

# **Regional progress and challenges for measles elimination in AFR**

**WHO AFRO**

**Sept 2014**

**Measles Initiative partners meeting**

**Washington DC**

# Outline

- Regional Measles elimination targets
- Routine immunization
- Supplementary immunization activities
- Measles case-based surveillance
- Performance against the 2020 targets
- Programmatic challenges
- Regional plans for 2015 and beyond
- TA and advocacy needs
- Way forward

# African Regional goal to achieve measles elimination by 2020

- $\geq 95\%$  MCV1 coverage at national and district level
- $\geq 95\%$  SIAs coverage in all districts.
- Incidence of  $< 1$  case/million population/year (excluding imported cases).
- Achieve the surveillance performance targets



World Health  
Organization

REGIONAL OFFICE FOR  
Africa

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REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

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Yamoussoukro, Côte d'Ivoire, 29 August–2 September 2011

Provisional agenda item 10

## MEASLES ELIMINATION BY 2020: A STRATEGY FOR THE AFRICAN REGION

Report of the Secretariat

### Executive Summary

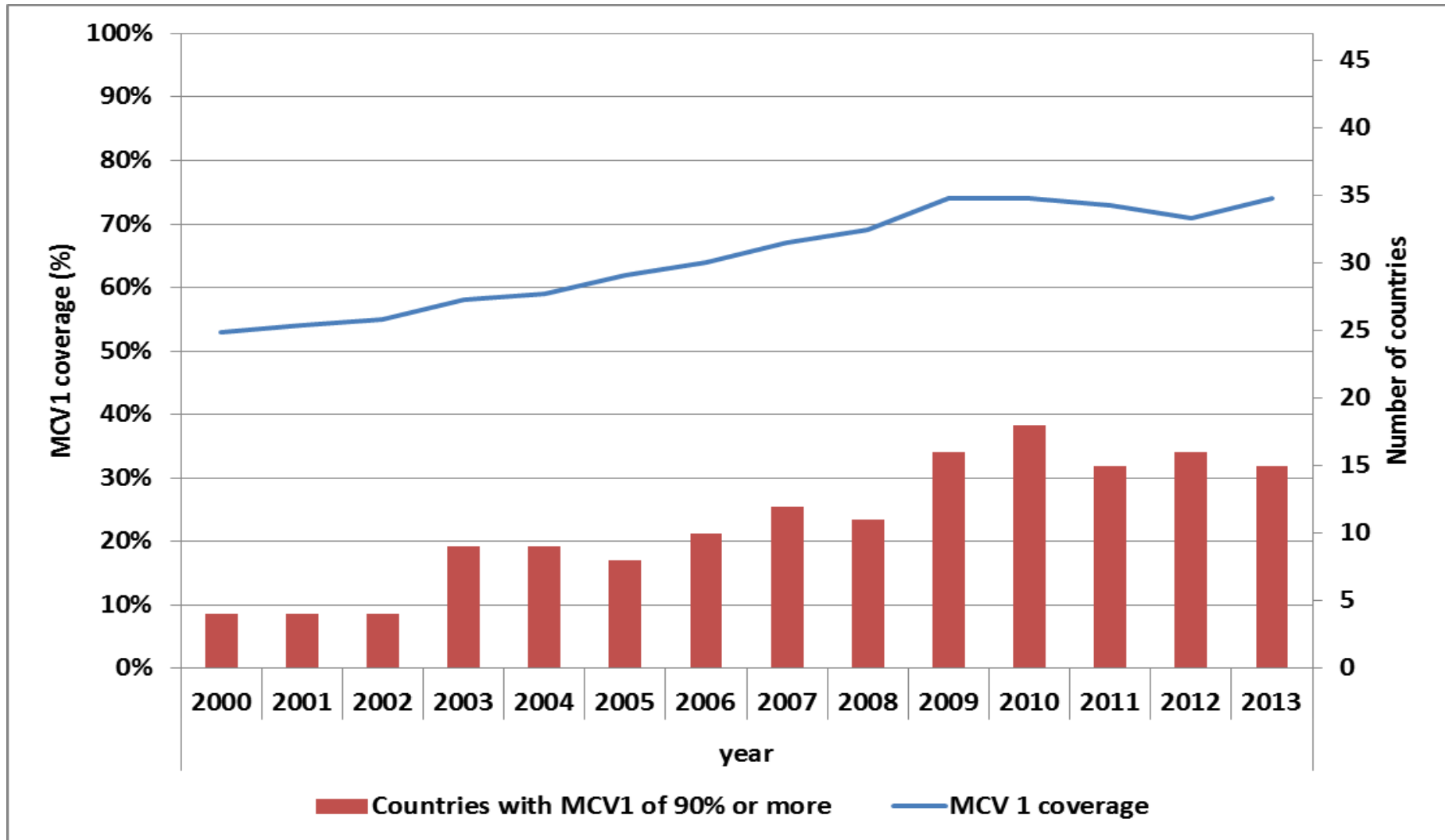
1. The African Region adopted measles mortality reduction goals starting in 2001 and has been implementing the WHO-UNICEF recommended strategies. Successful implementation of these strategies resulted in a 92% reduction in the estimated number of measles deaths in the Region between 2000 and 2008.
2. Despite the significant reduction in measles mortality, the reality is that measles vaccination coverage, the quality of measles supplementary immunization activities and the quality of disease surveillance in the African Region have not yet reached the levels required to avert resurgence of measles. In 2010, 28 countries in the African Region experienced measles outbreaks.
3. Measles elimination is biologically and programmatically feasible, building upon the experiences of measles mortality reduction in the past decade. The elimination efforts should be entirely led by countries, and implemented to strengthen immunization systems and promote equity of service delivery.
4. The priority interventions should include improving immunization coverage through systematically implementing a combination of approaches, providing a second opportunity for measles vaccination, conducting sensitive disease surveillance, building the capacity of health workers, improving the quality of immunization monitoring data, conducting sustained advocacy and mobilizing local and international partners, and scaling up operational research.
5. This document proposes a strategy for the elimination of measles by 2020 in the African Region. The Regional Committee is invited to examine and adopt this strategy and the related resolution.

# Routine Immunisation



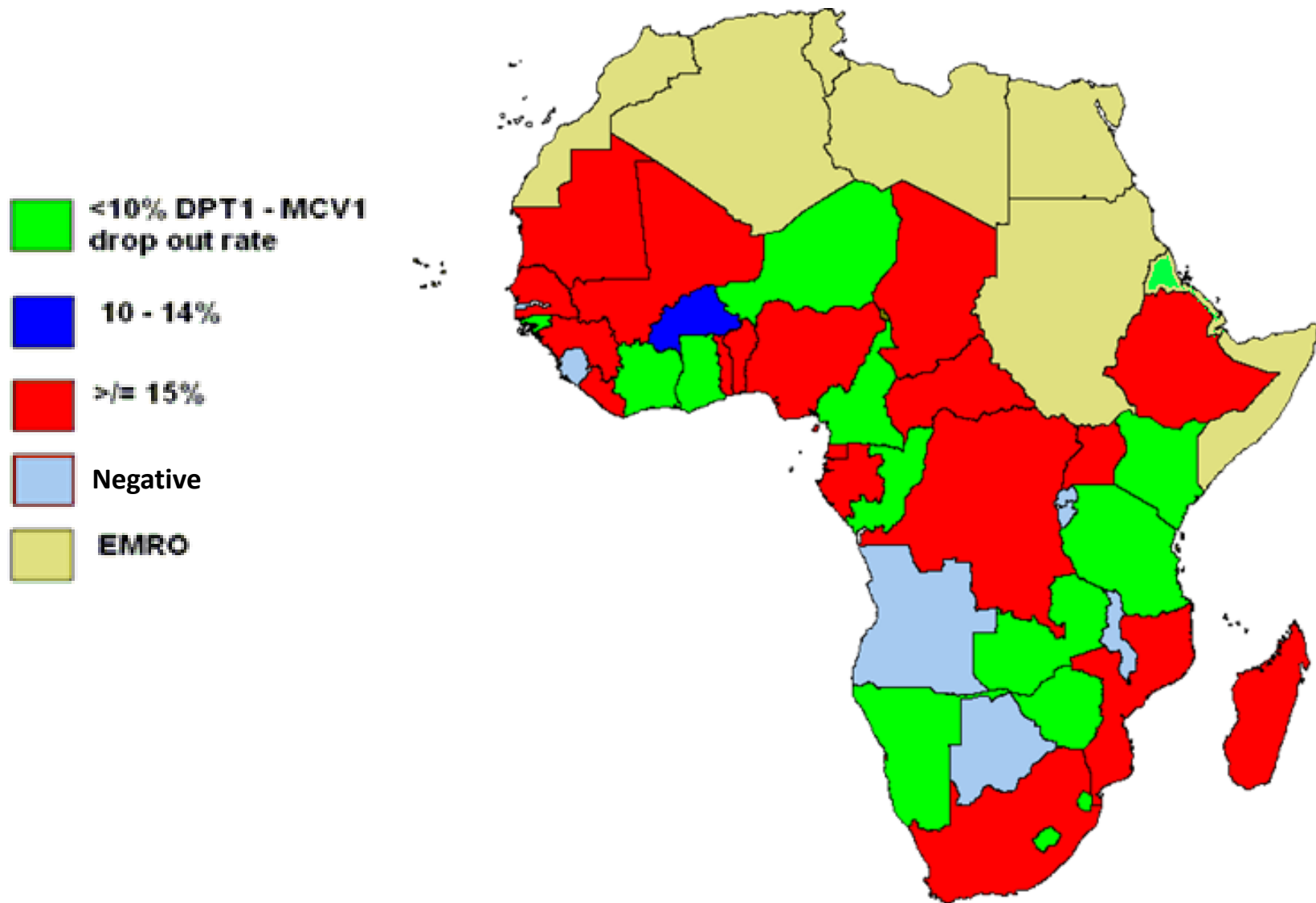
# MCV1 coverage (WHO UNICEF estimates), and # of countries reaching > 90% coverage. 2000 – 2013.

[N=47]

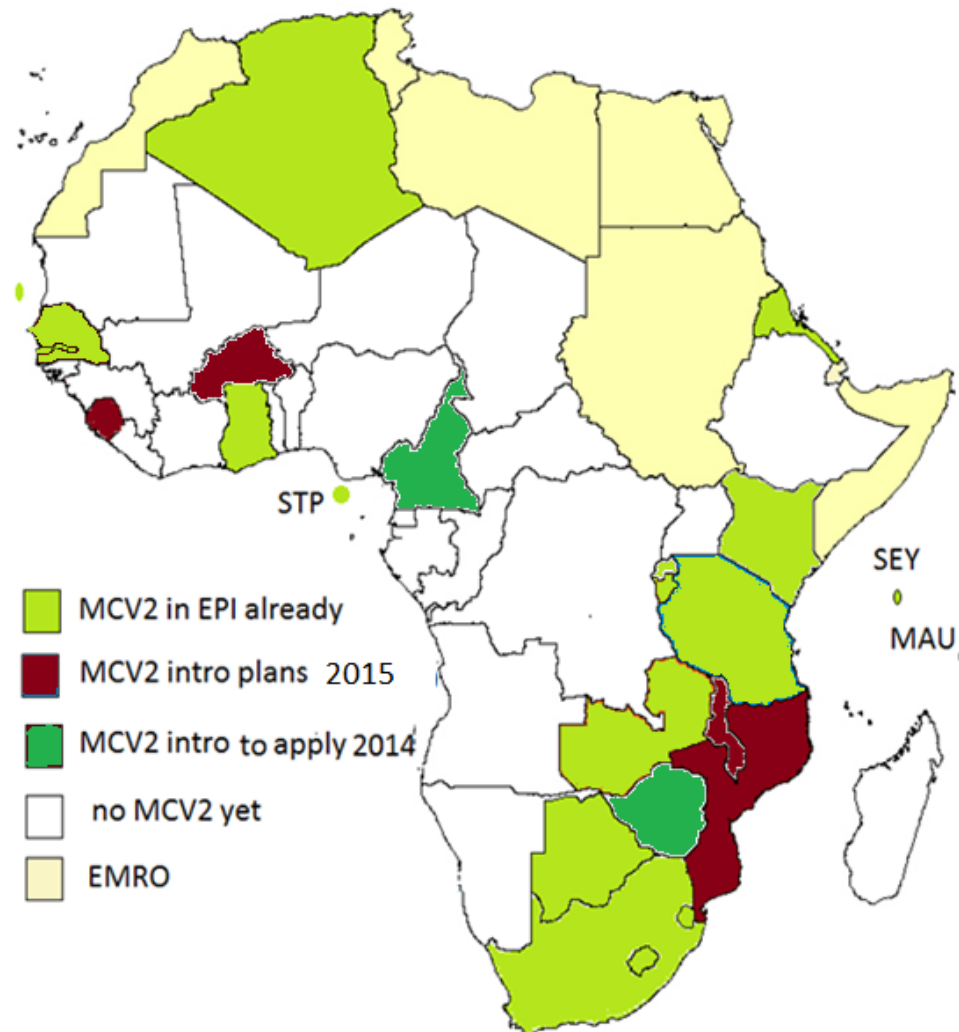


# DPT1 – MCV1 drop out rate.

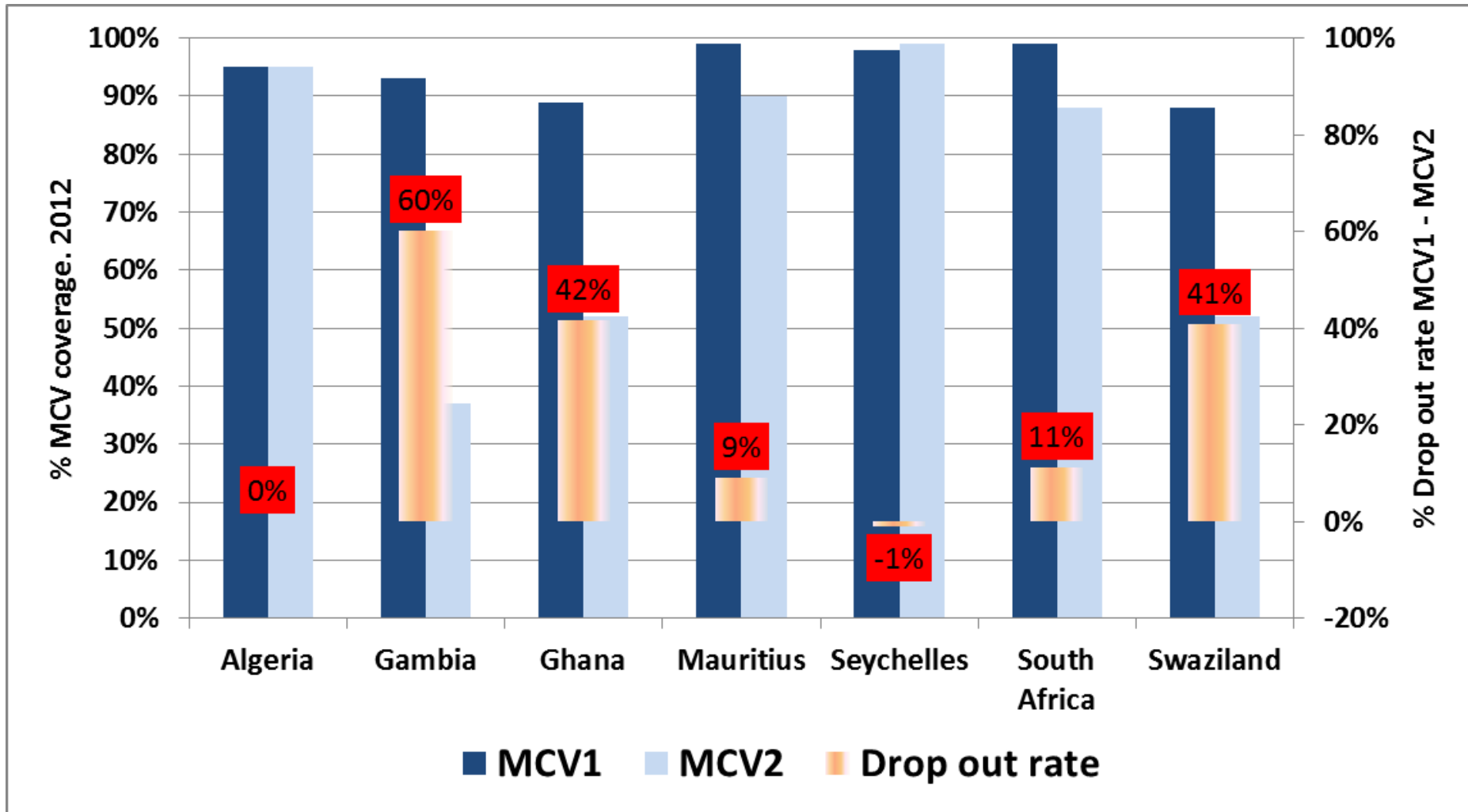
## WHO / UNICEF coverage estimates. AFR 2012



# MCV2 introduction in AFR (as of August 2014)



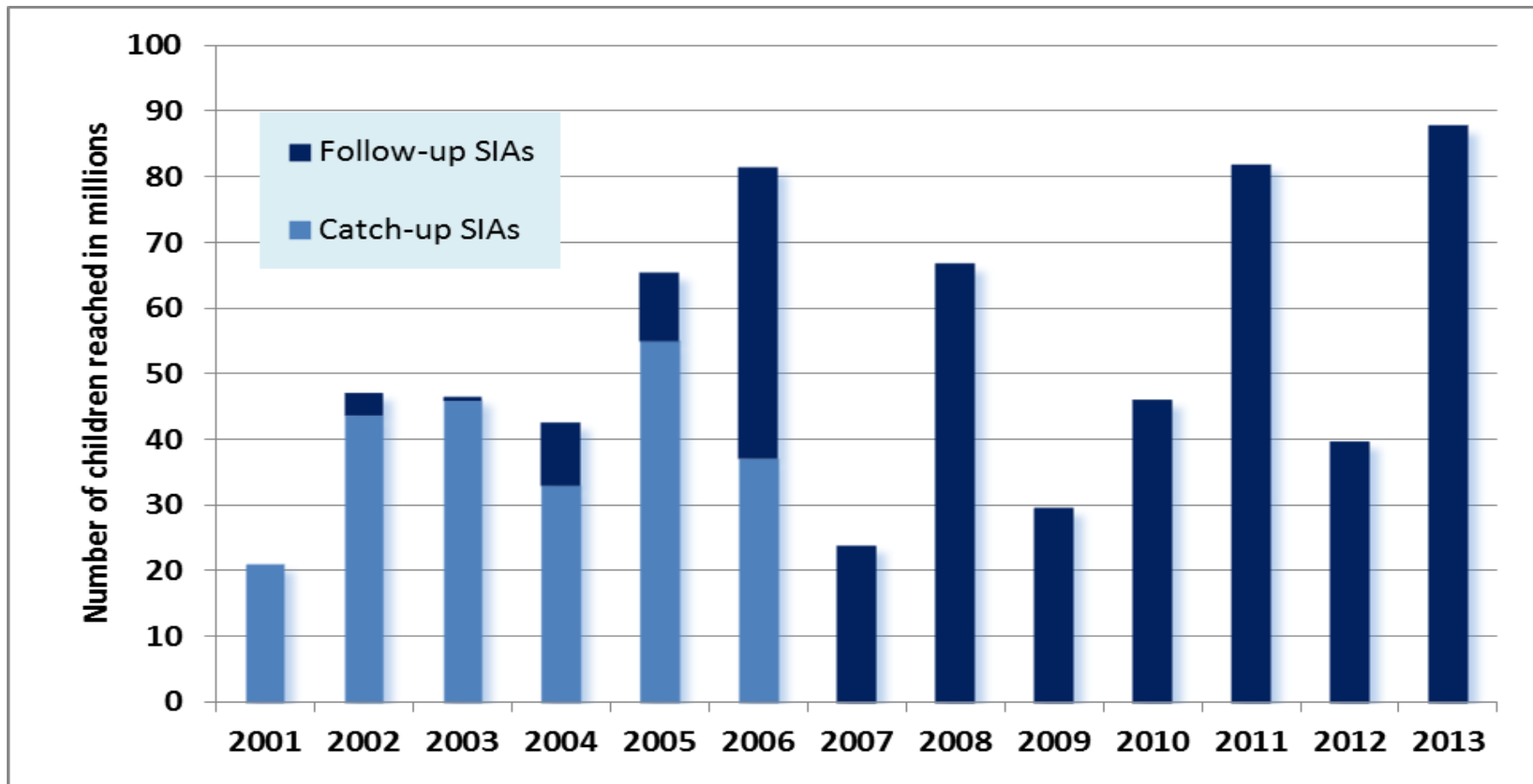
# MCV1 – MCV2 drop out rates. (WHO UNICEF estimates). AFR 2012.



# Supplemental Immunization Activities



# Children reached in measles SIAs. 2001 – 2013. African Region



**A cumulative total of 681.2 million children have been reached in 43 countries as of end 2013.**

# Amount of funds raised in-country for measles SIAs. 2011 – 2013.

- 2011:
  - USD 10.3 million raised locally
  - 4 of 13 countries met minimum target of USD 0.32 per child (50% ops cost)
- 2012:
  - USD 17.3 million raised locally
  - 10 of 13 countries met minimum target of USD 0.32 per child
- 2013:
  - USD 6.1 million raised locally in 13 countries
  - Raising an average of 40% of ops costs (3 of the 10 GAVI eligible countries raised more than 50% of ops costs)
  - 6 countries got GAVI support for MR and M SIAs
  - BOT and SOA handled 100% costs

# Case based surveillance



# Key Measles Surveillance Indicators, African Region. 2010 – July 2014 \*

PERFORMANCE INDICATORS	2010	2011	2012	2013	2014**
# of reporting countries	42	43	43	43	44
# of suspected measles cases	163,575	74,896	55,717	101,196	26,707
# of confirmed measles cases	127,422	32,323	20,935	69,910	12,171
<b>Non-measles febrile rash illness (target &gt;2/ 100,000 population )</b>	3.7	4.4	3.7	2.9	2.0
<b>% districts reporting at least 1 case with blood sample (target &gt;80%)</b>	84%	81%	84%	78%	63%
Incidence of confirmed measles per million population	165	42	27	77	13

\* Data from the case based surveillance system

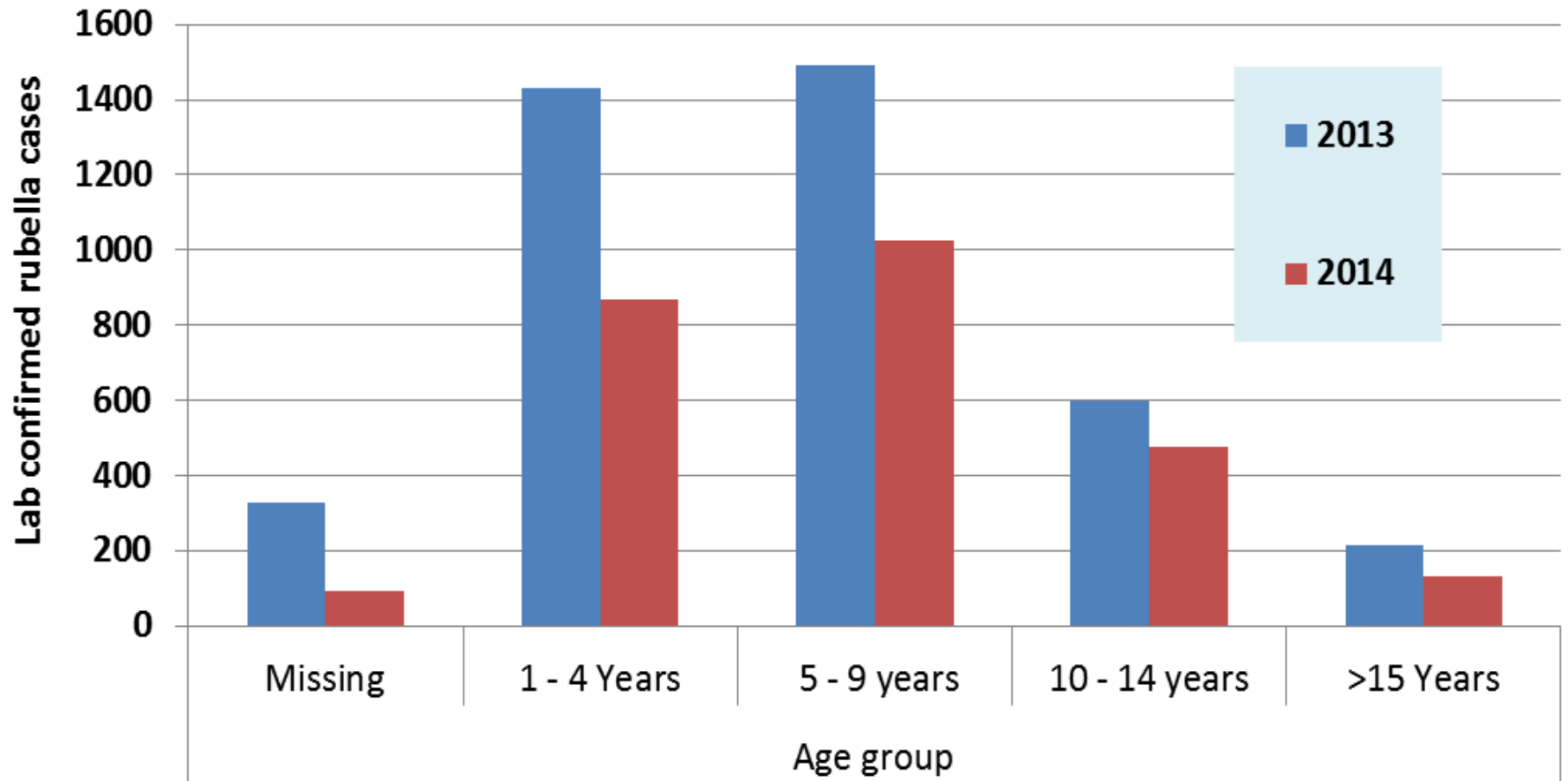
\*\* Data as of July 16, 2014

# Average incidence of confirmed measles per million population. 2012 - 2013. AFR

Incidence (per million population)	# of countries
< 1	7
1 - 4.9	9
5 - 9.9	6
10 - 19.9	7
20 - 29.9	4
30 - 49.9	7
50 - 99.9	1
100 and above	2

Algeria, Cape verde,  
Guinea Bissau,  
Comoros, Gambia,  
Mauritania, Liberia

# Lab confirmed rubella cases by age group. (Case based surveillance data). AFR. 2013 – July 2014.



[N= 4067] in 2013

[N= 2592] in 2014

# Regional performance against the 2020 measles elimination targets (as of Dec 2013)

- $\geq 95\%$  MCV1 coverage nationally (WHO UNICEF estimates 2013)
  - 8 countries (ALG, BUR, ERI, GAM, MAU, RWA, SEY, TAN)
- $\geq 95\%$  coverage during measles SIAs in every district. (2013)
  - 1/13 countries (Malawi)
  - Data not reported from 3 countries (MOZ, NIE, SWZ)
- incidence  $< 1$  confirmed measles /1,000,000 pop'n /year
  - 17 countries (2013)
- NMFRI rate of  $> 2:100,000$ 
  - 25 countries (2013)
- $\geq 80\%$  districts reporting per year
  - 27 countries (2013)

# Programmatic Challenges (1)

- Routine immunisation MCV1 coverage remaining stagnant
  - Large drop-out rates across the immunisation schedule
- Inadequate preparations and resource mobilisation for measles SIAs
  - Gaps in SIAs coverage/ quality, eg., EQG, GAB, KEN, TOG
- Epidemiological shift of the susceptible pool to older age groups

# Programmatic Challenges (2)

- Multiple and competing concurrent /overlapping program priorities at national level;
  - eg., Men A / YF campaigns, NUVI launch, polio outbreak response campaigns, EVD outbreak response, political elections
- Coordination of measles elimination/ response in conflict areas; eg., CAR, GUI, SSD
- Shift of program focus and staff deployment for the EVD outbreak response in W Africa – likely gaps in tech support across the Region for measles elimination activities in the coming months

# Regional plans for 2015

- M SIAs in 10 countries
  - CAR, ERI, ETH, GUI, GUB, KEN, NIE, NIG, STP, UGA
- MR SIAs in 5 countries
  - ZIM, SIL, GAM, CAE, NAM

**!! Information on target age populations, SIAs costing STILL INCOMPLETE !!**

- MCV2 introduction in ZIM, MOZ, MAL, SIL, BFA, CAE, SEN
- MR introduction in Routine EPI in TAN, BFA

**NB: It may be quite a challenge to do the planned measles SIAs in, LIB (2014), GUI, SIL with the ongoing EVD outbreak.**

# RCV introduction in AFR

- GHA, RWA, SEN, CAV already completed MR SIAs in 2013 and introduced MR in routine EPI in 2014
- TAN, BFA doing MR SIAs in 2014
- 4 countries expected to apply to GAVI for MR SIAs in 2015
- BUR, ETH, ERI, ZAM opted out of applying for MR SIAs in 2015
- SOA, NAM expected to decide on self introduction
- ***Challenges - countries hesitating on MR introduction because:***
  - ***lack of GAVI support for MR in routine EPI***
  - ***other new vaccine introductions in the pipeline***
  - ***Recent pressures to speed up IPV introduction***

# AFR plans for initial MR catch up SIAs (2013-18) and Measles SIAs (2014-15) \*

Year	MR SIAs	M SIAs
2013	Cape Verde, Ghana, Senegal, Rwanda	.....
2014	<b>Algeria</b> , Burkina Faso, Tanzania	Angola, Benin, Chad, DRC, <b>Equatorial Guinea, Gabon</b> , Mauritania, Mali, S Sudan
2015	Cameroon, Gambia, Kenya, Namibia, Sao Tome & Principe, Sierra Leone, Zimbabwe	Burundi, CAR, Eritrea, Ethiopia, Guinea, Guinea Bissau, Liberia, Uganda, Niger, Nigeria,
2016	Botswana, Comoros, Congo, Lesotho, Madagascar, Malawi, Mozambique, South Africa, Swaziland, Togo, Zambia	DR Congo, Equatorial Guinea, S Sudan
2017	Angola, Benin, CAR, Cote d'Ivoire, Ethiopia, Gabon, Liberia, Mali, Mauritania, Nigeria	
2018	Chad, DR Congo, Equatorial Guinea, Guinea, Guinea Bissau, Niger, S Sudan, Uganda	

\* Plan updated Sept 1, 2014

# Tech support and advocacy needs in 2015

- Advocacy for resource mobilisation, adoption of MR
  - Eg. SIAs resource mob: KEN, NIE, ETH
  - Eg. Policies for MR adoption: NAM, SOA, ALG
- TA to roll out “elimination mode surveillance” and “the intra-campaign monitoring tool” in select countries
- TA for planning, implementation and monitoring of M and MR SIAs
  - Eg. ZIM, ETH, NIG
- MCV2 PIE
  - Eg. ERI, GAM (late 2014), KEN, SEN, BFA (2015)

# Way Forward

- Continue promoting local resource mobilization with sustained advocacy and tracking funds mobilization
- Capitalise on the readiness of National Pediatric Societies to support MR elimination
- Ensure systematic use of indicators for monitoring the quality of SIAs preparations
- Systematically using measles and MR SIAs to strengthen RI elements
- Advocacy support in non GAVI eligible countries, countries with weak performance/ resource or leadership gaps, ..)

# First Regional Ministerial and Stakeholders' Conference on Immunization in Africa. Dec 2014

- Introduction and adoption of the Regional Strategic plan for Immunisation 2014 - 2020
- Opportunity for advocacy and scaling up country / partner commitment
- Focus on strengthening national immunisation systems