

Title: New vaccine introduction opportunities and challenges

21th ARM, Immunization side meeting

October 15-18, 2019

Addis Ababa, Ethiopia.

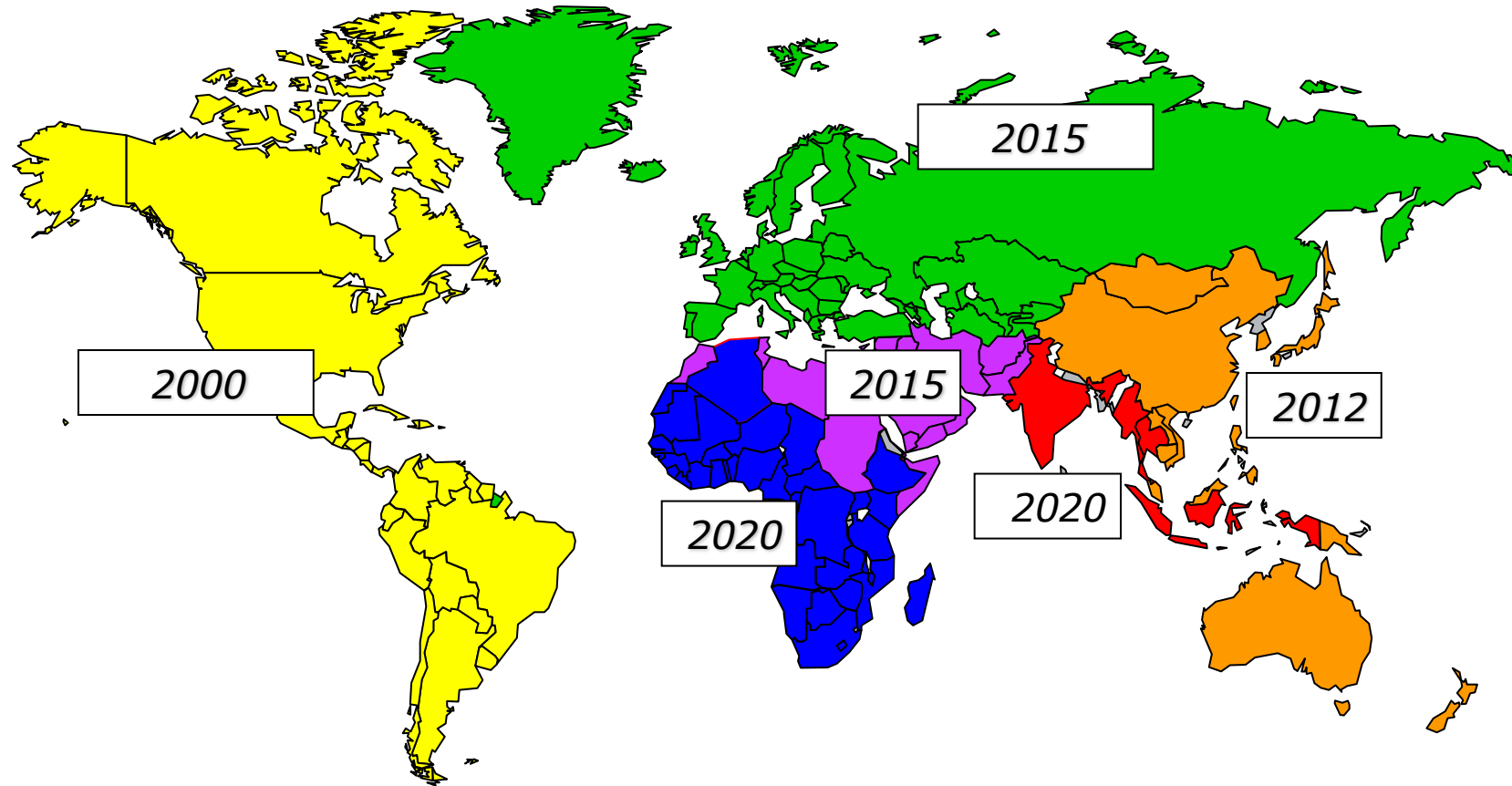
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Measles second dose(MCV2)

Measles Elimination Goals by WHO Region



WHO Guidance for MCV2 introduction

- MCV2 to be added to national immunization schedules in all countries regardless of MCV1 coverage
 - Promotes to establish or strengthen a well-child visit in the second year of life
 - Allows opportunity for timely catch-up opportunity for children who missed MCV1 or other vaccines
- Part of standard WHO EPI schedule since late 1970s – 2 doses at 9 months and now in second year of life at around 15-18 months of age

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Ethiopia conducted National Launching of MCV2 in to the routine immunization program on 11 feb, 2019



Opportunities of 2ND YL vaccination for EPI and health system

Frequency of
SIAs
Vaccine wastage

- Population immunity
- Opportunities for existing services (IMNCI, Vit A, Catch up Doses)
- MCV1 uptake
- 2ndYL child health vaccination
- Screen for immunisation records and growth monitoring

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Benefits of 2nd YL vaccination

- Link school based health services; check vaccination status on school entry
- Advocates vaccination legislation in improving coverage
- Defaulter tracing and SMS reminder systems
- Comprehensive Integrated Nutrition Service (CINS) for children 6-24 months is being effected through community mobilization
- Periodic Intensification of Routine Immunization for as strategies to link with MCV2 uptake

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Major findings from MCV2 PIE across 8 countries

- EPI has not fully implemented concept of vaccination beyond 1 year of age (2nd year platform) with low coverage
- Missed opportunities for MCV2 because of “minimum # of children needed to open vials” – MCV2 offered on selective days
- Informal roll-out of MCV2 introduction with limited awareness of both Health staff and families not adequately sensitised
- Failure to update all recording/ monitoring tools
- Different antigens (eg M/ MR) used for MCV1 and MCV2 = high wastage, confusion

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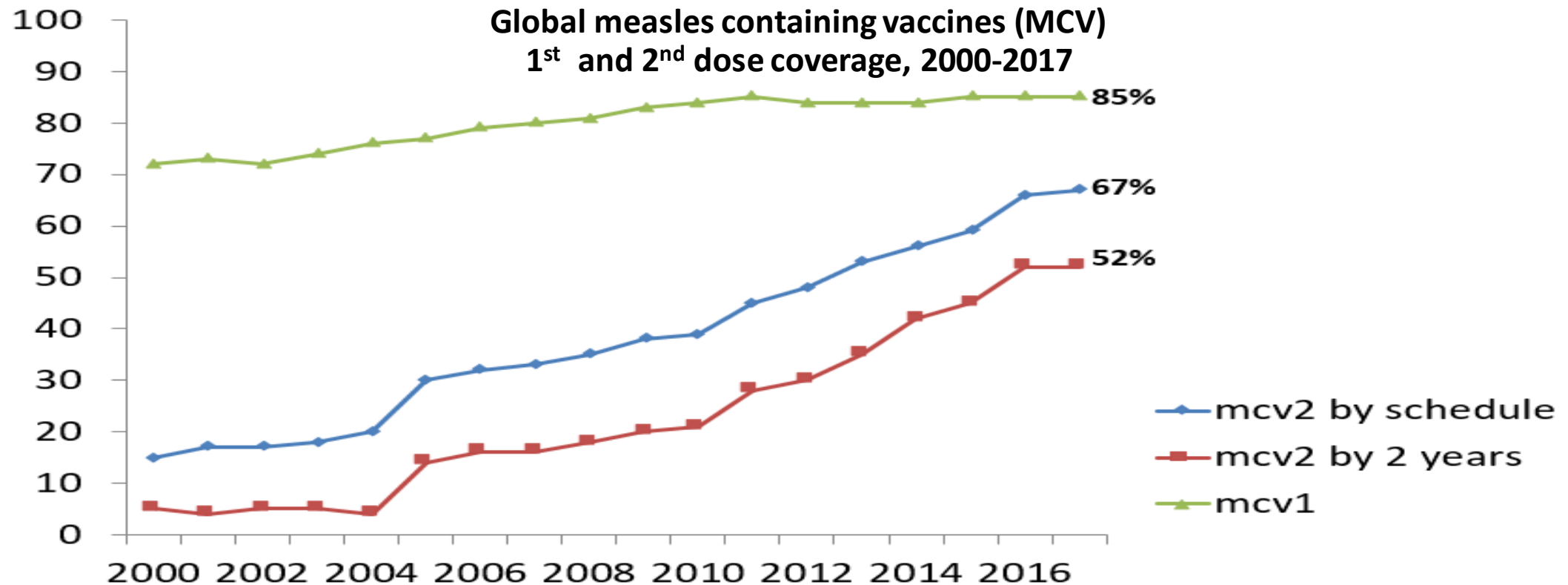
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*ERI, KEN, TAN, RWA, SEN, GHA, STP, BUR



2YL vaccination – emphasis on MCV2

Vaccination coverage from many countries shows that reaching high coverage for a 2YL is more challenging than infant doses



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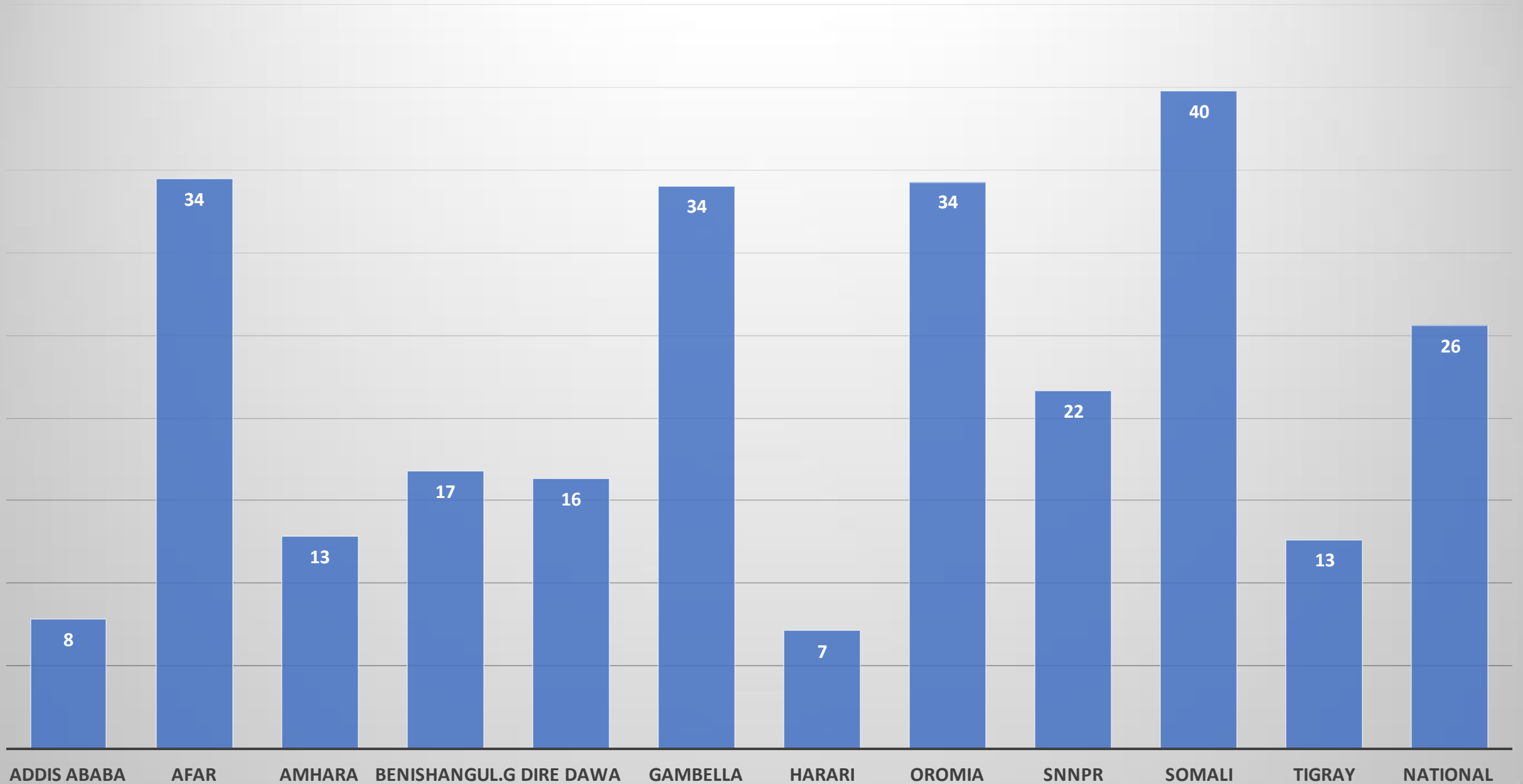


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% of HF Not rollout MCV2,2011 in Ethiopia



Challenges in strengthening 2ND YL vaccination platform

- The HWs and Community awareness on vaccination before one years of age. The concept of vaccination beyond 1 year of age (2nd year platform) need repeated effort
- Missed opportunities for MCV2 because of “minimum # of children needed to open vials” – MCV2 offered on selective days
- Catch up of incomplete vaccination(Penta, PCV, Measles ..etc) in 2nYL, preventing VPD outbreaks(e.g polio, measles, pertussis)
- legislation of screening for fully immunization at school entry
- Sustainable effort on planning of vaccine and logistics forecasting and demand generation for 2NYL vaccination

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Way forward

- *Promote enabling changes in legislation or policy(Immunization program)*
- Multi sectorial Coordination and integration
- Strengthen Local Health system capacity
- Robust information management system for effective use of EPI data
- Community engagement on 2nd YL vaccination

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HPV

HPV Introduction

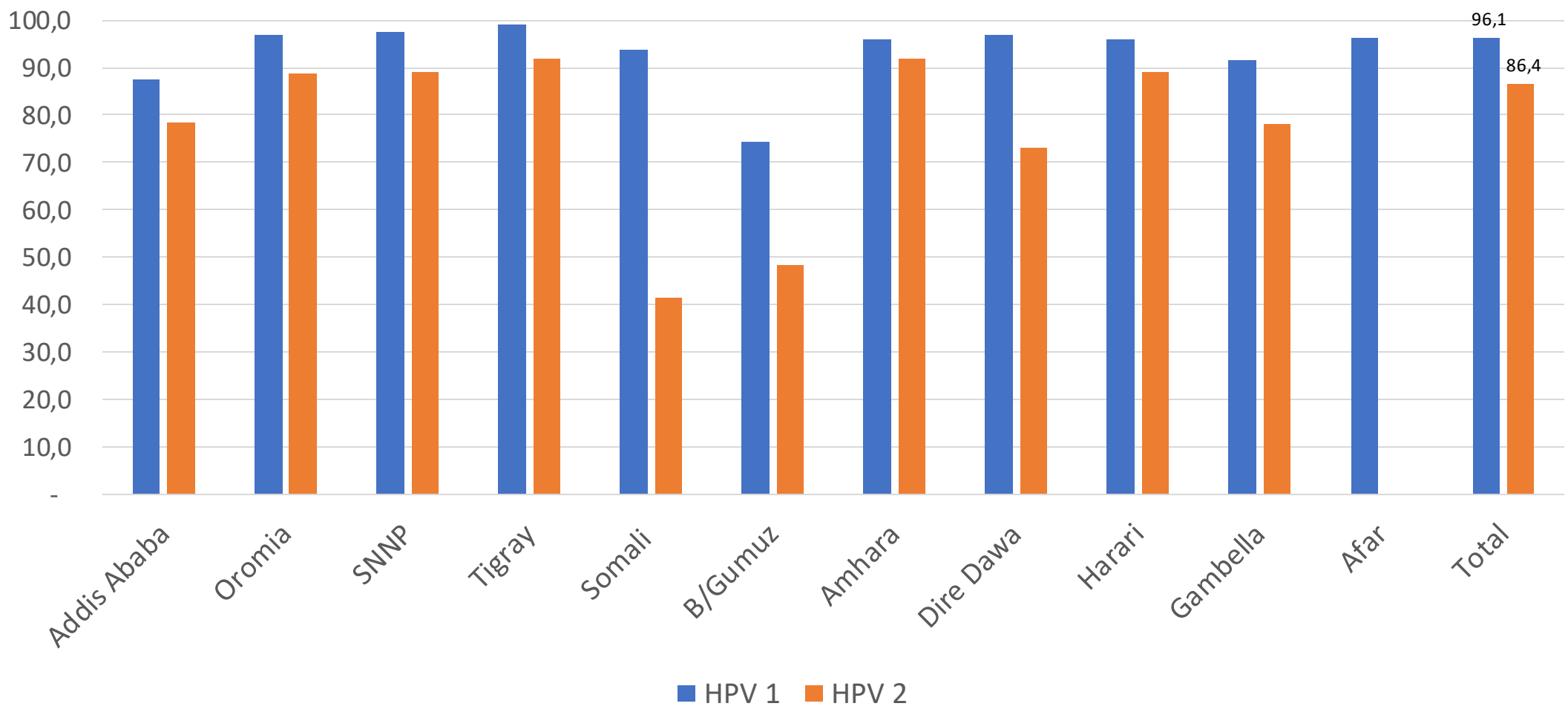
- Completed HPV Demo in two woredas from 2015 through 2017
- Successfully scaled-up HPV introduction for single age cohort of 14 year old girls in 2018
- First and second doses of HPV vaccination administered 6 months apart
- Admin coverage:
 - First Dose (Dec. 2018): 96.1%
 - Second Dose (June 2019): 86% (Pending areas)
- No serious AEFI was reported in the last two rounds.
- 2nd year single age cohort HPV vaccination will be initiated in October 2019

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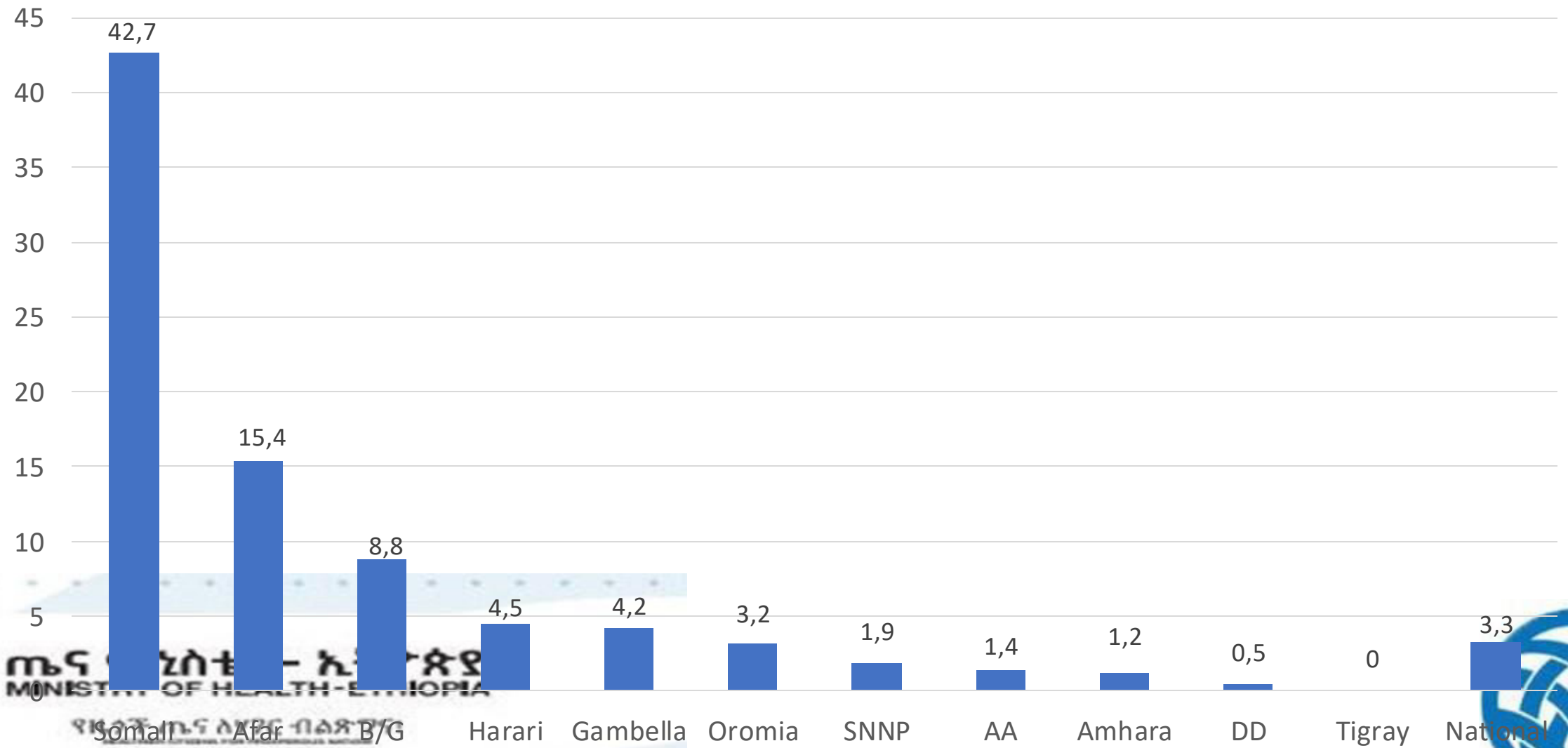
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Administrative Data of HPV 1 and HPV 2 (Preliminary)



Proportion of Out of School girls vaccinated for HPV 1



Opportunities

- High political commitment
- Strong inter-sectoral collaboration with MoE, MoWA
- Partners' engagement
- Improving Health service coverage(98% Coverage)
- Presence of schools in each Kebele where there are HP with HEWs
- Good community acceptance
- Presence of platform for integration of other adolescent health services with HPV vaccination
- Different media outlet utilization
- Engagement of universities, professional societies, technology advances such as tele com, internet,.....



Major Challenges

- Failure to vaccinate the MAC due to Global vaccine shortage
- Operational budget deficit
 - National level
 - Operational level
- Failure to reach significant proportion of Out of School girls
- Age trade off (Denominator issue)-lack of vital registration for each category
- There was no readily available data sources for 14 years old girls
- Rumors/Mis-conceptions – Politically driven
- Local conflict,
- Refugees un addressed
- Gaps on collaboration b/n vaccinators and school FP
- Timing of HPV vaccination with school calendar



Recommendations

- Ensure herd immunity by vaccinate the MAC
- Program evaluation – PIE
- Strengthen collaboration with MoH cancer program
- Integration of adolescent Health services in schools:
 - Mass deworming
 - Iron/folic acid supplementation for adolescent girls
 - Vision and hearing screening
 - Skin examination (scabies)
 - Education: Hand and face washing, MHM, SRH/HIV
- Strengthen cervical cancer screening program and cancer registry centers
- Encourage further studies on HPV sero-typing in Ethiopia
- Efforts on securing adequate operational budget



I Thank you



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