African Vaccination Week: Platform for effective partnership to deliver multiple interventions in the African Region

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In line with the principles outlined in the Global Vaccine Action Plan (GVAP)\(^1\) and under the advice of both the Strategic Advisory Group of Experts (SAGE) on immunization and the Task Force on Immunization (TFI) in Africa, the WHO African Region is taking steps to address issues related to vaccine-preventable diseases by implementing strategies aiming to reach all eligible persons with effective vaccines. One of these strategies is the implementation of African Vaccination Week, which provides a platform for Member States to speak through one collective voice, advocate for immunization as a public health priority in the Region, and achieve high immunization coverage. The initiative has received the support of the Regional Committee which endorsed a resolution (AFR/RC60/14) institutionalizing an annual AVW for sustaining advocacy, expanding community participation and improving immunization service delivery in its 60th session in 2010. This resolution is also in tandem with the support of the World Health Assembly for the World Immunization Week as noted in its resolutions WHA58.15 and WHA61.15.

Since the launch of its first edition in 2011, AVW has become one of the largest multi-country public health efforts in the Region. Country participation in AVW is flexible and national authorities choose activities based on their public health priorities. The potential benefits of integrating other health interventions with immunization are supported in global public health discourses\(^1\) and the Global Immunization Vision and Strategy (GIVS) aptly captures integration as a vital approach to consider in enhancing health for all.\(^2\)

The 2014 edition of AVW occurred from 22–27 April 2014. This is a week when countries in the African Region embark on creating awareness of the benefits of vaccination. Countries also use this opportunity to conduct different catch-up vaccination activities. The theme for 2014, “Vaccination, a shared responsibility”, was both timely and apt in highlighting the crucial importance of governments, health care workers, parents, families and communities – all doing their part to support immunization.

Introduced only four years ago, the AVW initiative is now known for promoting the benefits of immunization during a person’s life, and the delivery of other life-saving interventions across the WHO African Region. Indeed, hundreds of millions of children, adolescents, women and men have been vaccinated and/or received other health interventions during the last three editions.

Ongoing efforts by countries to introduce new vaccines are adding new momentum to vaccination programmes, which demonstrates the impact that can be achieved when stakeholders join together. Nevertheless, nearly one out of five children in the world is still not being immunized and the pace of introduction of new vaccines in the African Region remains slow.
In participating in AVW 2014, countries demonstrate awareness of collective vulnerability to diseases – a vulnerability which calls for shared responsibility and investment of even more resources in immunization. All 47 countries participated in the 2014 edition of AVW, signalling to the world that immunization is a priority for the African Region.

This article summarizes the efforts of countries made during the fourth edition of AVW in 2014. It describes and highlights activities implemented by several of the Region’s countries.

**Methods**

All country reports of activities conducted during the 2014 AVW in the African Region were reviewed. Countries were asked to report achievements of their pre-established AVW vaccination objectives, to describe vaccination activities and other integrated public health activities undertaken, to analyse defined indicators (when applicable) and to report on resource mobilization, launching events and communication efforts. All 47 countries submitted reports.

Although AVW is officially a one-week event at the end of April, many countries extend their vaccination activities over the course of several weeks. As a reference, the AVW activities were consolidated into broad categories and listed by countries (see Table 1). To summarize the integration of other preventive health interventions during AVW, all other interventions implemented were identified and countries were grouped by intervention, listing target populations.

**Results**

**Regional activities in the 2014 African Vaccination Week**

A number of activities were conducted at the regional level. These included the production of featured stories on immunization, FAQs on AVW in audio and TV spots, and a message from the Regional Director. A joint WHO-UNICEF press release was also developed, shared with the regional media and posted on the AVW 2014 web site.5

A briefing of the local and international media based in the Congo was held at the WHO Regional Office and social media were used to publicize AVW activities. For example, tweets on immunization and AVW were sent out using the WHO-AFRO twitter account. A 13-minute TV programme was developed and broadcast on various international channels (TV5 Monde and Ouest TV, among others). The programmes featured health talks prior to an immunization session in a health facility and also interviews with WHO-AFRO and Ministry of Health, Congo, officials. The Director of the Immunization, Vaccines and Emergencies Cluster in WHO-AFRO elaborated on the rationale for the theme of the 2014 AVW edition, namely “Vaccination, a shared responsibility”. The Director of Health in the Ministry of Health and Population, Congo, highlighted the roles and responsibilities of governments and partners for immunization in the African Region.

The Minister of Health and Population, Congo, Mr Francois Ibovi, launched the 2014 edition of AVW at the regional level on 24 April 2014 in Brazzaville. A wide range of international (GAVI, UNICEF, WHO, Sabin Vaccine Institute, etc.) and national partners as well as representatives of the diplomatic corps in Congo were present at the regional launch. Speaking during the launch ceremony, the Minister underlined the intrinsic values of vaccines as proven, powerful tools for disease prevention and called on all stakeholders to promote vaccination for a healthy society. In his speech, he underscored that, “The success of vaccination depends largely on its promotion by the media, local authorities, educators and parents. All skills and competencies must therefore be mobilized to ensure that vaccines reach the maximum number of children. Everyone has a share of responsibility”.

The WHO Representative in Congo, speaking on behalf of the WHO Regional Director for Africa and other development partners in Congo, pledged the commitment of WHO-AFRO and other development partners to sustain support to African countries in their quest to improve maternal, child and community health.

**Country-level activities in the 2014 African Vaccination Week**

Fifteen of the 47 countries in the African Region celebrated the 2014 edition of AVW within the week of 22–27 April while the remaining 32 countries celebrated the event during the months of May and June. The AVW vaccination and communication activities were consolidated into broad categories and listed by country. Reports from Member States indicated that countries used the opportunity to hold round-table discussions, advocacy and social mobilization activities for immunization, training sessions, introduction of new vaccines into national routine immunization programmes, as well as provision of other life-saving interventions such as de-worming, vitamin A supplementation, distribution of mosquito nets, growth monitoring, etc. Other undertakings included “catch-up” vaccination activities against vaccine-
preventable diseases, health education and counselling as well as distribution and supply of other health commodities. In addition, some countries used the AVW platform to introduce new vaccines such as pneumococcal conjugate vaccine, rotavirus and HPV vaccines. See Table 1 for details.

In each case significant numbers of the eligible populations were reached. For instance, over 21 million doses of oral polio vaccine were distributed in five countries. Similarly, over 10 million doses of other vaccines’ antigens were delivered in 21 countries while over 30 million capsules of vitamin A were distributed to children below five years of age in 13 countries.

Table 1. Results of immunization and other life-saving interventions conducted during AVW

<table>
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<tr>
<th>Interventions during AVW 2014</th>
<th>Results obtained</th>
<th>Countries</th>
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<tbody>
<tr>
<td>Polio campaigns</td>
<td>21 528 715 doses of OPV administered in 5 countries</td>
<td>Burkina Faso, Cameroon, Central African Republic, Mali, South Sudan</td>
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<tr>
<td>Catch-up vaccination activities</td>
<td>10 669 075 doses of vaccines of all antigens administered in 21 countries</td>
<td>Angola, Benin, Botswana, Burundi, Chad, Cameroon, Central African Republic, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Eritrea, Liberia, Madagascar, Mauritania, Namibia, Nigeria, Rwanda, Sao Tome, Seychelles, South Sudan, Swaziland</td>
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<tr>
<td>Vitamin A administration</td>
<td>Approximately 30 380 710 capsules of vitamin A distributed to children under five years and women in post-partum in 13 countries</td>
<td>Angola, Chad, Cameroon, Central African Republic, Congo, Eritrea, Liberia, Madagascar, Mauritania, Namibia, Nigeria, Rwanda, South Sudan</td>
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<tr>
<td>De-worming tablets</td>
<td>Around 16 232 140 de-worming tablets were distributed to children under five years and pregnant women in 9 countries</td>
<td>Angola, Cameroon, Central African Republic, Liberia, Madagascar, Mauritania, Namibia, Nigeria, Rwanda</td>
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<tr>
<td>Malnutrition screening</td>
<td>Around 14 795 834 children under five years screened for malnutrition in 7 countries</td>
<td>Angola, Chad, Eritrea, Madagascar, Mauritania, Namibia, Nigeria</td>
</tr>
<tr>
<td>Iron distribution</td>
<td>2 142 641 iron and folic acid tablets distributed to pregnant women in 1 country</td>
<td>Nigeria</td>
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<tr>
<td>Malaria treatment and test to pregnant women</td>
<td>355 888 pregnant women were tested for malaria and received treatment in 2 countries</td>
<td>Angola, Nigeria</td>
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<tr>
<td>Distribution of family planning devices</td>
<td>270 207 devices distributed in 2 countries</td>
<td>Nigeria, Rwanda</td>
</tr>
<tr>
<td>Registration of children for birth certificate and national identity</td>
<td>169 784 children registered in 1 country</td>
<td>Nigeria</td>
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<tr>
<td>Distribution of LLITNs</td>
<td>Approximately 214 613 LLITNs were distributed to mothers in 2 countries</td>
<td>Angola, Nigeria</td>
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<tr>
<td>Introduction of new vaccines</td>
<td>New vaccine introduction Rotavirus: PCV; HPV; Measles second stage:</td>
<td>Angola, Congo, Lesotho, Swaziland, Rwanda, Seychelles, United Republic of Tanzania, United Republic of Tanzania</td>
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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.

The number of interventions delivered during AVW ranged from one to six by country with an average of three per country. Figure 1 shows that only three countries implemented only one intervention in addition to the typical AVW event launch. Seventeen of the countries implemented two interventions while 19 implemented between three and four interventions. Seven others implemented as many as five to six interventions during the 2014 AVW.

Furthermore, significant achievements were recorded with respect to the communication interventions delivered during the 2014 AVW edition in the different countries of the African Region. In Angola, for instance, various government and private sector organizations committed funding in support of AVW. This support was a result of an advocacy mission to ExxonMobil, an oil exploiting company operating in the country. Other countries recorded similar successes from conducting advocacy outreach to different organizations and individuals. Some of the advocacy successes resulted in increased recognition for the programme, as was the case in Uganda. Following the regional launch of the 2013 AVW in Uganda, there was a high profile representation of the Government at the 2014 edition.

Other forms of communication interventions included social mobilization and community engagement as well as media and information for action. All countries recorded remarkable achievements and contributed to the success of the 2014 AVW in various ways. Many more people were reached with a
variety of health interventions than is usually possible through conventional health service delivery channels.

Discussion

The global objective of the AVW initiative is to target populations with limited access to regular health services, thereby working to close the gaps in immunization.6 The effectiveness of AVW in achieving this objective has been amply demonstrated by its successes in the past two editions. It has provided a platform for African countries to conduct supplementary immunization activities, target hard-to-reach groups, introduce new vaccines and place immunization on the political agenda. Although the integration of other preventative interventions with AVW was never put forth as part of the framework of the initiative, it is clear that countries have taken advantage of AVW to serve as a platform for such activities.

Some countries integrated multiple interventions during AVW, while others added on one or two supplementary interventions. Countries that integrated few interventions are likely still testing the utility of AVW for the delivery of multiple interventions, interventions of certain types or are still in the process of introducing other interventions in their public health system. Angola and Congo, among others, used the opportunity to introduce new interventions such as rotavirus. Other factors that may have affected the level of integration included whether the annual calendar of activities in the different health programmes in the countries and AVW coincided and whether the programme to be integrated had the necessary funds and logistic support.

It has been discussed that linking another intervention to a strong immunization programme has the possibility to quickly increase coverage and impact for the added intervention.6 In this report, coverage for both vaccination and other integrated interventions seems to be generally high, and the targets for both the AVW activities and other health interventions integrated are generally comparable. For example, during AVW 2014, countries that reported high vaccination coverage also reported high de-worming coverage, where de-worming was integrated with vaccination. Similarly, countries, such as Nigeria and Angola that combined the distribution of anti-malarials with AVW activities, reported high coverage for both activities. Currently it is not possible to assess the impact of this integration on vaccination coverage with the available data, and therefore this is an important area for further investigation.

This review provides insight into the degree and type of integration that could occur during AVW in African countries and suggests that African countries are integrating other interventions with immunization to a much larger extent than anticipated. This summary of integration during AVW highlights the need to promote better and more complete reporting of integrated activities and may serve as a baseline to plan for additional evaluations of integration practices in African countries.

The results achieved to date by the annual celebration of AVW predict continued success in the future. It is essential that countries maintain the momentum of this regional initiative in order to address regional/global priorities of reaching under/unreached populations, achieving the polio endgame, eliminating measles, rubella and neonatal tetanus, achieving yellow fever control and successfully sustaining the introduction of new vaccines and technologies into national immunization programmes. The implementation of an integrated approach to all of these immunization initiatives will accelerate the reduction of morbidity and mortality in children.

It is essential that the achievements obtained so far in the region are maintained by countries thus ensuring that immunization remains a priority and that adequate resources are secured. The upcoming ministerial conference on the Regional Vaccine Action Plan 2015 is a forum that should be used to advocate for the reinforcement of this country ownership, which should then be translated into concrete activities.

The future success of AVW will also depend on the ability of countries to include this activity in their strategic and annual national immunization plans and budget resources for implementation. The countries utilizing AVW as an opportunity to integrate immunization with other high-impact interventions should be well coordinated at country level and supported – with the aim of strengthening health systems and sustainability.2

References