivoire, Liberia, Mali, Burkina Faso and Sierra Leone. The remaining countries organized a variety of activities aimed at increasing awareness for immunization and/or raising vaccination coverage associated or not with other life-saving interventions.

Community mobilization activities were also planned by Côte d'Ivoire, Gambia, Ghana, Liberia, Togo to inform the community about the AVW, using different structures. The remaining countries, namely Algeria, Cape Verde, Gambia, Guinea Bissau, Mauritania, Niger, Nigeria, Senegal and Togo conducted catch-up immunization activities and scaled up their effort in order to reach the unvaccinated and hard-to-reach populations. The summary of the different activities in selected countries is presented in the sections below:

Gambia:

This year's focus of the AVW was to make sure that communities understand and demand immunization services. Synchronized, community-based health education sessions, commonly known as "Open field days"; were organized. The goals of the "Open field days" were to raise awareness on the value and importance of immunization services and to increase vaccination coverage and uptake of new and existing vaccines. These sessions were held in strategic locations in the country's seven health regions and were attended by mothers, fathers, care givers, community leaders, government authorities and many other stakeholders.

Guinea:

In Guinea, the focus of the AVW was to improve the vaccination coverage in low-performing areas. Statistically, the Téliélé District, 267 km from Conakry, was the weakest district of the country in terms of vaccination coverage with the 3rd dose of DPT-Hib-HepB, in December 2012. During the AVW, catch-up vaccination activities of children and women were conducted; 6,786 children aged 0-11 months and 9,810 pregnant women were vaccinated with Routine Immunization antigens.



A father having his child vaccinated against polio in Guinea.

Guinea Bissau:

On 6 May, a press conference was organized by the Minister of Health to inform the media on AVW activities in Guinea Bissau. The representatives of WHO and UNICEF flanked the Minister of Health at the press conference. The Minister clearly stated that immunization is the most cost effective health intervention and that the government and partners of Guinea Bissau are dedicated to improving health services, particularly immunization health services. He added that in this 3rd AVW, catch-up activities will be held in an outreach mode, improving vaccination coverage for all vaccines to at least 80%.



From left to right: The UNICEF Representative, the Minister of Health and the WHO Representative in Guinea Bissau, at the press conference.

Liberia:

A formal launch of the African Vaccination Week took place on 22 April 2013. The event included key messages on the Liberian routine immunization and the upcoming polio campaign. The Deputy Speaker of the Liberian House of Representatives, Hon. Hans Barchue, launched the Liberian AVW together with Hon. Jewel Howard-Taylor, Senior Senator from Bong County, Liberia. Other dignitaries who attended and made remarks during the launch included Dr Bernice T. Dahn, Chief Medical Officer of Liberia and Deputy Minister for Health Services, Ministry of Health and Social Welfare; and Dr Nestor Ndayimirije, the WHO Representative in Liberia. Doses of Polio vaccines were administered to local children during the event.



Hon. Hans Barchue, Deputy Speaker of the Liberian House of Representatives administering the 1st dose of polio

Social mobilization activities commenced in Liberia during the first week of April 2013 with county-level advocacy meetings. Civil society and community leaders actively participated in social mobilization and routine immunization campaigns by holding district-level sensitization meetings, conducting inter-personal communication activities. On 19 April, seven national social mobilization supervisors from Monrovia counties were sent out to priority counties to help monitor the implementation of the communication activities.

Mauritania:

The country engaged strongly in AVW advocacy activities to carry immunization messages forward. A media briefing was organized to offer journalists and other media outlets the opportunity to learn about the AVW so that they would be able to report on this year's edition. Moreover, a quiz on routine vaccination was developed with the support of "Réseau des Journalistes Amis de la vaccination" (REJAV) and broadcast on national radio stations. A sketch on vaccination was also developed, starring local actors and posted on the internet.



The Secretary General of the Ministry of Health of Mauritania opening the media briefing for the AVW.

Nigeria:

Nigeria integrated her Maternal, New Born and Child Health Week (MNCHW) with the African Vaccination Week. MNCHW is a bi-annual event which provides the opportunity for child vaccination, community education and sensitization on important maternal and child health best practices. Delivering Tetanus Toxoid (TT) to eligible women of reproductive age and vaccinating children (0-11 months) according to the national policy were some of the specific objectives laid out for this year's AVW/MNCHW.



Mothers and children waiting to be vaccinated at the designated centres in Nigeria.

Sierra Leone:

The AVW, coupled with The Polio NIDs campaign, was officially launched on Friday, 26 April 2013 in Wellington Community Health Centre, in Western Area, in Freetown, the capital of Sierra Leone by Dr Abu Bakarr Fofanah, Deputy Minister, Ministry of Health and Sanitation (MoHS). The function was

well attended, notably by senior officials of the MoHS, Rotary international, WHO, UNICEF, parliamentarians, civil society organizations, traditional and religious leaders among others. In his speech, Dr Fofanah emphasized the need to reach all eligible children with vaccines and urged the full participation of stakeholders to ensure a successful outcome of the campaign. Mini-launches were conducted in all districts.



Mothers waiting anxiously to have their babies vaccinated during a polio campaign, as part of the launch of the AVW in Freetown, Sierra Leone.

Main achievements of the 2013 edition of the AVW per intervention

Interventions during AVW	Results obtained	Countries
Polio campaign	36,711,984 doses of OPV administered in children <5 years in 10 countries	Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Liberia, Mali, Mozambique, Sierra Leone,
Catch-up vaccination activities	More than 7, 500 000 doses of vaccines of all antigens administered in 16 countries	Angola, Algeria, Benin, Burkina Faso, Chad Congo, Cameroon, DRC, Gabon, Guinea, Kenya, Lesotho, Madagascar, Mauritania Swaziland, Togo, Zimbabwe
Vitamin A administration	31,500,000 tablets of vitamin A distributed to children <5 years and women in post-partum in 13 countries	Angola, Benin, Cameroon, Congo, Côte d'Ivoire, Gabon, Guinea, Liberia, Madagascar, Mozambique, Rwanda, Swaziland, Nigeria,
Deworming tablets	21,190,000 deworming tablets distributed to children <5 years and pregnant women in 9 countries	Cameroon, Côte d'Ivoire, Gabon, Guinea, Liberia, Madagascar, Mozambique, Nigeria, Zimbabwe
Malnutrition screening	6,377,222 children screened for malnutrition in 3 countries	Cameroon, Madagascar, Mozambique
Distribution of wash kits	3,814,680 wash kits distributed in 3 countries	Cameroon, Botswana, Nigeria

2.3. Regional social communication campaigns

2.3.1. Print materials

To support country communication efforts, the communication team at WHO/AFRO developed an electronic AVW flyer in three languages and made them available on the WHO/AFRO website. Feature story and FAQs were also developed in French, English and Portuguese, to assist the countries in the development of national communication materials.

2.3.2. Audiovisual material

An AVW public service announcement was produced in English, French and Portuguese. The video advocated the importance of immunization and was made available through the AVW website for use on television channels in the Region.

2.3.3. Daily updates

During the Vaccination Week, updates on launching events in African countries and AVW activities were collated and posted on the AFRO/WHO web on a daily basis. In addition, a twitter account was added to the AVW regional communication campaign in 2013. Both these platforms helped to reach more people and communicate quick facts on immunization, links to news stories and on launching events.

2.4. National social communication campaigns

As in the previous years, in 2013, some countries also developed their own unique communication materials, specific to national activities and/or adapted AFRO images to better fit their needs. Selected examples include the following:

In Cameroon, innovative efforts were made to improve public awareness regarding the importance and success of national immunization programmes. A national You-tube spot for the campaign, starring footballer Roger Milla, was produced and disseminated on the web, a second You-tube spot was produced on Routine Immunization and broadcasted immediately after the AVW. Umbrellas, T-shirts and banners were also produced with AVW messages.



T-shirts made for the AVW campaign in Cameroon

In Togo, the AVW was used as an opportunity to highlight the importance of coordination between health workers, community leaders and religious leaders. Village chiefs and traditional town criers were invited to the press conference, engaging them to provide their respective communities with the necessary information on immunization issues. Involvement of community leadership enhances community ownership. A film on Polio was projected and information on new vaccines shared. National radio and television spots were developed and circulated. Additionally, a television

programme on the importance of immunization in disease prevention was developed and reproduced on CD for use in schools. Several communication materials were produced to spread the vaccination-related messages: print media, television, radio and public service announcements to spread its vaccination-related messages.



Traditional leaders attending the launch in Togo, underscoring the importance and role of engagement of community leaders during the AVW.

III. Lessons learnt

The celebration of the AVW has revealed some very important lessons to keep in mind for the 4th edition of the AVW that will be celebrated in April 2014.

Early planning and suggested timeline for the next editions:

Early planning (6-12 months in advance) and with all partners is crucial for implementation of a successful AVW. This allows for adequate time to prepare a budget, allocate resources, identify activities, define target populations, develop slogans, train staff, the media and plan for the launch. Involving all stakeholders in the planning process ensures better harmonization of all stages of implementation.

Integration:

An integration of interventions focusing on the survival of children in underserved populations as well as life-saving interventions in other age groups is an important component of the AVW. When activities are integrated into broader EPI priorities, they lead to success in increasing community uptake.

Fostering partnerships for immunization:

Strong partnerships and strong stakeholder involvement across sectors and country borders increase access to vaccines and as a result more people are protected from vaccine-preventable diseases. It is crucial that other sectors, leaders and communities are mobilized and involved to rally behind the goals of high immunization coverage in the African Region.

Community participation and ownership:

Efforts need to be made by countries of the African Region to bring immunization services closer to the communities. The involvement of community leadership to spearhead the process enhances community ownership of the programme. Communities should be involved in the planning of the AVW from start to finish.

IV. Annexes

Annex I: AVW planning tool

Steps/Activities (<i>Étapes / Activités</i>)	Description/comments (in bullets) – (<i>Description/ commentaires (mettre des points)</i>)
Planning (<i>Planification</i>)	
Preparation and organization leading to AVW (<i>Préparation et organisation conduisant à la SAV</i>)	
Existence of national, provincial/regional and district coordinating committees or other entities for the AVW (<i>Existence de comités de coordination ou d'autres entités pour la SAV, aux niveaux national, provincial / régional</i>)	
Existence of plans with clear objectives and strategies of the AVW (<i>Existence de plans avec des objectifs clairs et des stratégies pour la SAV</i>)	
Planned interventions, target population for the interventions and planned activities of the AVW (<i>Interventions planifiées, population cible des interventions et activités planifiées pour la SAV</i>)	
High level political involvement and government's financial commitment to the AVW (<i>Implication politique au haut niveau et engagement financier du gouvernement pour la SAV</i>)	
Commitment of partners (<i>Engagement des partenaires</i>)	
List of major national/local partners (<i>Liste des principaux partenaires nationaux / locaux</i>)	
Resource Mobilization (<i>Mobilisation des ressources</i>)	
Provide information on Resource mobilization and estimated cost of the AVW (<i>Fournir des informations sur la mobilisation des ressources et le coût estimatif de la SAV</i>)	
Implementation (<i>Mise en oeuvre</i>)	
Comments on the launching of the AVW (<i>Commentaires sur le lancement de la SAV</i>)	
Activities implemented and innovations used to reach hard-to-reach children with interventions: provide detailed account (<i>Activités mises en oeuvre et les innovations utilisées pour atteindre les enfants difficiles d'accès avec les interventions: Fournir les informations détaillés</i>)	
Supervision, monitoring and evaluation (<i>Supervision, suivi et évaluation</i>)	
Provide information on how AVW is supervised and monitored at different levels (<i>Fournir des informations sur la façon dont la SAV est supervisée et suivie à tous les niveaux.</i>)	
Use process (e.g. committees in place) and output (e.g. number reached with interventions) indicators (<i>Utiliser les indicateurs de processus (ex : comités en place) et de résultats (par exemple, le nombre de cibles atteintes par les interventions)</i>)	
Reporting (<i>Rapportage</i>)	

<p>Provide results (ensure baseline is defined in planning stage) and three major achievements, challenges and lessons learnt (<i>Fournir les résultats (s'assurer que les données de base ont été définies lors de la planification) et trois grandes réalisations, les défis et les leçons apprises</i>)</p>	
<p>Provide information on way forward for future AVW (<i>Fournir des informations sur les étapes à suivre pour les prochaines SAV</i>)</p>	

Annex II: African Vaccination Week (AVW) Guidelines for national planning

This document proposes a 3-step approach to planning a national Vaccination Week. The document can be adapted by Vaccination Week focal points in countries and it is proposing a structure through which to develop a national plan of action. The 3 steps described below are (1) situation analysis, (2) definition of target groups and (3) activity development.

Step 1: Situation analysis

This section aims to provide guidance on conducting a situation analysis. To plan effectively the vaccination week, you should be aware of the immunization baseline status. Understanding the challenges and opportunities faced by the country helps you to prepare an efficient and effective plan, including identification of target groups, areas, partners and selection of appropriate activities. Working through existing national planning committee (this can be the committee involved in the planning of the child health week activities or other similar activities) to analyse the current situation, based on existing data and evidence will ensure synergy with existing planning efforts.

It is advisable to start by defining the main challenges to increasing vaccination coverage in your country. Identify and further explore national and sub national barriers to improving immunization coverage. Defining the current immunization “environment” is essential for the identification of target groups, key messages and activities. In addition, further analysis of the barriers and challenges will provide a strong knowledge and evidence base, and will prepare the ground for any questions and criticisms that may be raised.

It is important also to gather facts and reliable data. Get an overview of the relevant policy and budget issues. Create graphs, charts and tables to illustrate the situation. Compare regions, districts or compare with the situation in neighbouring countries. Use the already available data from routine immunization, accelerated disease control and disease elimination/eradication initiatives, particularly polio and measles, and use existing infrastructure of these initiatives.

The following areas should be further explored and questions asked which might assist in the comprehension of the national and local context.

1.1. Vaccination Coverage

Analyze vaccination coverage: is it increasing, levelling off or even decreasing? Compare data at subnational level. High national coverage may disguise serious problems in some districts. Compile data from the national immunization programme, surveillance monitoring, WHO and UNICEF joint reporting forms, etc. Complement the data gathered with qualitative or anecdotal inputs. Calculate the actual number of children who are under-immunized or those who remain unimmunized. The proportion of unimmunized might still represent a very large “number” of children. Analyze the trend of recent or predicted outbreaks, comparing and contrasting with neighbouring or other countries.

1.2. Susceptible areas and population groups

Explore whether there are particular districts, cities, municipalities or population groups in the country that have lower coverage levels and are more affected by disease outbreaks than others. Investigate disease incidence by subnational regions and, if feasible, by population group. Assessments and input from local health care workers will be vital in this process. Identify and define these hard-to-reach populations and areas.

1.3. Political commitment and cost-effectiveness

Define how immunization is prioritized at government and local authority level; what percentage of the health budget is identified and used for immunization; how much data exist about the cost benefits and effectiveness of immunization?

Explore the level of health care investment and child mortality and morbidity in the country. Investigate the costs associated with vaccination and compare those to the costs associated with an outbreak (follow up, hospitalization, long-term care in case of side effects and indirect costs if possible). Compare vaccination with the costs of other health interventions and, if possible, compare the extra healthy life-years gained due to immunization (“disability-adjusted life year”).

Explore and present the epidemiology of diseases in the country before immunization was introduced, compared to how it is now. Estimate costs saved due to immunization; the reduction in mortality and morbidity and its positive effect on the economy, for example.

1.4. Safety

Overall, vaccine-preventable disease incidence is declining and some people no longer fear infectious diseases. Instead, the necessity, benefit and safety of vaccines are now in question; in some countries, vocal anti-vaccine groups exist.

It might be relevant to explore the arguments and case stories of the anti-vaccination groups and to shape the initiative with a focus on safety issues. Find out the number of vaccinations given in your country every year. If relevant, compare this to the number of adverse events being reported. Explore and explain the reasons for adverse events that may have occurred. If appropriate, compare deaths averted from disease versus deaths from adverse events.

Step 2: Define the target groups and how to reach them

Having analyzed the national and sub national context, now take a closer look at the reasons why certain barriers to immunization exist. Explore the reasons why children do not receive (timely) vaccination: perhaps parents and care takers do not have access to immunization services. (financially, geographically, culturally); perhaps there are certain ethical, social or religious reasons preventing vaccination; perhaps there is a lack of knowledge and understanding; or perhaps confidence in vaccines has just been threatened and parents are unsure how to make a balanced decision.

It may be that the issues are more related to political commitment. Are national and local politicians prioritizing immunization as a part of health, health care and health protection? Is assistance provided to certain population groups to help them access preventive health care? Do rules exist regarding vaccination status and school entry? Are decision-makers aware of obstacles and low performing regions? Do you present solutions and do you inform them about the benefits of investing in immunization?

Perhaps the barriers are due, in part, to the people implementing the immunization services. Take a deeper look at the health care professionals and service providers and analyze how they perceive and value immunization. Are they promoting vaccination, or have their opinions and advice been affected by negative media coverage or safety scares?

2.1. Categorizing target groups

The analyses will identify a long list of persons or groups that are somehow linked to immunization. These may be further defined as *key target groups* (the focus for the vaccination week activities) and *persons or groups of influence* (the stakeholders which may influence the key target groups and/or can be used as channels through which to reach the target groups).

Depending on the main challenges you have identified, the key target group may be parents, doctors, nurses, politicians, children themselves or others. Explore which challenges are relevant to each of the key target groups. This will enable you to later shape activities and messages. Understand not only the reasons why immunization is hindered, but also how attitudes and behaviours might be affected in order to create change.

The analysis of three target groups is summarized here:

Target group	Challenges	Reasons behind may include
Policy and decision-makers	Low commitment and underinvestment	<ul style="list-style-type: none"> • Lack of awareness of the beneficial effects of a sustainable routine immunization system, including averted deaths and disease • Lack of awareness of the cost-effectiveness of immunization • Decision-makers taking the success of immunization for granted and not being aware of its weaknesses.
	Scarce financial resources	<ul style="list-style-type: none"> • Lack of long-term institutional and financial support for national immunization programme
Parents and care takers	Low immunization service uptake	<ul style="list-style-type: none"> • Clinic hours not convenient • Attitude of health workers Geographical access difficult • Difficulties with observance of timely immunization Drop-out parents not returning to health care facility
	Specific population groups not being immunized	<ul style="list-style-type: none"> • Specific communities, cultural settings or socioeconomic factors discouraging people from immunization
Health care professionals	Lack of awareness or gaps in immunization	<ul style="list-style-type: none"> • Limited surveillance data, making it difficult for immunization-related health care staff to define and target the marginalized and high-risk groups • Health care providers not being fully educated or lacking knowledge/experience • Unclear roles and responsibilities

List your relevant target groups and assess the effectiveness of targeting these groups through Vaccination Week activities; then prioritize and select accordingly. One or two target groups can be enough.

2.2. Setting goals for key target groups

Based on the target group analysis, specific goals for each target group can be defined. Examples of goals are summarized here:

Policy and decision-makers

Goal: to involve 2-3 appropriate senior decision-makers in the analysis, development and implementation phase of the National Vaccination Week, sensitizing them to the challenges and issues in relation to immunization.

Parents and care takers

Goal: to increase the awareness of the benefits of fully immunizing children before 1 year, among a defined group of parents or care takers.

Health care professionals

Goal: to introduce regular training, focusing on selected areas of the immunization programme, for a defined group of staff.

2.3. Developing messages for key target groups

Use the analysis of issues, challenges and target groups to define the *rationale* behind the Vaccination Week messages appropriate for the target group. Analyse what message will catch their attention and mean something to them - something they can relate to. Specific messages can be developed at a later stage, during the development of the activities.

2.4. Groups or persons of influence:

Analyse also the "groups of influence" - the stakeholders which may affect the key target groups. Many of these have the potential to be of both positive and negative influence on the key target groups. Use positive stakeholders proactively - and be prepared for what might come from the negative stakeholders.

2.4.1. Positive persons or groups of influence:

Work with these people, inform and involve them in the Vaccination Week initiative, if possible and relevant. Use them to channel relevant messages. Whenever possible and relevant, include positive influences as partners (e.g. local/international NGOs) or as donors (e.g. foundations or private companies). Explore whether celebrities or opinion makers would be willing to act as goodwill ambassadors during the Vaccination Week (nationally or subnationally). Community leaders and other locally-respected figures can also work closely with hard-to-reach communities.

2.4.2. Media

Local and national media are a powerful channel to carry messages forward. If possible, work closely with them to develop a good relationship by informing and "educating" them about vaccine-preventable diseases and immunization issues. Keep the media well informed and provide them with case stories for articles.

2.4.3. Negative persons or groups of influence

Some groups or persons may pose a threat to the initiative and its messages. Identify who these negative stakeholders may be and prepare for their arguments. Contingency plans are vital to enable a quick response to any criticisms or allegations. Try to predict where criticism may arise and develop the appropriate response beforehand. Be prepared! Narrowcast appropriate messages at different levels, which are crafted to the specific target groups.

Step 3: Define and implement the activities

Use the analyses in steps 1 and 2 to define activities relevant to the key target group(s). Activities might include advocacy activities or communication efforts, including awareness-raising, vaccination activities, training workshops, etc. Targeted information campaigns, one-to-one dialogue or media-based activities may also be relevant. For prints, information materials and other campaign materials, using the logo and slogan developed for the initiative will enhance synergy and thereby create greater impact.

3.1. Planning the Immunization Week

Planning of the African Vaccination Week should start well in advance of the launch date. An 8-month timeline is proposed in Appendix 5. Draw up a comprehensive Vaccination Week action plan, giving details on each proposed activity. Include time-lines for each element and involve the relevant stakeholders in each process.

Involve all relevant partners and stakeholders early in the planning process and consider how to best use their strengths. Define the roles and responsibilities of each stakeholder, internal and external, and use the activity plans to formalize this.

Draw up detailed budgets for each activity, providing an overview of total planned costs. Identify the Resources (human, financial etc.) required to implement the initiative; define what resources are available and draw up a resource mobilization plan for resources needed, including potential donors or partners.

3.2. Planning the evaluation of the initiative

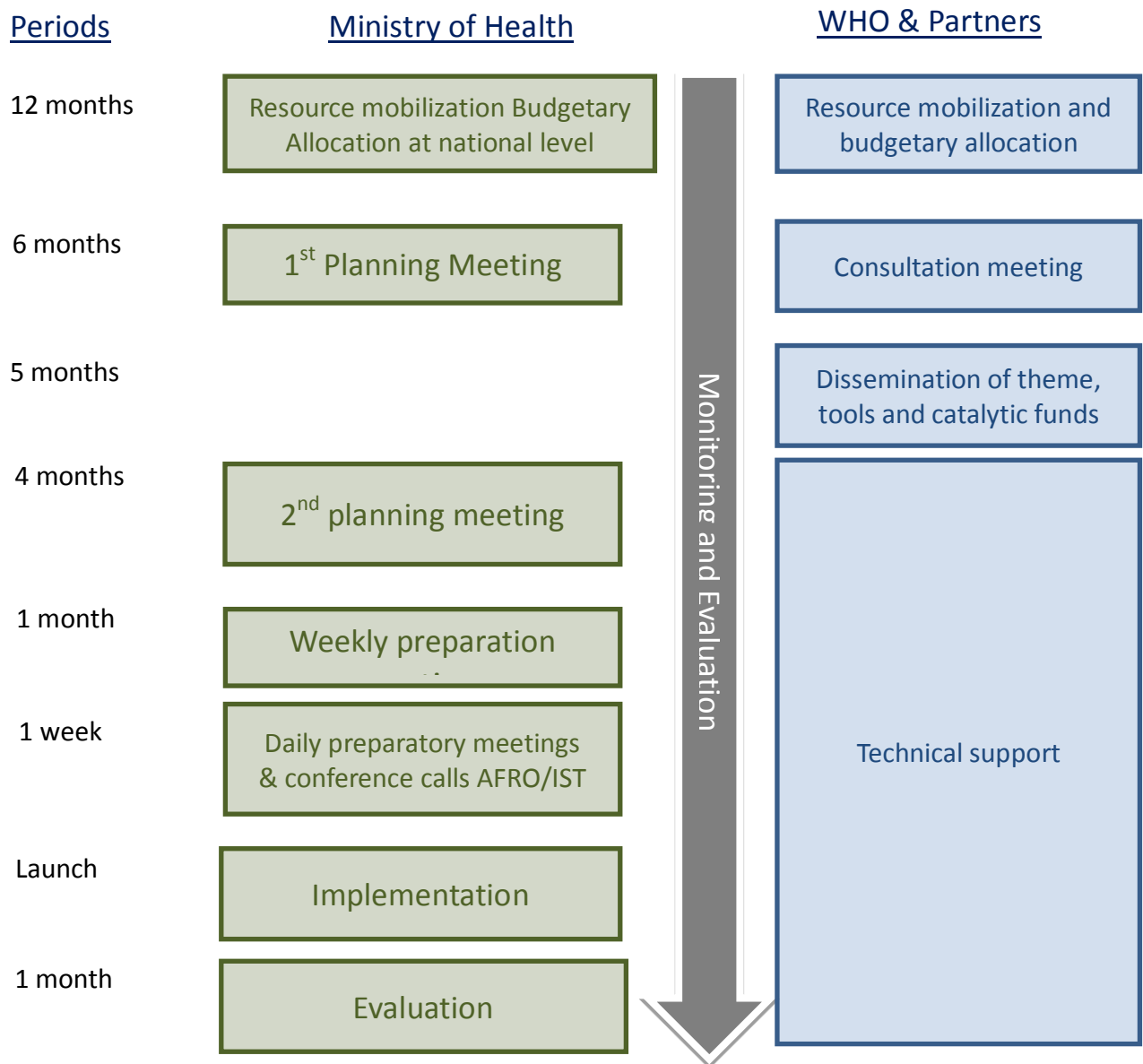
To ensure that the initiative is well implemented, it is important to define how to measure the success or identify where things went wrong. Defining relevant indicators is a very important step and should be done during the planning phase. Increased immunization coverage may be a long-term goal; but process as well as impact indicators can be very useful. Explore other parameters of success, depending on the goals, target groups and activities. Define indicators for each activity and carefully review exactly what you want to achieve to be “successful”. Ideally, all indicators need to be measurable. This may require pre- and post- activity questionnaires.

3.3. Implementing the activities

The comprehensive analysis process, the definition of activities and development of action plans and contingency plans will prepare for the final implementation – taking place during the Vaccination Week itself.

Follow the action plan and its definition of roles and responsibilities, including the designated spokespersons. Provide guidance and support to local levels, where relevant. Consider relevant actions in addition to the Vaccination Week activities – such as a launch event, press releases and other media relations, in order to inform the target groups or the general public about the activities. Invite and include all relevant groups or persons of influence.

Annex III: Proposed chronogram of activities towards a successful African Vaccination Week



Annex IV: African Vaccination Week FAQ

Frequently asked questions about African Vaccination Week

Q1: What is African Vaccination Week and why is it important?

A: The African Vaccination Week (AVW) is a regional initiative led and coordinated by the World Health Organization (WHO) Regional Office for Africa and implemented by countries in the Region. The initiative provides a unique opportunity for countries and partners to strengthen national immunization programmes through advocacy and partnerships. The slogan of AVW is ***“Vaccinated communities, Healthy communities”***. AVW was observed for the first time in the last week of April 2011. That year, 40 of the 46 countries in the Region organized activities, including vaccinating people against vaccine-preventable diseases such as polio, diphtheria, tetanus, pertussis, hepatitis B, Hib, measles, yellow fever.

Q2: What is the theme for the 2013 edition of the AVW?

A: The theme for the 2013 edition of the AVW is ***“Save Lives. Prevent disabilities. Vaccinate.”***

Q3: What is the focus of the African Vaccination Week?

A: The focus of the AVW is on strengthening national immunization programmes in the African Region by raising awareness on the value and importance of immunization, increasing vaccination coverage and uptake of new and existing vaccines, while at the same time prioritizing service provision for hard-to-reach areas with selected high-impact child-survival packages based on strong evidence.

Q4: How did the African Vaccination Week initiative come about?

A: In 2010, Ministers of Health meeting at the sixtieth session of the WHO Regional Committee for Africa in Malabo, Equatorial Guinea, adopted a resolution "to institutionalize an annual African Vaccination Week for sustaining advocacy, expanding community participation and improving immunization service delivery". Therefore, AVW has been established and endorsed by all Member States in this Region. Country participation in AVW is flexible and national goals and activities for AVW are chosen in accordance with national health objectives based on strong evidence. Countries can choose to either conduct large-scale vaccination campaigns and/or focus on small-scale vaccination activities or exclusively on information outreach and health promotion efforts relating to immunization and other child-survival interventions based on local evidence.

Q5: Are there global or regional initiatives similar to the African Vaccination Week?

A: In May 2012, the World Health Assembly adopted a resolution (WHA65.17) requesting Member States to establish a World Immunization Week (WIW) during the last week of April as an overarching framework for all Regional initiatives. Thus, in 2012, for the first time, more than 180 countries, territories and areas in all WHO Regions joined in the celebration of the World Immunization Week from 21 to 28 April 2012. The goal of the World Immunization Week, which begins on 20 April, is to create awareness, access, and thus enable more people – and their

communities – to be protected from vaccine-preventable diseases. The slogan of WIW is, ***“Protect your world – get vaccinated”***

Q6: Some African countries have been conducting Mother and Child Health Days/Weeks or similar initiatives. Is the African Vaccination Week not duplication?

A: Many African countries have been conducting Mother and Child Health Days/Weeks. Indeed, WHO records show that 38 African countries have been involved in this or similar endeavours in the past several years. AVW will not replace these time-honoured activities. In fact, from 22 to 28 April this year, AVW builds on Mother and Child Health Days/Weeks, whereby countries across the Region, united under the theme *“Save Lives, Prevent disabilities, and Vaccinate”*, will implement activities to raise awareness, inform and engage key audiences on the value, importance and challenges regarding immunization and other key child survival interventions. These activities which are based on strong evidence may include service delivery, training sessions for health care workers, and dissemination of informational materials, workshops, press conferences and roundtable discussions with political decision-makers, among other things.

Q7: Will partners be involved in AVW?

A: The WHO Regional Office, in collaboration with UNICEF, provides technical support, including developing planning guidelines and tools as well as monitoring framework and reporting formats to assist national health authorities to plan, implement and monitor relevant health promotion activities according to national health goals and local epidemiologic evidence. Valuable support is also provided by key partners, including other United Nations agencies, bilateral and multilateral organizations, NGOs and civil society.

Q8: There is an increasing emphasis on immunization in WHO-recommended public health interventions. Why is this?

A: Immunization is one of the most successful and effective health interventions. It has been shown to prevent between two to three million deaths every year. This health intervention has reduced morbidity and mortality across the world in a safe and cost-effective manner. Immunization is an important investment for all countries. From infants to senior citizens, immunization prevents debilitating illness, disability and death from vaccine-preventable diseases. When vaccines are combined with other health interventions such as vitamin A supplementation to boost children's immune systems, provision of deworming medicine, growth monitoring, and distribution of insecticide-treated nets to prevent malaria, immunization becomes a major force for child survival. In addition, the benefits of immunization are increasingly being extended to adolescents and adults, providing protection against life-threatening diseases such as influenza, meningitis, and cancers that occur in adulthood.

Moreover, the joint implementation of the interventions creates a win-win situation, e.g. pneumococcal vaccination associated with treatment of pneumonia with antibiotics or rotavirus vaccine with administration of zinc tablets and low osmolarity oral rehydration solution for diarrhoea. Decades of experience have shown that investment in immunization pays off in terms of lives saved and illness prevented. In the African Region, measles mortality dropped by 89% between

2000 and 2008 and the Region is on the verge of polio eradication, thanks to the collaborative efforts of development partners and Member States. Worldwide, it is well documented that immunization programmes have succeeded in eradicating smallpox ten years after WHO launched an eradication campaign in 1967, when there were more than two million deaths from the disease.

Momentum to extend immunization coverage to more people and against more diseases is increasing as new vaccines become available (rotavirus and pneumococcal conjugate and Human Papilloma Virus - HPV vaccines, for example), and research continues on other vaccines against priority diseases such as HIV/AIDS, tuberculosis and malaria.

Q9: What are some of the key child survival interventions in addition to immunization that can be provided during the African Vaccination week?

In addition to immunization activities, delivery of other high-impact child-survival interventions may include:

1. Vitamin A supplements to boost immunity and prevent blindness;
2. Deworming tablets to treat parasitic infections and the iron-deficiency anaemia they can cause;
3. Distribution and/or retreatment of Long-lasting Insecticide Treated Nets to prevent malaria;
4. Screening children for nutritional status and identifying severe malnutrition and referring them to a health worker;
5. Women of child-bearing age can receive tetanus toxoid vaccination and family planning counselling, etc.;
6. Interventions to raise awareness and create demand for child health services by communities: advocacy and communication, leaders' statements and speeches, radio, television, print media and distribution of health education messages etc.

Annex V: AFRO Feature Story

Brazzaville, 11 April 2013-- From 22 to 28 April, African countries will celebrate the third African Vaccination Week (AVW), an initiative led by the World Health Organization (WHO) and implemented by countries in the Region.

For seven days, all Member States of WHO in the African Region – island states, landlocked countries and those in coastal regions – will be busy organizing a range of activities, including high-level immunization campaigns and public education and information-sharing events in observance of the third edition of the African Vaccination Week.

The regional launching ceremony will be organized in Uganda, a country that is set to introduce the pneumococcal conjugate vaccine into its national routine immunization schedule to avert infant and child deaths due to pneumonia.

The theme of this year's African Vaccination Week celebration is ***"Save lives. Prevent disabilities. Vaccinate!"***

"We are delighted with the high and growing profile of the African Vaccination Week, which is yet another opportunity for us to underscore the proven life-saving power of vaccines, and to encourage vaccination of children, adolescents and adults against deadly diseases", says WHO Regional Director for Africa, Dr Luis Sambo.

"This burgeoning partnership between WHO, Governments, partners, and other stakeholders is helping countries to sustain political commitment to vaccination and lay a solid foundation for a participatory culture of prevention and health promotion in Member States", Dr Sambo adds.

Like the two previous editions of the AVW, the 2013 edition will also serve several purposes: it will raise awareness on the life-saving value of immunization; seek to increase vaccination coverage; reach underserved and marginalized communities (particularly those living in remote areas, deprived urban settings and strife-torn areas with existing and new available high-impact child survival packages); reinforce the medium and long-term benefits of immunization and other child survival interventions, and help transform the lives of millions of children, giving them a chance to grow up healthy, go to school, and improve their life prospects.

Other activities planned by countries include: delivery of life-saving interventions (e.g. introduction of new vaccines like pneumococcal or rotavirus vaccines), vitamin A supplementation, deworming medicines for intestinal worms, distribution of Long-Lasting Insecticide-Treated Nets, 'catch up' activities with routine vaccines in lower-performing districts, polio and measles campaigns, and screening of children for missed opportunities and for moderate or severe malnutrition.

Participating countries will also embark on mobilization and sensitization campaigns, using traditional, modern and social media, engage religious leaders where relevant, organize sensitization workshops for media practitioners and health workers, among others; conduct community dialogues through panel discussions, recognize deserving health workers through award of certificates, and sensitize supervisors as well as undertake supportive supervisory visits to vaccination sites. These activities have a common, overarching goal: to showcase the power of vaccination in protecting public health.

With the institutionalization of AVW and the momentum it is now gaining, the achievements realized during the last two editions would seem to portend greater success for the future. For example, records available at WHO show that during the celebration of the Week in the last two years, access to vaccines improved, especially in hard-to-reach communities with more than 150 million people vaccinated with oral polio vaccine in 13 countries.

It is worth noting here that Eritrea, which impresses the global health community with its recent successes in health development, tagged its 2012 campaign the “National Child Health, Nutrition and Vaccination Week” and listed as one of its objectives the vaccination of “at least 95% of children aged 9 - 47 months against measles.” Obviously, adults, not just children, stand to benefit from immunization, which has been described in glowing terms by public health experts as “one of the most successful and cost-effective health interventions”, preventing between two and three million deaths every year.

“Both infants and senior citizens stand to benefit from immunization”, Tanzania’s Minister of Health and Social Welfare, Dr Hussein Mwinyi, told participants at the fourth meeting of the Annual Regional Conference on Immunization in December 2012. “Immunization is an important component of health systems and a key strategy to reducing child mortality, improving maternal health and combating diseases. It is for this reason that we need to work together as a Region to reach all children with immunization services in Africa”, Dr. Mwinyi added.

As Member States gear up to celebrate AVW 2013, the WHO Regional Director for Africa, Dr Luis G. Sambo, expresses the hope that through the annual celebration of the African Vaccination Week, WHO, governments and other stakeholders will be contributing significantly to the realization of the vision for the Decade of Vaccines (2011–2020): “a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases”.

Annex VI: Message of the WHO Regional Director for Africa, Dr Luis G. Sambo, on the occasion of the third African Vaccination Week 22 – 28 April 2013

The African Vaccination Week will be celebrated in the African Region from 22 to 28 April 2013. The overarching goal of this home-grown initiative is to strengthen immunization programmes in the African Region by drawing attention to, and increasing awareness of the importance of the need and right of every person (particularly children and women) to be protected from vaccine-preventable diseases.

This ambitious goal is very clearly captured in the theme chosen for this year's observance: **"Save lives, Prevent disabilities, Vaccinate!"**

During this week, participating countries will undertake a variety of activities aimed at raising awareness on the life-saving value of immunization; increasing vaccination coverage; reaching underserved, marginalized and hard-to-reach populations with existing and new high-impact child survival packages and other life-saving interventions.

It is gratifying to note that since we started celebrating Vaccination Week three years ago, 44 countries in our Region are participating in this historic initiative, signalling to the world that immunization is a regional and national priority.

I am proud to say that the African Region is making good progress in addressing vaccine-preventable diseases.

We achieved an 89% reduction in measles mortality between 2000 and 2009. The elimination of maternal and neonatal tetanus had been validated in 30 countries in the Region by the end of 2012. All countries in the Region except one have introduced Hepatitis B and Hib vaccines and the introduction of newer vaccines such as pneumococcal conjugate vaccine and rotavirus vaccines is being scaled up.

A newly-developed meningococcal A meningitis conjugate vaccine has been rapidly introduced by 10 hyper-endemic countries within the meningitis belt of West and Central Africa. To date, more than 103 million people have so far been vaccinated and no confirmed case of meningitis A has been reported in vaccinated populations.

It is my strong wish to ensure that our immunization status is up to date and that communities understand and demand immunization services. Vaccination is as good for children as it is for adolescents, adults and senior citizens. We should all vaccinate to save lives and prevent disabilities.