CONGO REPUBLIC: A TRANSITION PLAN FOR A SUCCESSFUL GRADUATION?

29/02/2012 from Miloud Kaddar, WHO-HQ

A joint mission including WHO, GAVI secretariat and Sabin Vaccine Institute was conducted in February in the Republic of Congo to assess the immunization financing situation and to develop a transition to assist in successfully graduating from GAVI support in 2015-2017. The framework developed by WHO in close collaboration with the Immunization Financing and Sustainability Task Team (IFSTT) was tested and used with the assistance of the Results for Development Institute.

With financial support from GAVI, Congo has been able to introduce under-used vaccines (yellow fever, hepatitis B, Hib) within its Expanded Programme on Immunization (EPI) and is considering introducing pneumococcal and rotavirus vaccines in 2012 and 2013, respectively. Congo transitioned into the middle-income country category and has seen its total government budget and national income grow significantly (GNI per capita in 2000: 843 USD, GNI per capita in 2010 more than 3,000 USD). These growth rates nevertheless remain fragile (depending heavily on the international oil market) and did not translate directly into a solid health and immunization system. In 2010-2011 the country experienced a large polio outbreak, as well as outbreaks of measles, cholera, and Chikungunya, revealing the fragility of country health conditions and the limitations of the current health system.

Congo is one of the few countries to fully finance its routine EPI vaccines, operational costs and GAVI co-financing requirement with domestic resources. However, the challenges ahead are quite large. For example, the country co-payment for the GAVI supported vaccines will jump from USD 77,883 in 2011 to USD 500,562 in 2012 and USD 3,222,500 in 2015. Planning and budgetary procedures remain quite heavy and uncoordinated leading to delays in allocation, disbursement and payment.

The year 2012 was declared the “Year of Health” by the Government of Congo, the projected economic growth is positive, the national commitments and political will in favour of immunization and vaccines seem high. The collaboration between the Ministry of Health (MoH), EPI team and UNICEF and WHO country offices is impressive and effective. The mission met with all concerned parties and agreed with MoH and EPI representatives on the practical short and medium term decisions, on activities and steps to enhance country ownership and to engage the Republic of Congo with a trajectory towards financial sustainability. The objective can be met with the agreed transition plan; the challenge is its implementation and close monitoring.

For more information, contact Miloud Kaddar.
Technical Information

INTENSIFICATION OF VACCINATION ACTIVITIES IN THE CONTEXT OF STRENGTHENING THE ROUTINE IMMUNIZATION PROGRAMME, HAITI 2012

29/02/2012 from the PAHO team in Haiti

Haiti’s Ministry of Public Health and Population is working to implement intensified vaccination activities nationwide in 2012. The country will implement a first round of vaccination using measles-rubella vaccine (MR) and the Oral Polio Vaccine (OPV) for children aged <= nine years (Nine months to nine years for MR) in April 2012 and a second vaccination round using polio (and Tetanus and Diphtheria (Td) vaccine for the elimination of neonatal tetanus) at least one month after finishing the first round. Vitamin A supplements and deworming will be integrated. These supplementary immunization activities (SIA) represent a unique opportunity to strengthen Haiti’s regular immunization programme, while achieving a rapid increase in vaccination coverage against polio, measles and rubella.

This SIA will ensure that the country remains free of these diseases and that it can complete the process of documentation and verification of the elimination of measles and rubella in the context of the Regional Initiative towards this goal. The first round of vaccination in Haiti will include active community case-searches for polio, measles and rubella. Retrospective facility-based case searches for the same conditions, in addition to congenital rubella syndrome, will be conducted around the same time-period.

Achieving the two goals of the intensified vaccination activities – 1) strengthening the regular programme and 2) maintaining the country free of polio, measles and rubella – is essential for Haiti’s immunization programme. After the intensification, there will be an independent survey to verify the results. The success of this vaccination is also a condition for the Region of the Americas to move forward with the process of the regional documentation of the elimination of measles/rubella.

PAHO’s Director, Dr Mirta Roses, will accompany the April 2012 SIA and plans to launch the Tenth Vaccination Week in the Americas (and First World Vaccination Week) in Port-au-Prince on 21 April 2012.

INTRODUCTION OF HAEMOPHILUS INFLUENZAE TYPE B AND ROTAVIRUS VACCINES IN EXPANDED PROGRAMME ON IMMUNIZATION IN IRAQ

29/02/2012 from Ruba Hikmat, WHO Iraq

The ministry of health, Iraq has introduced Haemophilus influenzae type B and Rotavirus vaccine in national immunization schedule from January 2012. These vaccines along with the other vaccines are now available for the target children at all health care centres, basic health units and state-run hospitals, free of charge. H.E Dr Majeed Hamad Amin, the Minister of Health (MoH) of Iraq, while addressing a press conference in connection with the launch of the Haemophilus influenzae type B and rotavirus vaccines said that these vaccines will protect thousands of infants in Iraq against the most dangerous childhood infections, including the major causes of diarrhoea and the major causes of pneumonia, and meningitis, known to lead to severe neurological disabilities. In 2011, 46% of severe diarrhoea cases were reported as a result of rotavirus, the second cause of death among infants in Iraq. H.E reinforced the Ministry’s commitment to achieve Millennium Development Goal 4, which aims to reduce child deaths by two-thirds by 2015.

Speaking on the occasion, Dr Syed Jaffar Hussain, the WHO Representative in Iraq, said that millions of cases of disease and thousands of deaths in children can be prevented each year through the introduction of these two very safe and effective vaccines on the national immunization schedule. He reiterated that WHO is working closely with MoH to ensure smooth introduction of a pneumococcal vaccine by 2013, monitor implementation, evaluate impact, calculate vaccine supplies, and manage the cold chain. Mr Osama Makkawi, UNICEF’s Deputy Representative in Iraq termed the introduction of the new vaccines as an important step toward the best start of life for the children of Iraq. He informed that UNICEF will embark with the Ministry of Health on an extensive community mobilization campaign to ensure that parents are aware of the importance of the new vaccines and the new vaccination schedule. Dr Omar Mekki, Medical Officer and EPI Programme manager at the WHO Iraq office stressed on the importance of assuring a sustainable supply of safe and effective vaccines at affordable prices for Iraqi children and said “strengthening procurement systems and management processes at the province and district levels in addition to empowering the role of media will not only assure the sustained use of these new vaccines but it will also help the MoH introducing other essential new vaccines that save lives of millions of children”
Technical Information

WHO ROUND-TABLE MEETING ON UNIJECT
29/02/2012 from Michel Zaffran, WHO

On 15 December 2011, WHO hosted a round-table meeting in Geneva to discuss the Uniject™ auto-disable injection system. Representatives from Becton, Dickinson and Company (BD), Clinton Health Access Initiative (CHAI), Crucell, GAVI, PATH, UNICEF, the Bill & Melinda Gates Foundation, and the Agence de Médecine Préventive were present.

Uniject™ is a compact, pre-filled auto-disable injection device (CPAD) with a single, non-reusable presentation that is easy to administer. Overall, WHO and other participants expressed a positive opinion on the data presented for Uniject™ and the development approach employed, underlining the importance of innovation in vaccine delivery. CPADs have the potential to reduce the time required to administer vaccines, which is of increasing importance given the constraints on health care workers’ time. Crucell presented the innovative secondary packaging format for Quinvaxem®, their pentavalent vaccine in Uniject™, which will ensure a storage volume comparable to that of single dose vials.

It was noted that more work has to be done to compare multi-dose to single-dose vial presentations (including Uniject™) and that further cost-benefit analyses—taking into account the total cost of vaccination (cost per vaccinated child), including delivery, wastage, and environmental impact—are needed. WHO suggested that the public health sector has so far been unable to provide the private sector with clear and consistent long-term guidance in this area. WHO also commented that, if the pentavalent vaccine in Uniject™ proves successful, other new vaccines and manufacturers may follow this example. GAVI expressed optimism that Uniject™ is likely to be successful in the increasingly complex immunization world.

IMMUNIZATION FINANCING INDICATORS FROM THE WHO/UNICEF JOINT REPORTING FORM (JRF)
29/02/2012 from Claudio Politi, Oumar Sagna and Daniela Urfer, WHO/HQ

New data on immunization financing are available based on the WHO/UNICEF Joint Report Form (JRF) reported by countries. Indicators on government financing immunization include the availability of a specific line item in the national budget for purchasing vaccines used in routine immunization; the availability of a specific line item in the national budget for purchasing injection supplies used in routine immunization; percentages of expenditure for routine immunization financed by government; percentages of expenditure for vaccines used in routine immunization financed by government.

Immunization financing indicators have been analyzed for the period 2008-2010 together with an overview of the past decade.

The analysis 2008-2010 provides immunization financing indicators in multiple formats: global aggregates; comparison across WHO regions; summaries for each WHO region; and summary for GAVI eligible countries. Annexes include detailed country data. Analyses, global trends and maps are presented in the WHO Immunization Financing website. For more information, click here.
DOUBLING OUR IMPACT IN A SINGLE SHOT – BLOG WRITTEN BY HELEN EVANS, GAVI ALLIANCE AND ANDREA GAY, MEASLES INITIATIVE
29/02/2012 from Hayatee Hasan, WHO/HQ

We have a chance to make history in the fight against rubella and measles. The human and economic toll of these diseases is huge and preventable. In some places, rubella --often referred to as German measles-- is no longer the threat it used to be. During the last large-scale epidemic in the United States, in the mid-1960s, about 12.5 million people were infected and more than 20,000 infants were born with related birth defects. Thanks to widespread vaccination in almost 50 years since the epidemic, rubella has disappeared from the Americas.

But for millions of mothers and children in poorer countries with limited access to vaccines, rubella poses an on-going danger. Pregnant women who contract rubella in the first 10 weeks risk a miscarriage or stillbirth and there is a 90% chance their child will be born with serious birth defects - such as blindness, deafness, or heart disease - known as Congenital Rubella Syndrome (CRS). With at least 110,000 babies born with CRS every year, the consequences can be staggering.

The GAVI Alliance, the Measles Initiative, and our partners are committed to creating a dramatically different scenario by building on the success of accelerated measles control efforts. This year, GAVI will begin to fund catch-up campaigns to provide a combined Measles-Rubella (MR) vaccine. Following guidelines from WHO, the campaigns will target children aged nine months to 14 years inclusive and ensure the impact is lasting by embedding MR vaccine into continuing immunization programmes. In response to country demand, we anticipate introducing the MR vaccine into 30 countries by the end of 2015 and by 2018 we expect to support at least a further 20 developing countries.

To read the full blog, click here.

To read other blogs posted on the Measles Initiative website, visit this site.

STRATEGIC ADVISORY GROUP OF EXPERTS MEETING
29/02/2012 from Hayatee Hasan, WHO/HQ

An extraordinary SAGE meeting was held from 16-17 February 2012 in Geneva to discuss the Decade of Vaccines Global Action Plan. SAGE members were presented with the latest version of the Global Vaccine Action Plan, together with feedback from the consultations with countries and stakeholders, projected costs and financing as well as the accountability framework. SAGE endorsed the Decade of Vaccines vision in which all individuals and communities enjoy lives free from vaccine-preventable diseases. SAGE called for a clearer definition of the roles and responsibilities of WHO, UNICEF and the GAVI Alliance in the further development and implementation of the plan. At the same time, SAGE emphasized the need for firm WHO leadership and coordination at all levels.

SAGE also reviewed the draft Global Polio Eradication Emergency Action Plan for 2012-2013 and applauded India's achievement in completing one year without polio. However, SAGE was particularly concerned about the increase in wild poliovirus transmission in Nigeria and Pakistan and stressed the importance of identifying key lessons learned from India's success and replicating them in the action plans of other polio endemic countries.

The report of the meeting and other documentation including the agenda, presentations and background readings can be found at this link.

The next SAGE meeting will be held from 10-12 April 2012. To see the latest draft agenda, visit this website.
Technical Information

PNEUMOCOCCAL AND ROTAVIRUS VACCINES TRAINING MATERIALS PROVIDED BY WHO
29/02/2012 from Jhilmil Bahl, WHO HQ

As the introductions of Pneumo and Rota vaccines in 2012 are fast approaching, training materials are being developed at WHO/HQ.

Rotarix materials will be available by mid-March on the NUVI website, in English and French composed of:
- A slide set, consisting of seven modules for training Healthcare Workers (HCWs) and facilitator notes
- A pocket guide – shorter version of the above for trainees to take away with them
- A picture Guide (A3 spiral bound)– that trainers can use in situations where there is no electricity or computer, etc.

Rotateq materials will be available by end April on the NUVI website, in English and French composed of:
- A slide set, consisting of seven modules for training HCWs and facilitator notes
- A pocket guide – shorter version of the above for trainees to take away with them
- An A3 spiral bound Picture Guide – that trainers can use in situations where there is no electricity or computer, etc.

An updated rotavirus introduction manual is also being developed and can be shared upon request. It will be posted on the NUVI website once finalized.

PCV materials (PCV 10 and PCV 13), will be made available by mid-March on the NUVI website, in English and French composed of:
- A slide set, consisting of seven modules for training HCWs and facilitator notes

Introduction manuals for both PCV13 and PCV10 developed at WHO/HQ can be shared upon request and will be posted on the NUVI website once finalized.

Other materials planned:
Adaptation notes - slides/pages where country adaptations may be required will be highlighted;
PCV 10 DVD from Kenya is available (parts of this could be used in other countries), script in English is also available for translation and adaptation to the local context if countries would like to shoot their own footage; Video for Rotavirus vaccine training in Ethiopia in Amharic is planned for 15 May 2012 but other countries can use the part of the footage and/or use the script prepared in English if they would like to shoot their own complementary footage.

PROGRESS REPORT: NEXT GENERATION TYPHOID CONJUGATE VACCINES
29/02/2012 from Christopher Nelson and Leah Harvey, Coalition against Typhoid (CaT) Secretariat
Sabin Vaccine Institute, Washington, DC USA

Progress is being made in the development of next-generation typhoid conjugate vaccines. Although currently available typhoid vaccines have been used effectively to control disease in high-burden communities of Thailand, Vietnam, China, and Cuba, improved vaccines that can be administered to infants and young children and that provide higher efficacy and longer duration of protection are needed. Currently, there are four leading typhoid conjugate vaccine candidates in development:
• A National Institutes of Health (NIH) Vi-rEPA candidate has been shown to be safe, immunogenic, highly effective and compatible with other EPI vaccines, in infants, young children, teenagers and adults in Vietnam. Phase III trials are also near completion in China with a Lanzhou Institute Vi-rEPA product. The NIH is working with the Food and Drug Administration (FDA) to develop a Vi antibody reference standard.
• A Novartis Vaccines Institute for Global Health (NVGH) Vi-CRM197 candidate was found to be safe and highly immunogenic, in European adults. Phase II trials to evaluate these outcomes and compatibility with other EPI vaccines in infants and young children are currently underway in Asia.
• Another promising typhoid conjugate candidate, Vi-DT, is being developed through a partnership of NIH, the International Vaccine Institute (IVI) and Shantha Biotechnics. Trials will begin in 2012.
• A fourth candidate is currently being developed by Bharat Biotech of India. Trials for the Vi-TT candidate will also begin in 2012.

Typhoid conjugate vaccines and the bivalent typhoid-paratyphoid conjugate vaccines that will follow soon after are critical to the control and prevention of enteric fever. Read more.
GAVI Related Information

SUMMARY OF KEY DATES FOR NEW VACCINES SUPPORT IN 2012

New NVS application guidelines with HPV and rubella requirements: **late March**
Online portal opens for NVS applications: **1 June**
Applications close: **31 August**
IRC meeting for NVS applications: **8-19 October**
GAVI Board endorsement of IRC recommendations: **early December**

**February 6-10:** Response to conditions by countries recommended for ‘conditional approval’ in 2011 reviewed by IRC. Informal feedback to be provided to countries by end of March. The Executive Committee will meet in April to consider and endorse the IRC recommendations and official decision letters will be sent to countries shortly thereafter.

**February 13-17:** Review of HSFP applications received by end December 2011. Review of resubmitted 2010 HSS APR from Sri Lanka, and Madagascar, and CSO Type B extension proposal from DRC (completed).

**May 7-11:** IRC meeting to review applications for new HSS support through the Platform. Countries can apply a rolling basis in 2012. **Latest submission date is 1 April for applications to be considered at this May HSFP IRC.**

**May 15:** Deadline for submission for APRs.

**July 16 – 27:** First APR review. A total of approximately 70 APRs and 250 existing grants to be reviewed. Country APR portal is scheduled to be opened March 2012 and submission deadline May 15 2012. (Please note that there may be slight delay of portal for Russian but still planned within March.)

**August 31:** Deadline for submission of applications for New Vaccines Support. For the current portfolio of vaccines, APRs, EVMs, EVM improvement plans, updated or new cMYPs, financing tools and plans, signatures and ICC minutes, are all required documents for new vaccine applications. These requirements will be listed in the application guidelines and online portal. The filter of >70% DTP3 coverage will be applied for countries applying to introduce new vaccines.

**October 8-19:** IRC review of NVS applications including HPV and MR. The GAVI Board will consider and endorse the IRC recommendations in early December 2012. An official communication will be then sent to countries from GAVI.

An IRC meeting in mid-October will also review applications for new HSS support through the Platform. Countries can apply a rolling basis in 2012. **Latest submission date is 1 September for applications to be considered at this October HSFP IRC.**

CHANGES TO COUNTRY GNI AND CO-FINANCING

The GAVI eligibility threshold is now US$1,520 GNI. GNI changes have impacted co-financing levels. Some countries have moved from the low-income to the intermediate category (Ghana, Laos, Mauritania, Solomon Islands and Zambia). Other countries have moved from intermediate to graduating (Guyana), and from graduating to intermediate (Timor Leste).

Note that based on annual changes to GNI, countries may move from one co-financing category to another and that countries should be aware of their projected GNI – and thus projected co-financing category – when planning their budgets and cMYPs. The new co-financing levels for countries will apply from 2013, as 2012 is a grace period for countries to adjust their budgets.
Country Information by Region

AFRICAN REGION

ANNUAL MEETING OF THE EXPANDED PROGRAMME ON IMMUNIZATION MANAGERS (EPI) IN CENTRAL AFRICA
29/02/2012 from Auguste Ambendet, WHO IST Central/AFRO

Delegations including the Director of the national vaccination programme, the WHO and UNICEF EPI focal point as well as other collaborators from Burundi, Cameroon, Chad, Central African Republic, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon and Sao Tome and Principe attended the meeting held in Doula, Cameroon, from 21-23 February 2012. This meeting was co-organized by WHO Immunization and Vaccines Development (IVD) department and the UNICEF West and Central Africa Regional Office (WCARO). Other partners were also present such as the Agence de Médecine Préventive (AMP), the GAVI Secretariat, ROTARY International, the US Centres for Disease Control (CDC), the United States Agency for International Development (USAID) with the Maternal and Child Health Integrated programme (MCHIP), the Organisation pour la Coordination de la Lutte contre les Épidémies en Afrique centrale (OCEAC), the Economic Community of Central African States (ECCAS) and the Sabin Vaccine Institute.

The two-day meeting was divided into three sessions: the Polio Eradication Initiative, the accelerated control of diseases (Measles, Meningitis, Maternal and Neonatal Tetanus and Yellow Fever); and the strengthening of routine immunization and the introduction of new vaccines.

Particular attention was given to Angola, Chad and the Democratic Republic of Congo. These three countries were chosen due to the continuous circulation of the Wild Poliovirus and the important number of unvaccinated children. Specific meetings were organized with Chad, Cameroon, the Central African Republic (last two countries are also endemic) and the Democratic Republic of Congo in order to help them refine their strategy to stop the circulation of the wild poliovirus by end 2012.

Participants adopted 18 recommendations on stopping the circulation of the wild poliovirus by 31 December 2012, on reducing the number of unvaccinated children, measles, tetanus and agreed on a trimestral follow-up of these recommendations.

This main meeting was followed on 23 February 2012 by separate internal meetings of the WHO EPI focal points and of the UNICEF EPI Focal points, which met together in the afternoon in order to harmonize the strategies of support at country level. The following day focused on briefing WHO focal points on new vaccines Surveillance.

WEST AND CENTRAL AFRICAN COUNTRIES INCREASING OWNERSHIP OF THEIR IMMUNIZATION PROGRAMMES
29/02/2012 from the Sustainable Immunization Financing (SIF) Programme, Sabin Vaccine Institute

The West African Regional Public Health Institute in Ouidah, Benin recently hosted two workshops aimed at increasing country ownership of national immunization programmes. On 23-25 November 2011, 31 immunization managers and budget specialists from 11 West African countries attended the “Atelier de Formation sur le Financement Durable de la Vaccination pour les Spécialistes de Budget de la Santé”. The workshop, jointly sponsored by WHO, UNICEF, the Agence de Médecine Préventive (AMP) and the Sabin Vaccine Institute, focused on budgeting for immunization using the comprehensive Multi-Year Immunization Plan (cMYP) tool. “Until now, the cMYPs were used almost exclusively by external experts”, commented Jonas Mbwangue, a Sabin Senior Programme Officer who works in Mali, Senegal as well as in his native Cameroon. “Countries have to have an up-to-date cMYP costing in order to apply for a GAVI grant. Now we are transferring the technology to the countries so that they can begin monitoring their own programme expenditures”. Mr Mbwangue and Sabin Senior Programme Officer Clifford Kamara served as workshop facilitators.

By all accounts the Ouidah workshop was a success. “I will be following up with my counterparts who attended this workshop”, reported Mr Kamara, who directs SIF Programme activities in Liberia, Nigeria and Sierra Leone. A similar budgeting workshop is planned for Central African countries later this year.

The second event, on 16-18 February 2012, was the third EPIdemiology & VACcinology (EPIVAC) Technical Conference, sponsored by AMP. The workshop focused on sustainable immunization financing. Facilitating a session on advocacy was Sabin Senior Programme Officer Helene Mambu-Ma-Disu, who works in Madagascar, Congo Brazzaville and her own country, DR Congo. Participants peer reviewed immunization financing advocacy case-studies from nine West and Central African francophone countries. “This was exciting”, reported Mambu-Ma-Disu. “It is really happening. The countries are taking ownership.”
Country Information by Region

AFRICAN REGION

FINDINGS FROM THE POST INTRODUCTION EVALUATION OF PCV 13 IN SIERRA LEONE
29/02/2012 from Crepin Hilaire Dadjo (WHO/IST West Africa), Pamela Mitula (WHO/Liberia) and Femi Oyewole (WHO/IST West Africa)

The Pneumococcal Vaccine (PCV 13) was introduced in the routine schedule in Sierra Leone in January 2011. Following WHO’s recommendations, a formal Post-introduction Evaluation (PIE) was conducted in the country in October 2011 with a view, among other things, to correcting identified problems, improving planning for introduction of additional vaccines in the future. The PIE team comprised staff from Center for Disease Control (CDC), WHO/IST West Africa, WHO Country Office of Sierra Leone and the Ministry of Health. The site visits included national level, six districts and 30 health facilities. Standardized questionnaires were applied to staff and mothers after immunization sessions while immunization practices were observed.

On the whole, the introduction of pneumococcal vaccine into the routine immunization schedule went very well in Sierra Leone. This is due to a good structure of EPI at all levels and most importantly to a proper planning which led to the smooth introduction of the new vaccine in the country. There were no reports of Adverse Events Following Immunization (AEFI), no stock out, no refusals of the new vaccine in the community. The injections practices are good in most health facilities, outreach stations are available with outreach data kept separately. All mothers interviewed had vaccination cards for their children and know when to return for the next visit.

Areas for improvement exist however. For instance, visitors’ books are in place at the health facilities but with no written feedback from national and district officers coming for supervision. The surveillance system is in place but most of the health facility staff do not investigate or collect samples. Even though radio was the main source of information, IEC materials were rarely displayed in places accessible to the general public. Systemic problems (inadequate training, ineffective supervision, poor vaccine storage and non-use of data, etc.) affecting the immunization program at sub-district levels were also documented.

For each area requiring a specific attention from the Ministry of health and partners, inherent recommendations were made by the review team.

EXPANDED PROGRAMME ON IMMUNIZATION REVIEW IN LIBERIA
29/02/2012 from Crépin Hilaire Dadjo and Femi Oyewole (WHO/IST West Africa)

An EPI review was successfully conducted in Liberia in February 2012. The exercise involved 12 teams and covered all 15 counties of the country. 33 people participated in the review from WHO/AFRO, WHO/IST West Africa, WHO Liberia Office, UNICEF West and Central Africa Regional Office (WCARO) and UNICEF Liberia Office, the Center for Disease Control (CDC), the United States Agency for International Development (USAID), Mother and Child Integrated Programme (MCHIP), Rebuilding Basic Health Services (RBHS) and the Ministry of health and Social Welfare. All the key areas of the sub immunization components of Liberia were investigated: Service Delivery, Communication/Social mobilization, Vaccine Supply and Quality, Surveillance, Management and Planning, Monitoring and Evaluation, Capacity Building/Human resources. The review team was able to draw from the findings the strengths, weaknesses, opportunities and threats facing the immunization system in particular and the health system in general in Liberia.

From the findings still to be validated, there seems to be adequate EPI staff at all levels; immunization safety and waste management both at county and health facility appear to be relatively good. Even though some counties are confronted with systematic issues that impact all immunization system components requiring in-depth investigation and involvement from the central level, the evaluation team was impressed by some best practices. These include a defaulter tracking system being run at Cape Mount Kongo, Rivercess County; a local radio broadcasting EPI messages for free at Vahun, (Lofa County) and using local headcounts to identify all eligible for vaccination as operated at Kpaai, (Bong County) and at Vahun, (Lofa County).
Country Information by Region

AFRICAN REGION

THIRD EPIVAC TECHNICAL CONFERENCE ON IMMUNIZATION FINANCING AT DISTRICT AND COUNTRY LEVEL IN SUB-SAHARAN AFRICA

29/02/2012 from Anaïs Colombini, Jean-Bernard Le Gargasson, Delphine Adenot, and Kossia Yao (AMP) and Marcel Drach (Paris-Dauphine University)

The Agence de Médecine Préventive (AMP) organized the third EPIVAC Technical Conference in collaboration with the EPIVAC International Network (EPINET). This event took place from 16-18 February 2012, on the campus of the Regional Institute of Public Health (l’Institut Régional de Santé Publique - IRSP) in Ouidah, Benin.

The theme of the conference was the "Sustainability and self-financing of immunization programmes in sub-Saharan Africa: current situation and innovative perspectives." The conference addressed the increasing budgetary pressure on immunization programmes in GAVI-eligible countries, caused by the ongoing introduction of new vaccines with much higher prices than traditional EPI vaccines.

International and national experts from ministries of health and finance from the 11 EPIVAC countries (Benin, Burkina Faso, Cameroon, Central African Republic, Côte d’Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, Togo) participated in the two-day conference to share knowledge and best practices in immunization financing from district to national levels. Former EPIVAC students shared their experiences.

Key conclusions included the following: Efficient use of existing resources is a crucial preliminary step before looking for additional funds; Traditional vaccines and routine EPI operational costs should be funded adequately rather than diverting resources to new vaccines; Countries should increase capacity to secure domestic funding for EPI in a sustainable manner and with an integrated approach; this would include contribution from local and regional governments, the use of debt relief funds and the development of a medium-term expenditure framework; Community financing plays an important role in support of routine EPI activities at the operational level; While national governments will remain the primary source of funding for immunization programmes, innovative approaches are needed including the potential of private funding sources for EPI, and performance-based mechanisms.

Conference partners included the University of Cocody Abidjan, University of Paris-Dauphine, EPIVAC and AMP’s Advocacy for Immunization (ADVIM) projects, IRSP, World Health Organization, GAVI Alliance, French Ministry of Foreign and European Affairs, and Sanofi Pasteur.

AMERICAN REGION

PROVAC VISIT TO PERU AND EL SALVADOR: A LAUNCH AND A CLOSING OF A PNEUMOCOCCAL CONJUGATED VACCINE (PCV) COST-EFFECTIVENESS ANALYSIS

29/02/2012 from Barbara Jauregui, Cara Janusz, and Gabriela Felix

During the second week of February 2012, the ProVac team initiated and concluded a cost-effectiveness analysis (CEA) of the pneumococcal conjugate vaccines (PCV) in Peru and El Salvador, respectively.

On 7 February 2012, the ProVac Initiative convened a group of national professionals from several disciplines to define relevant policy questions and discuss available data sources with respect to the introduction of a PCV. Striving to make evidence-based decisions on new vaccine introduction, Peru plans to evaluate the costs and benefits of introducing PCV-10 or PCV-13 as well as potential long-term impact of PCVs on nutrition indicators. Professionals from Peru’s Expanded Programme on Immunization (EPI), a research team from the National Health Institute, and professionals from other relevant government offices were trained on ProVac’s TRIVAC model, a comprehensive cost-effectiveness model for childhood vaccines, including those that protect against Hib, pneumococcal and rotavirus disease. After reviewing the model, the national team proposed potential data sources for each model parameter and drafted a study timeline. The CEA is expected to be finalized in March 2012.

On 9-10 February 2012, the ProVac Initiative held working sessions in San Salvador to conclude a CEA on PCVs in El Salvador. The ProVac team provided technical reviews of model parameters and led discussions on final results. After defining alternative scenarios to analyze, the national team finalized materials to present to the Minister of Health. The study concluded that both the 10 and 13-valent vaccines are cost-effective interventions to prevent pneumococcal disease in children under five years of age in El Salvador. These results are discussed in depth in El Salvador’s final report and will be published soon.
Country Information by Region

SOUTH EAST ASIA REGION

JOINT MEASLES REVIEW MISSION PRESENT RECOMMENDATIONS TO MINISTER OF HEALTH OF INDONESIA
29/02/2012 from L. Homero Hernandez, WHO South-East Asia Regional Office

A joint measles mission was conducted to review measles epidemiology and progress in measles control in Indonesia following the latest campaign conducted in 2011. The joint mission team included representatives from the Centres for Disease Control (CDC) Atlanta, UNICEF HQ, UNICEF Indonesia Office, WHO HQ, WHO SEARO and WHO Indonesia Office. During the first session on 7 February 2012 the team met the Director CDC of the MoH Indonesia. Following a briefing of the team with the Director of CDC Indonesia, a plenary session was organized with presentations from all partners and stakeholders including the EPI programme to set the tone and starting point of discussions and work ahead of the mission.

Subsequently the team reviewed the data compiled by the Ministry of Health of Indonesia with the support of WHO Country Office. This information consisted of the measles administrative coverage data for all 33 provinces along with results of Democratic Health Survey, National Surveys and Resekasdes. Additionally, the laboratory information included case-based surveillance data as well as outbreak investigation data. An extensive review was then carried out by dividing the mission team into groups. Discussions with national staff were held while reviewing administrative data, evaluation coverage and outbreak data, routine coverage and catch-up/follow-up campaign coverage data.

Key findings were a considerable reduction in measles mortality, WHO estimates > 90% measles mortality reduction achieving 2010 goal, campaigns were conducted in line with recommendations of the 2009 mission. However, transmission still ongoing due to the accumulation of susceptibles and pockets of low coverage. A High-Level mission debriefing took place on the last day of the mission where the highest level representatives of each partner organization discussed some of the key findings and presented the initial recommendations to the Minister of Health and the Director General of CDC Indonesia.

The Minister agreed to consider the recommendations from the team and looked forward to receiving the final report of the mission in order to evaluate the feasibility of implementing the recommendations after internal consultations with other ministry officials and expert advisory board. The recommendations comprised to consider adopting a measles elimination strategy, introducing rubella vaccine linked to measles elimination and to explore the introduction of second dose of measles at 18 months.

WESTERN PACIFIC REGION

TRAINING WORKSHOP ON ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) AND DATA MANAGEMENT FOR PACIFIC ISLAND COUNTRIES AND AREAS
29/02/2012 from Sergey Diorditsa, Md. Shafiqul Hossain, Yoshikuni Sato, Jorje Mendoza Aldana, Jayaprakash Valiakolleri, WHO/WPRO

In recent years, the use of vaccines is expanding as new vaccines are developed and large scale immunization programme activities are being conducted for the regional goals and targets. Though vaccines are amongst the safest of pharmaceuticals, occasional serious adverse events or clusters of adverse events may threaten an immunization programme. Quality of adverse events following immunization (AEFI) surveillance in the Region widely varies and as per the Joint Reporting Form on Immunization (JRF) 2010, five countries in the Pacific have no system in place for AEFI. At the same time, there was no formal training conducted on AEFI surveillance for Pacific Island Countries (PIC) before. The Joint Reporting Form (JRF) is an important tool to monitor the progress of expanded programme on immunization and is completed annually by national immunization programmes for their own use and submitted to WHO and UNICEF. Over the years the form has evolved and expanded but no formal training was provided in PICs.

In view of the above, the WHO Regional Office organized a training workshop on AEFI and data management for Pacific Island Countries and Areas from 30 January-2 February, 2012 in Nadi, Fiji. A total of 19 participants from 18 countries and six observers from two organizations and countries attended the workshop. The training workshop was organized as per local situation and capacity of the PIC. Participants were also engaged in developing action plans for establishing and/or strengthening the AEFI surveillance system in their own countries. At the end of the workshop, all participants agreed to functional AEFI surveillance system and endorsed five points’ conclusions including formulation of sub-regional mechanism for AEFI causality assessment.
Country Information by Region

WESTERN PACIFIC REGION

CHINA POLIO LABORATORY NETWORK WORKSHOP TO INTRODUCE THE NEW ALGORITHM FOR VIRUS ISOLATION AND TO CONDUCT BIOSAFETY AWARENESS TRAINING, KUNMING CHINA

29/02/2012 from Youngmee Jee, WHO Western Pacific Regional Office

China organized the annual polio laboratory workshop to introduce the new virus isolation algorithm among 31 sub-national provincial laboratories in China during 20-24 February 2012 in Kunming China. Around 80 participants including two or three participants from each province joined the workshop for four days to discuss the changes of reporting time and procedures and new requirements for the provincial laboratories. Presentations from WHO China, CDC China and provincial laboratories including Xinjiang province provided an excellent opportunity to discuss the changes of laboratory procedures and reporting requirements to introduce the new virus isolation algorithm. They also provided updates of global polio eradication activities and the region’s efforts to maintain polio-free status including China after the wild polio outbreak in Xinjiang. Xinjiang provincial laboratory and neighbouring high risk provincial laboratories presented the laboratory performance in 2011. China CDC briefed participants on its plan to implement the real time Polymerase Chain Reaction (PCR) for intratypic differentiation and vaccine derived poliovirus screening after the training workshop in March 2012. In-depth discussions on the procedures and timeline of testing and reporting after the introduction of the new virus isolation were held during the workshop. The biosafety awareness training using the WHO biosafety training modules translated into Chinese was held on the last day of the workshop.

INTERNATIONAL AFRICAN VACCINOLOGY CONFERENCE

29/02/2012 from Bianca Allison, University of Cape Town

The Vaccines for Africa Initiative (VACFA), University of Cape Town, together with the National Institute for Communicable Diseases (NICD/NHLS) is organizing the International African Vaccinology Conference to the community at your institution, especially the faculty/ department of health sciences, paediatrics, public health and laboratory sciences (microbiology and virology). This is the first vaccinology conference in Africa, by Africans, about African immunization and vaccine preventable diseases issues, involving the international vaccinology community, including academics and programme organizers.

Be a part of the rendezvous: A vaccine conference in Africa, for Africa, about Africa
To register on-line, click on this link.

For the following queries please contact:
Registration: Bianca.Allison@uct.ac.za 021 406 6407
Trade and Sponsorships: Deidre.Raubenheimer@uct.ac.za 021 406 6167
Pre-course workshop & Scholarships: Janet.Sirmongpong@uct.ac.za 021 406 6348
<table>
<thead>
<tr>
<th>Title of Meeting</th>
<th>Start</th>
<th>Finish</th>
<th>Location</th>
<th>Region</th>
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<td>Expanded Programme on Immunization Manager Meeting for IST Southern &amp; East Africa</td>
<td>06-Mar</td>
<td>08-Mar</td>
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<td>Global Measles Management Meeting</td>
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<td>21-Mar</td>
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<td>AFRO West and Central Sub-Regional Working Group</td>
<td>20-Mar</td>
<td>21-Mar</td>
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<td>SEARO Technical Advisory Group on Immunization Meeting</td>
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<td>30-Mar</td>
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<td>Strategic Advisory Group of Experts (SAGE) on immunization</td>
<td>10-Apr</td>
<td>12-Apr</td>
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<td>AFRO HPV consultation meeting</td>
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<td>13-Apr</td>
<td>Johannesburg, South Africa</td>
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<td>Immunization Practices Advisory Committee IPAC</td>
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<td>19-Apr</td>
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<td>PAHO Vaccination Week</td>
<td>21-Apr</td>
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<td>European Immunization Week</td>
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<td>AFRO Cervical Cancer Prevention and Control Meeting</td>
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<td>EURO Rotavirus surveillance sub-regional meeting</td>
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<td>Task Force on Immunization in Africa (TFI) meeting</td>
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<td>Global New and Under-utilized Vaccines meeting</td>
<td>14-May</td>
<td>18-May</td>
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<td>Global Advisory Committee on Vaccine Safety meeting (GACVS)</td>
<td>06-Jun</td>
<td>07-Jun</td>
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<td>Regional review workshop on rotavirus and VP-IBDs surveillance</td>
<td>11-Jun</td>
<td>15-Jun</td>
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<td>13th meeting of Developing Countries’ Vaccine Regulators Network (DCVRN)</td>
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<td>SEARO Expanded Programme on Immunization Managers Meeting</td>
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<td>22-Jun</td>
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<td>Global Measles &amp; Rubella LabNet Meeting</td>
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<td>27-Jun</td>
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<td>20th Meeting of the Technical Advisory Group on Immunization &amp; Vaccine Preventable Diseases</td>
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<td>Annual African Vaccine Regulatory Forum (AVAREF) meeting</td>
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<td>Regional NUVI conference</td>
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<td>Global Measles/Rubella and Polio Labnet Meeting</td>
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<td>EURO Invasive Bacterial Disease (IBD) surveillance sub-regional meeting</td>
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<td>EMRO Regional Expanded Programme on Immunization managers meeting-Regional meeting on measles/Rubella elimination</td>
<td>16-Sep</td>
<td>18-Sep</td>
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<td>Immunization Practices Advisory Committee IPAC</td>
<td>02-Oct</td>
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<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
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<td>Global Invasive Bacterial Disease (IBD) Surveillance meeting</td>
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<td>Global Vaccine Research Forum</td>
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<td>Strategic Advisory Group of Experts (SAGE) on immunization</td>
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<td>19th Task Force on Immunization (TFI) &amp; 18th ARICC/ARCI Meetings</td>
<td>01-Dec</td>
<td>04-Dec</td>
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<td>Pre-GACVS meeting, Global Advisory Committee on Vaccine Safety (GACVS) meeting</td>
<td>04-Dec</td>
<td>06-Dec</td>
<td>Geneva, Switzerland</td>
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</tbody>
</table>
## Links Relevant to Immunization

### Global Websites
- Department of Immunization, Vaccines & Biologicals, World Health Organization
- WHO New Vaccines
- Immunization Financing
- Immunization Monitoring
- Agence de Médecine Préventive
- EPIVAC
- GAVI Alliance Website
- IMMUNIZATION basics (JSI)
- International Vaccine Institute
- PATH Vaccine Resource Library
- Dengue Vaccine Initiative
- SABIN Sustainable Immunization Financing
- SIVAC Program Website
- UNICEF Supply Division Website
- Hib Initiative Website
- Japanese Encephalitis Resources
- Malaria Vaccine Initiative
- Measles Initiative
- Meningitis Vaccine Project
- Multinational Influenza Seasonal Mortality Study (MISMS)
- RotaADIP
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet
- Vaccine Information Management System
- PneumoAction

### Regional Websites
- New Vaccines in AFRO
- PAHO’s website for Immunization
- Vaccine Preventable Diseases in EURO
- New Vaccines in SEARO
- Immunization in WPRO

### Newsletters
- PAHO/Comprehensive Family Immunization Program—FCH: Immunization Newsletter
- The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency

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Produced by WHO, in collaboration with UNICEF and the GAVI Alliance: