

more than 6,000 new cases per year with Uganda, making a significant contribution to this statistic.

The study published in the *New*

Traditionally, hydrocephalus is treated by surgically placing a shunt to continually drain the cerebrospinal fluid. They place a long tube in the baby's brains, allowing the liquid to

hospital. For a condition, therefore, that requires one with such expertise, can only be a disaster.

Children, according to the researchers, are likely to die from shunt mal-function due to the absence of emergency neurosurgery.

THE EXPERTS

According to neurologist Martin Kaddu Mukasa, shunts are characterised with such challenges as blockages. So, it calls for consistency

place for researchers exploring this procedure as stated in one media report: "Yes, you read that correctly. The new technique has been so successful in the developing countries that American doctors are now travelling to Uganda to learn how to do the technique from Ugandan doctors."

Experts worried about low national immunisation coverage

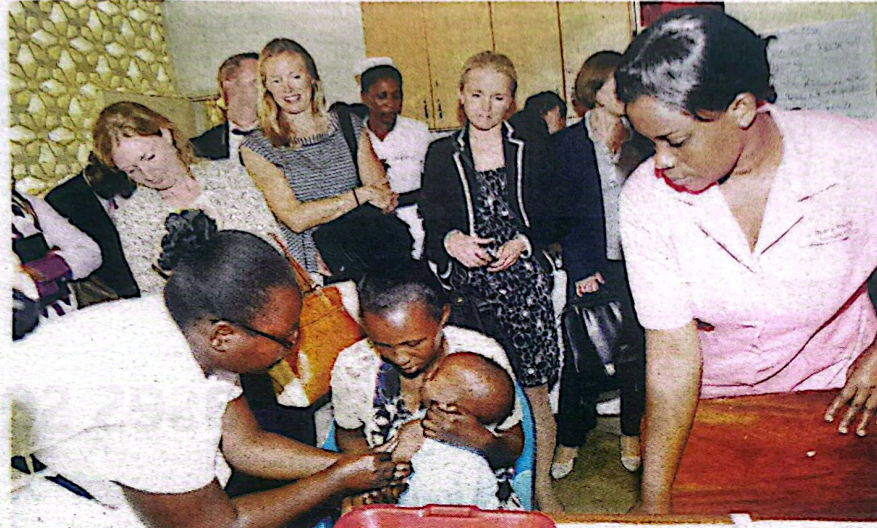
By Evaline Namuwaya

The Ministry of Health has admitted that there has been stagnation in the national immunisation coverage rate which the World Health Organisation (WHO) has ranked to be low. Uganda's national immunisation coverage rate, measured by percentage of children receiving the third dose of the diphtheria-tetanus-pertussis vaccine (DTP3), is said to have stagnated at 78% since 2012. This is below the Global Vaccination Action Plan target of at least 90% coverage.

Dr Bernard Opar Toliva, the programme manager of Uganda National Expanded Programme on Immunisation, said the Ministry of Health is set to launch a massive campaign to sensitise the people about immunisation so as to change the situation. This was revealed while responding call made by experts for increased investments to drive immunisation progress in Africa.

"Why should we wait, until we get outbreaks to vaccinate?" he wondered.

Experts from the Global Alliance for Vaccines and Immunisation (GAVI), the Regional Immunisation, Technical Advisory Group and the World Health Organisation while meeting recently in Johannesburg, South Africa, observed that Uganda has not



A Nurse immunises a child at Kiswa Health Centre in Kampala during a visit by Global Alliance for Vaccines and Immunisation officials in 2014

introduced rotavirus vaccine for diarrhoea in the national immunisation schedule, yet it was set out to support rotavirus vaccine introductions in 33 countries by the end of 2015.

The high-profile meeting also indicated that Uganda's Measles-containing-vaccine first-dose (MCV1) coverage has stagnated at 82% since 2012, putting the country at risk of missing the 2020 elimination target.

Opar also decried the poor response of Ugandans to

BETWEEN THE LINES

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vaccination against human papilloma virus (HPV), especially after receiving the first dose. He said coverage for the first dose has reached 80%, but the second dose has been

low, at 23%.

"We want to also meet school headteachers, parents and other stakeholders to help girls receive a full dose of the HPV vaccine, otherwise one single dose is useless," he said.

He has also dismissed claims that the vaccine is unsafe for the girls.

"The vaccines are purchased from GAVI and they have been prequalified by WHO. Besides, the Government cannot kill its own people through vaccination," he said.

Now the ministry will next year introduce the rotavirus vaccine on the national immunisation schedule. Rotavirus vaccines protect against the most deadly form of diarrhoea in young children.

"The rotavirus vaccine was meant to be on the schedule last year, but the funds were not available. However, we have secured the vaccine that can cover all children and we are rolling it out next year," he noted.

Measles

The Regional Strategic Plan for Immunisation 2020 has set ambitious targets for the elimination of measles in Africa. To achieve the elimination by 2020, the framework calls for at least 95% national and sub-national coverage with the measles-containing first dose (MCV1) vaccine.

According to the post-conference press release, Dr Matshidiso Moeti, the regional director for Africa at WHO, said while Africa has made significant gains toward increasing access to immunisation in the past few decades, immunisation coverage has stagnated at 74% in recent years.

"Vaccine-preventable diseases (VPDs) still kill more than half a million children less than five years of age in Africa every year — representing approximately 56% of global deaths caused

by VPDs. At the current pace, the region is off track to achieve the Global Vaccine Action Plan (GVAP) and the Africa Regional Strategic Plan for Immunisation (RSPI) target of 90% national immunisation coverage by 2020," she added.

She noted that great strides have been made in recent years, but there is much work to be done to ensure that all children — no matter where they live — have access to the life-saving vaccines.

"Even one child still losing its life to a preventable disease is too many. We know vaccines work. When children are given a healthy start, families and communities thrive and economies grow stronger," she said.

Most notably, as Africa nears polio eradication, funding to countries through the Global Polio Eradication Initiative (GPEI) for immunisation activities is expected to reduce by 50% between 2017 and 2019. Funding from the GPEI supports surveillance activities, laboratory networks, human resource and routine immunisation programmes. Increased funding will be needed from national governments to ensure that the phase-out of polio funding does not reverse immunisation progress. Currently, 28 African countries fund less than 50% of their national immunisation programmes.