



# **JHSR 2010 - TECHNICAL REVIEW MEETING**

## **EPI Report**

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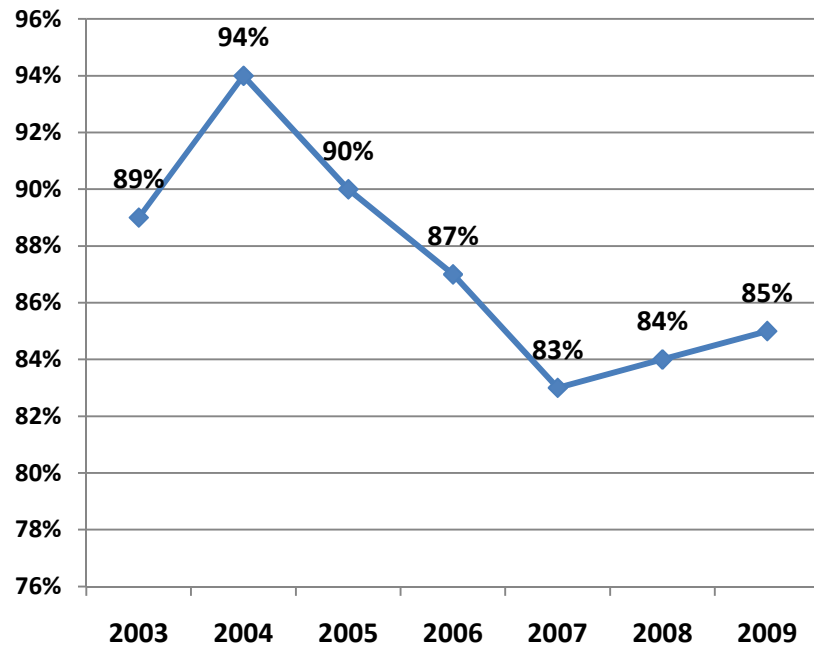
7th September 2010  
Dar es salaam

# Outline of presentation

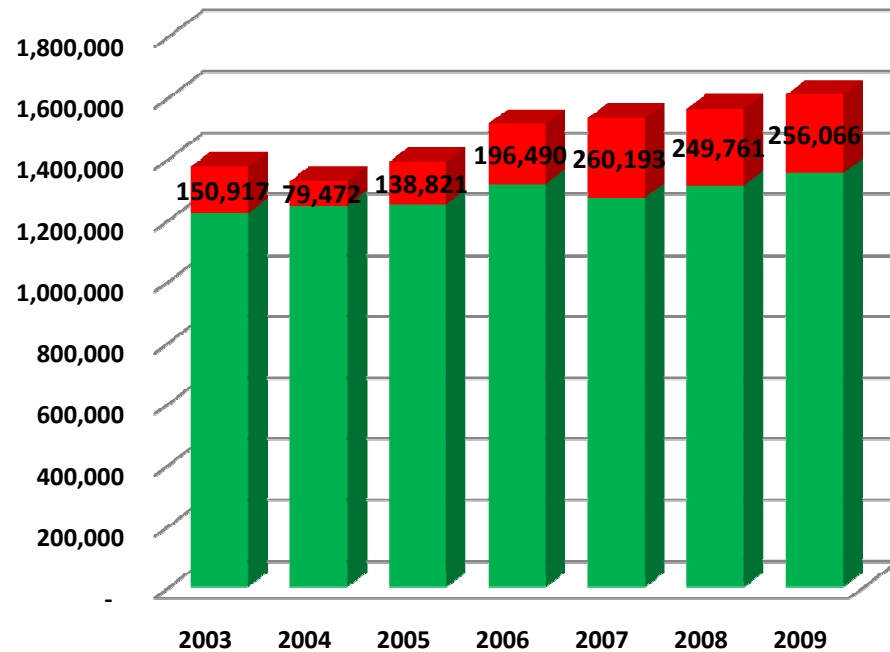
- EPI performance
- Major activities done
- EPI Review findings and recommendation
- WPV outbreak and response
- Introduction of new vaccines
- Measles campaign
- Way forward

# Routine immunization

## DPT-Heb/Hib3 coverage



## Un vaccinated children

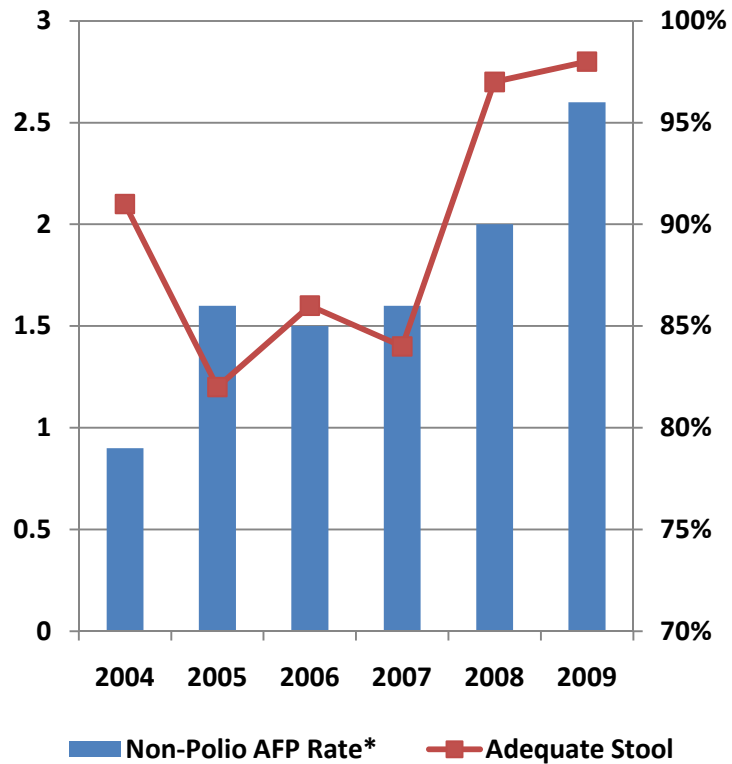


■ Vaccinated ■ Unvaccinated

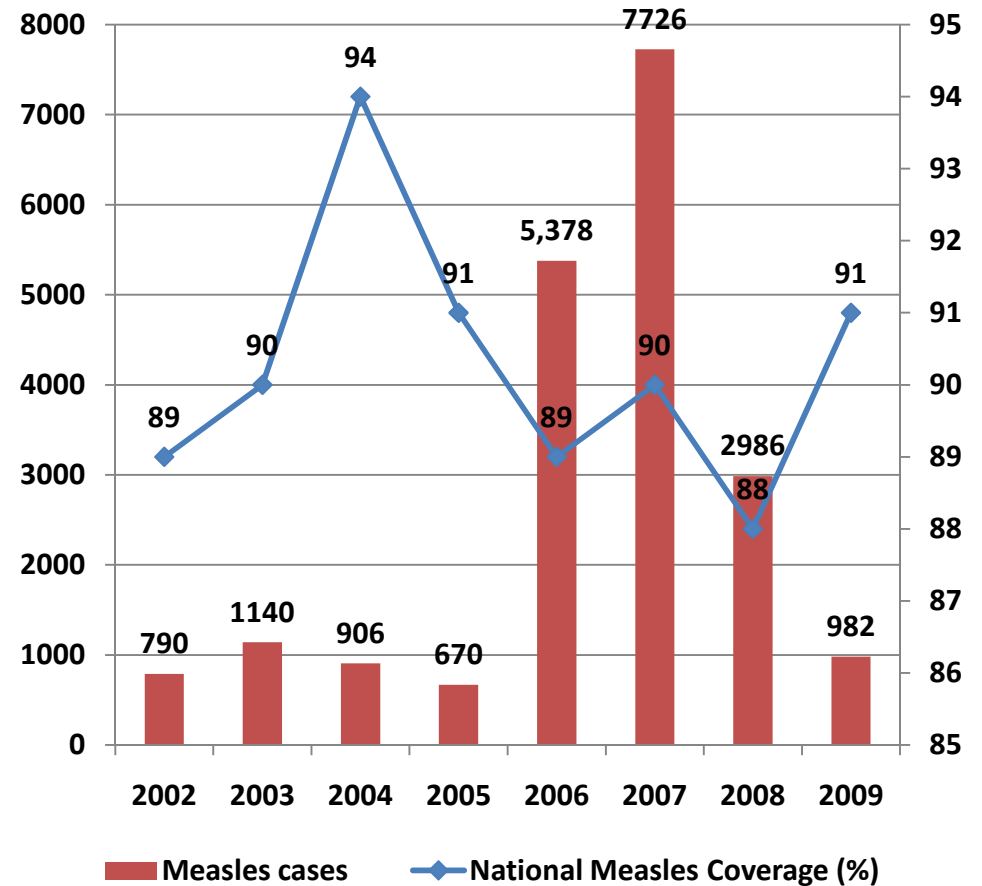
Year	2003	2004	2005	2006	2007	2008	2009
Unvaccinated (%)	12%	6%	11%	15%	20%	19%	19%

# Summary of EPI Surveillance performance

## AFP Surveillance



## Measles Surveillance



# Major activities done

1. EPI Review: 17<sup>th</sup> to 28<sup>th</sup> May 2010
2. REC approach
3. Supportive supervision in 7 regions
4. Outbreak response of WPV in Kalemie DRC

# EPI Review findings: conclusions

1. Proper ICC not in place
2. The strong foundation and visibility of the program has weakened over the years.
3. Efforts to improve performance (REC approach) have demonstrated that coverage can be improved with focused support to districts.
4. Government procures all traditional vaccines and funds for vaccines are protected
5. Inadequate operational funds due decreasing funds allocation to EPI at national level
6. The integration of management of EPI supplies with other medical supplies has weakened the direct oversight of EPI logistics.

# EPI Review findings: conclusions

7. The cold storage capacity is inadequate for routine EPI.
8. An improvement in AFP surveillance performance is observed, however active search and measles surveillance performance is inadequate.
9. No refresher training and MLM courses are conducted once in service.
10. There has been sustained commitment of the GoT to maintain a protected budget line for EPI vaccines; however the operational budget is a major constraint.

# EPI Review Recommendations: 41

- Programme management and coordination: 8 recommendations
- Financing for immunization: 7 recommendations
- Logistics, Vaccine Supply and Quality: 8 recommendations
- Immunization services delivery: 4 recommendations
- Disease surveillance: 5 recommendations
- Data management: 9 recommendations



# Program Management and Coordination: Recommendation

- Re-establish the ICC with the recommended chair and membership to strengthen coordination mechanisms of the program with all relevant stakeholders including the private sector
- Define the link of the ICC with other existing stakeholder coordination structures, such as the Technical SWAp.
- Institutionalize EPI Technical Working Group to function as the Secretariat of the ICC
- Re-position EPI as a section within the Directorate of Preventive Services and NOT a sub section within the RCH Section taking into account the increasing scope of the vaccines targeting different age groups beyond infancy

# Program Management and Coordination: Recommendation

- Designate Focal Persons at regional and district level (Immunization and Vaccines Officers) who will be dedicated solely for Immunization and Vaccines activities and given clear ToR to ensure adequate time is allocated for quality immunization services.
- Revise the immunization schedule for OPV/Penta vaccinations from 4, 8 and 12 week intervals to 6, 10 and 14 week intervals, taking into account the future introduction of vaccines and the need to reduce on missed opportunities.

# Financing

- Maintain the MoH budget line for EPI (protected funds) [MoH]
- Strengthen resource mobilization efforts locally through:  
Exploring of external funding sources through proposal development for grants or credit

# Logistics, Vaccine Supply & Quality

- Expand storage capacity at national, regional and district level to accommodate all vaccines
- Urgently improve the over-sight role of the National EPI Logistics unit to properly manage vaccines in the country.
- Include EPI injection materials in the list of priority supplies for fast track clearance (MSD)

# Wild Polio Virus type 1 in Kalemie DRC: Outbreak and response in Tanzania



- Two regions Kigoma and Rukwa border or have interaction with Kalemie District in DRC
- Intensified active search done in both regions: 4 AFP cases picked and sent to the lab.
- 1<sup>st</sup> Round vaccination campaign done in all districts bordering Kalemie
- Planned activities according to ACPE: WHO
  - 2<sup>nd</sup> round of vaccination campaign using house to house approach will be conducted from 9<sup>th</sup> to 12<sup>th</sup> October 2010 using monovalent OPV 1
  - Continue with active search of cases
  - Intensifying routine immunization in other regions

Case detected 20 June 2010

# Introduction of new vaccines

- GAVI support to introduce the new vaccines: Got conditional approval for introduction Pneumococcal and Rotavirus
  - Required to submit the plans to expand the cold chain storage in the country.
- Merck Co. support to introduce HPV: 2,000,000 doses
- Challenges
  - Operational costs for introduction of new vaccines
  - Increase volume for logistics
  - Human resources at facility level

# Measles campaign: 2<sup>nd</sup> dose

- Take in account recommendation from WHO Technical Advisory Group to prevent measles outbreaks
- Due to high number of cumulative un vaccinated children since last measles mass campaign in 2008
- The country is required to conduct mass measles campaign in 2011
- Target age group 9 to 59 months

# Way forward

- Work on the EPI Review recommendations
- Urgent follow up to expand the cold chain capacity
- Resource mobilization for introduction of new vaccines in 2011: HPV and Pneumococcal
- Resource mobilization for measles campaign in 2011.

Asante sana  
Thank you

