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

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

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 *

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

* Data from the case based surveillance system

** Data as of July 16, 2014
### Average incidence of confirmed measles per million population. 2012 - 2013. AFR

<table>
<thead>
<tr>
<th>Incidence per million population (average for 2012–2013)</th>
<th># of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>7</td>
</tr>
<tr>
<td>1 - 4.9</td>
<td>9</td>
</tr>
<tr>
<td>5 - 9.9</td>
<td>6</td>
</tr>
<tr>
<td>10 - 19.9</td>
<td>7</td>
</tr>
<tr>
<td>20 - 29.9</td>
<td>4</td>
</tr>
<tr>
<td>30 – 49.9</td>
<td>7</td>
</tr>
<tr>
<td>50 - 99.9</td>
<td>1</td>
</tr>
<tr>
<td>100 and above</td>
<td>2</td>
</tr>
</tbody>
</table>

**Countries:**
- 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)

- > 95% MCV1 coverage nationally (WHO UNICEF estimates 2013)
  - 8 countries (ALG, BUR, ERI, GAM, MAU, RWA, SEY, TAN)

- > 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)

- > 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) *

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