#### TOWARDS A ROUTINE IMMUNISATION EMERGENCY PLAN IN DRC

Emmanuel Bor Geneva, June 2018





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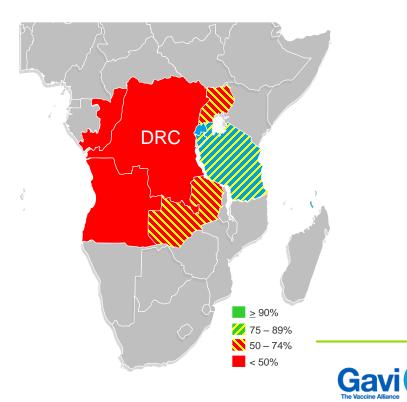
## Immunisation coverage challenges



## DRC is second to last amongst its peers in FULL immunisation coverage

% of full immunisation coverage Survey Data

Rwanda		<mark>9</mark> 3%	
Burundi		85%	
Tanzanie		75%	
Zambie		68%	
Ouganda		55%	
Congo-Brazza.		46%	
DRC		45%	
Angola	31	%	



# The immunisation programme reaches 94% of children and exceeds 80% coverage for the first doses administered

#### Coverage rates, by province (Survey Data) Pentavalent 1st dose **Bacillus Calmette–Guérin (BCG)** Oral polio vaccine type 1 (OPV1) > 70% 69 – 55% 40 – 45% < 40% National average: 83% National average: 81% National average: 92%

#### 94% of children have received at least one vaccine



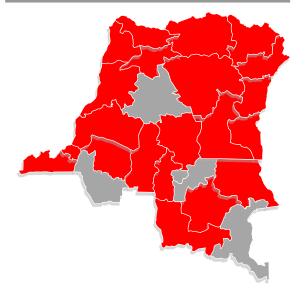
## Next challenge: improve full immunisation coverage, which remains below 50%

% of full immunisation coverage, by province Nord-Kivu 71% Kinshasa 68% Sud-Kivu 62% Kongo-Central 55% Haut-Katanga 52% Equateur 50% Kasaï-Central 50% Kwango 49% Kasaï-Oriental 48% Ituri 47% Haut-Lomami 45% Maniema 42% Sud-Ubangi 42% Mai-Ndombe 40% Kwilu 38% Lomami 37% Nord-Ubangi 35% Kasaï 33% 32% Lualaba Tshopo 26% <u>></u> 60% Haut-Uele 22% Tshuapa 21% **50 – 59% Bas-Uele** 17% 40 – 49% Tanganyika 14% < 40% Sankuru 8% Mongala 6%

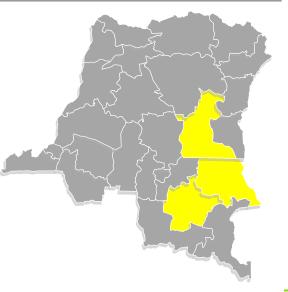
SOURCE: DHS 2013-14 (SURVEY DATA) Gavi 🔊

#### Low coverage is confirmed by prevalence of measles and polio in provinces throughout the country

Suspected cases of measles (2017 data)



Suspected cases of polio (2017 data)



Provinces with suspected cases of measles

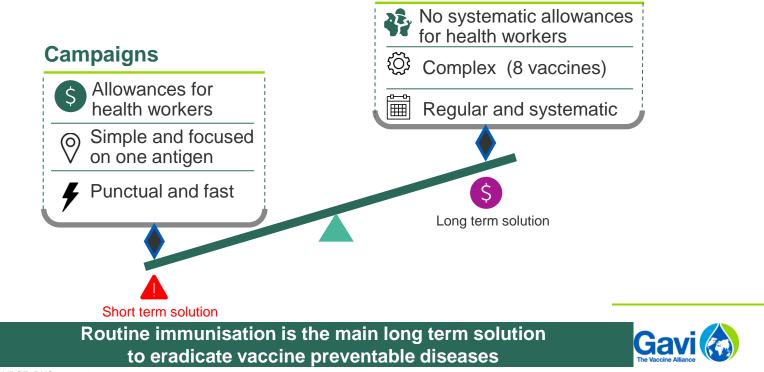
Provinces with cases of Polio



# Structural issues affecting routine immunization

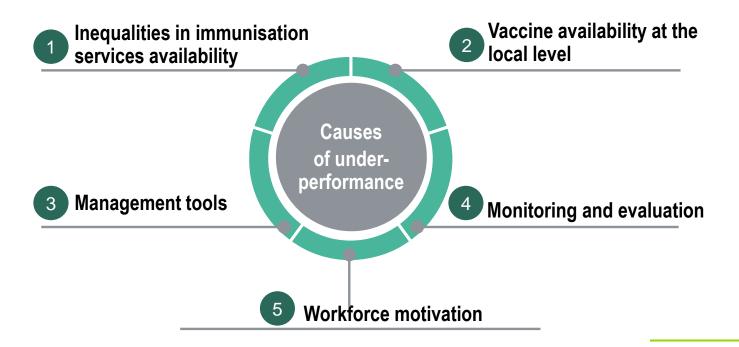


# Recurrent focus on campaigns in DRC, with little attention to routine immunisation strengthening



**Routine immunisation** 

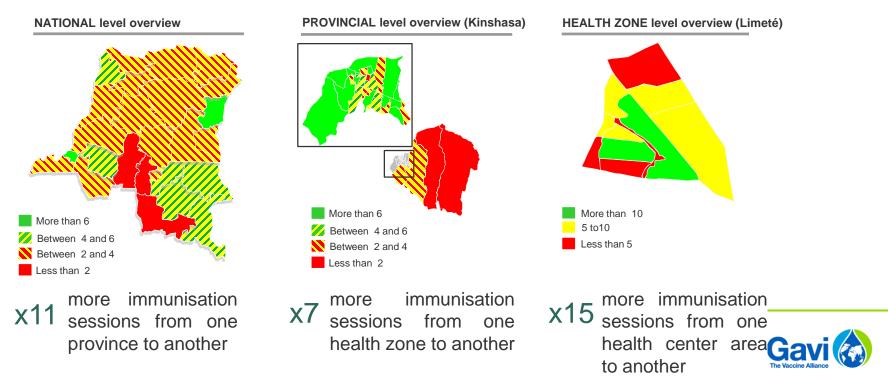
The routine immunisation programme faces major service delivery and management issues





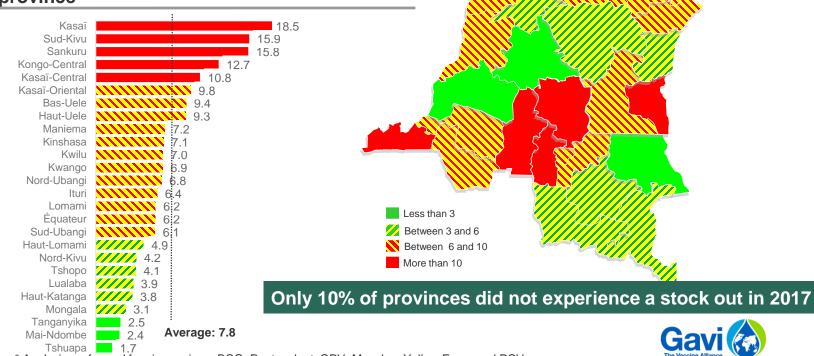
## Massive disparities in availability of immunisation sessions

#### Frequency of immunisation sessions



#### High levels of vaccine stock-outs

Number of stock-out occurrences in 2017 at Health Zone level, by province\*



\* Analysis performed for six vaccines: BCG, Pentavalent, OPV, Measles, Yellow Fever and PCV

SOURCE: DVDMT 2017

Innovative and different ways needed to obtain adequate and reliable data

# 100000 + 7000 = ?

#### Additional focus is required in:





## Response plan: Routine is the new emergency!



#### Rationale for emergency plan for routine immunisation

- Create a **momentum and shared sense of urgency** in adressing routine immunisation underperformance
- Foster accountability for results with an 18-month plan with clear milestones and responsabilities
- **Prioritization and focus** on selected issues (as opposed to lengthy annual POA with very limited level of realization)
- Basis for upcoming cMYP and HSS



# DRC has major assets to support a routine immunisation emergency plan





#### Response plan formulation approach

Preparation for the workshop on routine immunisation

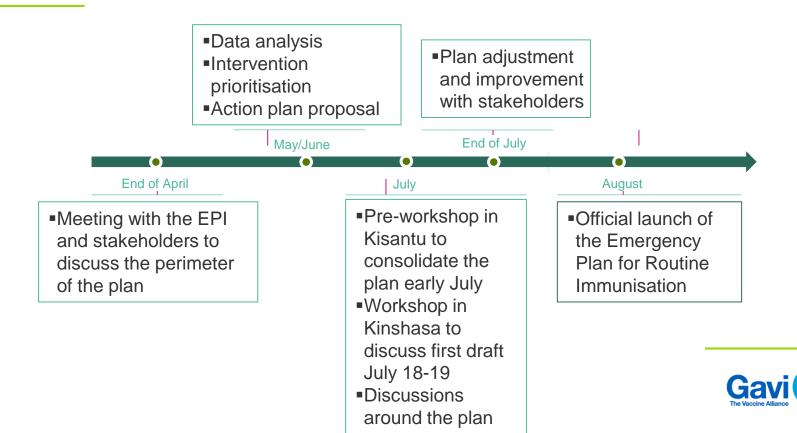
- Summary of available data and analysis
- Presentations for the July workshop
- Draft action plan



Participants	<ul> <li>Immunisation experts</li> <li>EPI</li> <li>Provincial health directorates</li> <li>Health Zone Chiefs</li> <li>Partners</li> </ul>	
Activities	<ul> <li>Review of root cause analysis of routine immunisation issues</li> <li>Identification of preliminary activities for strengthening routine</li> </ul>	
Output	<ul> <li>Performance review of the programme</li> <li>Definition of working groups for the workshop on routine immunisation</li> <li>Proposal of priority actions for</li></ul>	



## Timeline subject to review in the context of Ebola outbreak







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