### Trends and projections of child immunization in 33 African countries (2000–2030): A spatial-temporal Bayesian analysis for Universal Health Coverage

Presenter: Phuong The Nguyen Hitotsubashi University, Tokyo, Japan

Authors: Phuong The Nguyen<sup>1,2</sup>, Aminu Kende Abubakar<sup>3</sup>, Phuong Mai Le<sup>4</sup>, Stuart Gilmour<sup>3</sup>

<sup>1</sup> Hitotsubashi University, Tokyo, Japan
<sup>2</sup> National Cancer Center Institute for Cancer Control, Tokyo, Japan
<sup>3</sup> St. Luke's International University, Tokyo, Japan
<sup>4</sup> National Center for Global Health and Medicine, Tokyo, Japan



### 1. BACKGROUND



### Universal Health Coverage framework





### Child immunization in Africa



**Data source:** Shattock et al. (2024). Contribution of vaccination to improved child survival: modelling 50 years of the Expanded Programme on Immunization.



### **Current situation**



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### Objectives

- To estimate the trends and make projections of child immunization coverage in African countries from 2000 to 2030, both at national and regional levels.
- To compute the probability of achieving global UHC targets.
- To investigate socioeconomic-related inequalities in child immunization coverage.



### 2. METHODS



### Data sources

Year	Countries	Number of Survey	Records
2000	Egypt, Ethiopia, Malawi, Namibia, Rwanda	5	41,519
2001	Benin, Mali, Uganda, Zambia	4	28,195
2003	Burkina Faso, Egypt, Ghana, Kenya, Madagascar, Morocco, Mozambique, Nigeria	9	50,009
2004	Cameroon, Chad, Lesotho, Malawi, Tanzania	5	33,257
2005	Congo Brazzaville, Egypt, Ethiopia, Guinea, Rwanda, Senegal, Zimbabwe	8	55,162
2006	Benin, Eswatini, Mali, Namibia, Niger, Uganda	6	50,316
2007	Congo Democratic Republic, Liberia, Zambia	5	19,131
2008	Egypt, Ghana, Kenya, Madagascar, Nigeria, Rwanda	6	61,385
2009	Lesotho	1	3,606
2010	Burkina Faso, Burundi, Malawi, Rwanda, Senegal, Tanzania, Zimbabwe	8	72,148
2011	Benin, Cameroon, Congo Brazzaville, Cote d'Ivoire, Ethiopia, Mozambique, Uganda	10	67,817
2012	Guinea, Mali, Niger	3	27,588
2013	Congo Democratic Republic, Liberia, Namibia, Nigeria, Senegal, Togo, Zambia	9	90,005
2014	Chad, Egypt, Ghana, Kenya, Lesotho, Rwanda	6	68,528
2015	Angola, Senegal, Tanzania, Zimbabwe	4	42,158
2016	Burundi, Ethiopia, Malawi, South Africa, Uganda	6	57,063
2017	Benin, Senegal	2	24,253
2018	Cameroon, Guinea, Mali, Nigeria, Zambia	5	65,830
2019	Ethiopia	1	5,414
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Demographic and Health Surveys (DHS) 33 African countries 863,384 records



### Measurement of indicators

Indicators	Definitions	Recommended schedules
BCG immunization	The proportion of children aged 12-23 months who received one dose of BCG vaccine.	At birth
Measles	The proportion of children aged 12-23 months currently vaccinated against measles.	At 9 months
Polio3	The proportion of children aged 12-23 months who received three doses of polio vaccine.	Optional dose at birth, mandatory doses at 6, 10, and 14 weeks
DPT3	The proportion of children aged 12-23 months who received three doses of diphtheria, pertussis, and tetanus vaccine.	At 6, 10, and 14 weeks
Full immunization	The proportion of children aged 12-23 months who received three doses of DPT and Polio vaccines and one dose of BCG and measles vaccines	

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### Statistical analysis

#### **Bayesian Spatial-Temporal Models**

- Integrated Nested Laplace Approximation (INLA): Conducts approximate Bayesian inference within latent Gaussian models (Rue et al., 2009).
- Models Used: Besag-York-Mollié (BYM), and BYM2 (tailored parametrization for better interpretability).

#### **Neighborhood Effects:**

- Neighborhoods defined by areas shared boundaries, nationally or regionally.
- Uses Conditional Autoregressive (CAR) distribution to smooth data based on neighborhood structures.
- Assumed linear time trend in each area (Bernardinelli et al., 1995).

Random Slope Effects: between time and area.

Interaction Effects: between covariates and survey year.

Inclusion of nation's SDI (socio-demographic index)

#### **Model Fitting:**

- 900 models fitted using R-INLA.
- Model comparison using DIC (Deviance information criterion)



### Statistical analysis (cont.)

Adjustments for complex survey design: Stratification, Clustering, and Sampling weights.

**UHC Targets for Child Immunization Indicators:** Exceedance Probabilities: Calculate P(pi > c), where pi is child vaccination coverage and c is the threshold value (0.8).

#### Measurement of socioeconomic-related inequalities:

- Slope Index of Inequality (SII): Quantifies absolute difference in percentage points.
- Relative Index of Inequality (RII): Quantifies relative ratio of coverages between most advantaged and disadvantaged sub-groups.

**Changes in inequality over study period:** Average Annual Rate of Change (AARC): Compute AARC and its 95% Crl using the formula provided and posterior predictive distribution.

$$AARC = 100 * \left[ \left( \frac{P_n}{P_0} \right)^{\frac{1}{N}} - 1 \right]$$

where:  $P_n$  = coverage in the later time period;  $P_0$  = coverage in the earlier time period; N = number of years in the interval.



### 3. RESULTS





# Map of child immunization coverage at regional levels in Year 2000



# Map of child immunization coverage at regional levels in Year 2030





### 4. CONCLUSIONS



### Conclusions

- We observed slow progress in full immunization in most African countries, including those with the highest SDI levels, such as South Africa, Egypt, Congo Brazzaville, and Nigeria.
- ⇒ Economic factors alone may not be sufficient to significantly improve vaccination coverage
- $\Rightarrow$  **More effective programs** are needed to address these gaps.
- We observed regional variations. While we projected improvements in child vaccinations at the regional level, some regions in Central Africa still show low coverages.
- Socioeconomic-related inequalities persist, although the gaps are narrowing over time in most countries, with some exceptions.
- Most regions show a decrease in both the SII and RII, indicating reduced inequality in absolute and relative terms. However, some regions display increasing inequality, which warrants further consideration.

# Thank you!

