GAVI PARTNERS' FORUM



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Objective

- To share experiences
 - on how Ghana has made significant gains in controlling measles and the current roadmap to Measles elimination....
- and to contribute to the discussion on introducing R as part on M in routine immunization





Immunization in Ghana^{2/2}

Immunization Coverage

	BCG	Penta1/ OPV1	Penta3/ OPV3	Yellow Fever	Measles
Card + history	99.3 %	99.7%	97.0%	93.3%	94.0 %
Card only	96.3 %	97.8%	95.3%	91.3%	92.0%

2011 EPI Coverage Survey Report (January, 2012)

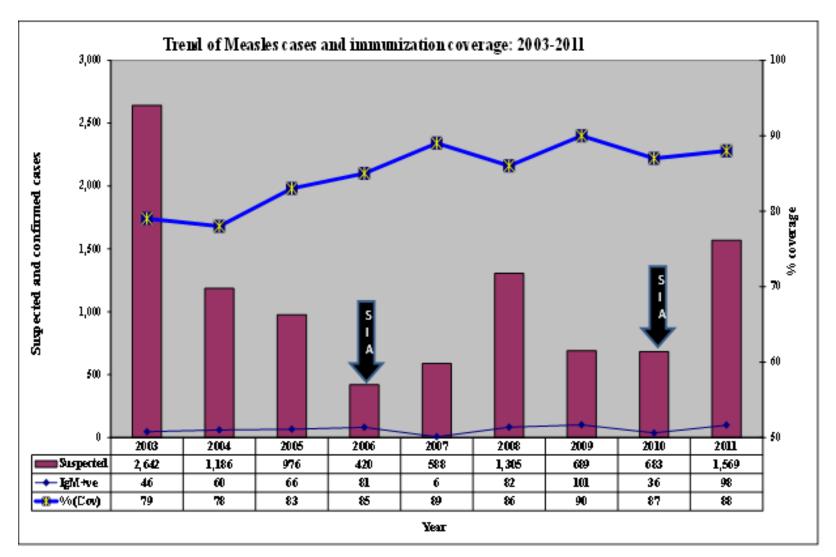


Building the Investment Case for MR Vaccine

Measles control in Ghana

- Key Measles control strategies:
 - ➤ Routine vaccination at 9 months since 1978
 - ➤ 4-yr measles SIA beginning with catch-up campaign in 2002
 - Case-based surveillance established since 2003
 - ➤ Outbreak investigations and reactive campaigns
 - ➤ Second dose measles introduced in February 2012
 - ➤ Ghana now at measles elimination stage and requested to submit elimination strategic plan

Trends in Measles & Immunization Coverage: 2003-2011



Rubella & Rubella control in Ghana^{1/5}

- Rubella (German Measles)
 - –Viral exanthem (fever-rash)
 - Essentially benign when infection occurs in Adults
 - But a disaster when it passes to the fetus because it can lead to Congenital Rubella Syndrome

Rubella & Rubella control in Ghana^{2/5}

1970: sero-prevalence study showed 50% of girls positive for rubella antibodies

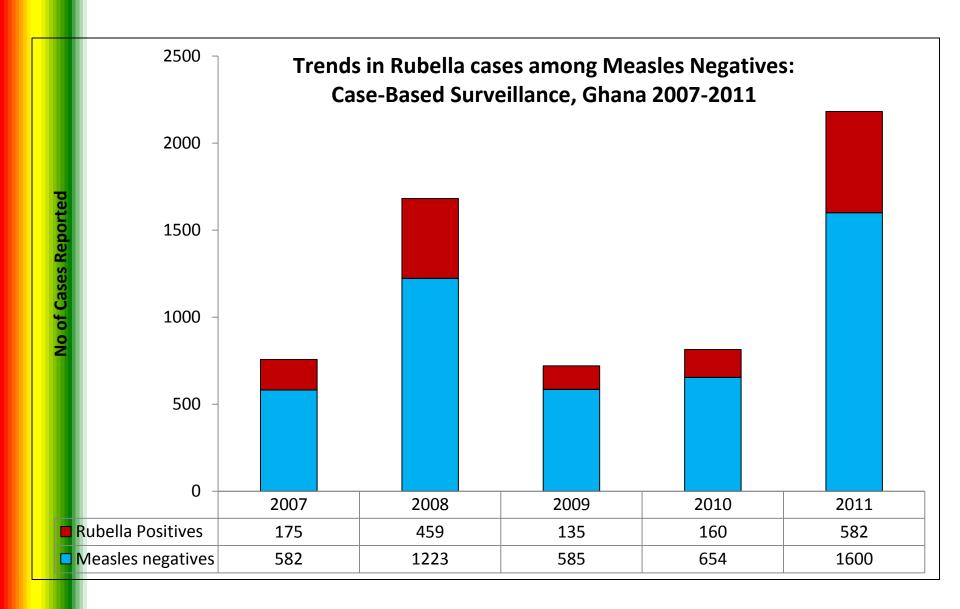
1994/95: Rubella outbreak

- 1996/97: >26 CRS cases identified a result of '94/95 outbreak in two large cities
 - CRS Rate of 0.8 per 1000 live births (epidemic)

Rubella & Rubella control in Ghana^{3/5}

- 1997: Rubella sero-prevalence survey conducted in Ghana: 92.6% among pregnant women (Lawn et al)
- 2004-2006: Congenital rubella syndrome surveillance conducted in a Teaching Hospital (KATH, Kumasi) in children (0-11 months)
 - > 40 CRS cases per 100,000 livebirths
- Negative measles cases are tested for rubella and trends established as part of Measles Case-Based Surveillance
 - Up to 40% cases test Rubella positive

Rubella & Rubella control in Ghana^{4/5}



Rubella & Rubella control in Ghana^{5/5}

 Key Issue: No national control program for rubella

Rationale for MR Vaccine^{1/2}

- Ghana is working towards achieving Measles elimination status
 - > Achieved consistently high coverage (>85%) over years
 - ➤ Established 4 year SIA since 2002
 - ➤ Established Cased-Based surveillance since 2003 following the catch up campaign in 2002
 - ➤ Measles Second Dose introduced in Feb 2012 as part of New Vaccines
 - ➤ SIA initially planned for 2014 but brought forward to 2013 to cover built up 'susceptibles' based on WHO recommendation on Measles elimination

Rationale for MR Vaccine^{2/2}

- Available lab and Surveillance data shows that up to 40% of negative Measles cases test positive for Rubella
- As well CRS exists: burden probably underestimated
- Measles SIA is planned for 2013: Government will take advantage to introduce MR vaccine
 - ➤ One stone to kill two birds: logistically advantageous

Strengths and Opportunities for MR

9 9

Government support

 A new Public Health Law includes a detailed regulation framework for vaccination



- Good policy environment guiding EPI in Ghana
 - The existing Health Sector Medium Term Development
 Plan (HSMTDP) 2010 2015 prioritizes immunization

 Well-structured decentralized health delivery from national, regional, district, sub-district, community levels



Community Support.....

- Active support of community volunteers in the routine EPI in most districts in Ghana
 - Chiefs, opinion leaders and volunteers mobilize the communities for EPI
- CSOs (Coalition of Health NGO's) are active in mobilising communities and are recognised.....
 Red Cross mothers clubs etc..
- Locations within the communities for EPI outreach





Partners support....

Global Alliance for Vaccines & Immunization (GAVI) has supported Ghana's EPI programme in vaccine procurement and funds for delivering the service



Through the Health System support from GAVI, the Bank and UNICEF, the District health systems has been strengthened to support EPI

Other partners: **UNICEF, WHO, JICA, USAID, ROTARY** have supported National/Regions/Districts

Management Arrangements.....



 The Comprehensive Multi-Year Plan (cMYP) updated to include new vaccines including MR



Planning includes all levels with active partner involvement: Micro-planning is active especially during campaigns

 An active ICC exists to monitor, provide advice, mobilize funds and provide some advocacy for joint activities

Ensuring the 'Cold Chain' ...

- There is a well-established process for forecasting, ordering and procurement of vaccines (UNICEF as a key partner)
- National and regional cold rooms have been developed with stand-by generators
- There are one walk-in freezer and two walkin cold rooms (WICR) at National Level
 - 9/10 Regions have walk-in cold rooms
 - Construction underway for the remaining region (sponsored by ROTARY International)

Ensuring the 'Cold Chain' ...

- There are national cold chain maintenance teams that run schedules for preventive maintenance in the Regions
 - District and Health Facility levels at periodic intervals throughout the year.





CRS Surveillance

- Planned scale up of CRS Case-Based
 - Teaching Hospitals
 - -Sentinel site at peripheral levels

Expected Outcomes for Ghana

- Provide second opportunity for measles vaccine for children
- Reduced number of susceptible persons for measles and rubella
- Reduced incidence of measles and rubella in the country
- Interruption of measles virus and rubella virus transmission leading to elimination of rubella and CRS
- Measles elimination
- To contribute to the rubella control in the world



Conclusions

- GHANA is poised to introduce MR
 - interrupt measles and rubella
 transmission leading to elimination of measles, rubella and CRS
 - Build capacity of health staff
 - -Strengthen the entire health systems







THANK YOU FOR LISTENING