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News

PCV 13 introduced in Guinea-Bissau
Crépin Hilaire Dadjo, WHO/Inter-Country Support Team for West Africa

Guinea-Bissau successfully introduced pneumococcal conjugate vaccine (PCV 13) on 19 June 2015 into its vaccination schedule in a bid to reduce its high child mortality rate (124/1000 for under 5-years, in 2013). The introduction of PCV 13 will protect each year at least 60,000 children under-one year of age against pneumonia and meningitis.

The launching ceremony was held at Médine Cuntum, an area in the periphery of the capital city Bissau. It was presided by the Minister of Health, Dr Valentina Mendes, and in the presence of the UNICEF Representative (Dr Abubacar Sultan) and the WHO Representative (Dr Kossi Ayigan). Among other dignitaries, Mrs Henriqueta Sila, a special envoy sent from the Prime Minister’s Office, also participated in the ceremony. On behalf of all health partners, Dr Sultan insisted in his speech on the importance of vaccines in the prevention of diseases and the availability of all partners including Gavi the Vaccine Alliance, WHO and UNICEF in the introduction of new vaccines in the country. In her speech, the Minister of Health commended the efforts deployed by partners towards new vaccines introduction. She also warmly encouraged the population to get vaccinated and to retain the newly released growth cards that will help monitor their children’s health.

Guinea Bissau is planning to introduce Rotavirus vaccine and the inactivated poliovirus vaccine (IPV) next.

Burkina Faso and Benin declared polio-free
Crépin Hilaire Dadjo, WHO/Inter-Country Support Team for West Africa

Both Burkina Faso and Benin in West Africa were declared polio-free on 4 June 2015 by the African Regional Certification Commission (ARCC) during the 13th meeting held in Abidjan (Cote d’Ivoire). The certification reports presented by Burkina Faso were fully approved by the Commission, whereas the ones presented by Benin were also approved but the Commission encouraged Benin to improve its routine immunization and surveillance and to give more attention to the classification of compatible cases of wild poliovirus (WPV). Senegal and Ghana, which registered imported cases of indigenous WPV, were also requested to present their annual update reports focusing on their case investigation reports and their outbreak response plans. All these documents have now been deemed satisfactory by the Commission which nevertheless encouraged both countries to continue strengthening their surveillance systems.

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The Minister of Public Health, Dr Valentina Mendes, vaccinating a child with PCV 13. Photo : Sadja MANE/WHO Guinea-Bissau

The WHO Representative vaccinating a child with PCV 13 in Guinée Bissau. Credit : Sadja MANE/WHO Guinea-Bissau

Guinea-Bissau successfully introduced pneumococcal conjugate vaccine (PCV 13) on 19 June 2015 into its vaccination schedule in a bid to reduce its high child mortality rate (124/1000 for under 5-years, in 2013). The introduction of PCV 13 will protect each year at least 60,000 children under-one year of age against pneumonia and meningitis.

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Inactivated Polio Vaccine (IPV) vaccine Introduction in Kiribati routine immunization
Patrick Byaruhanga, UNICEF

The second objective of the Polio Endgame Strategy 2013-2018 calls for strengthening immunization systems and oral polio vaccine (OPV) withdrawal, beginning with the introduction of at least one dose of IPV in routine immunization in countries administering OPV. On 15 June 2015, Kiribati became the first Pacific Island Country with an OPV-only schedule to introduce one dose of IPV at 14 weeks of age.

The introduction of IPV followed pre-introduction preparatory activities that included a review of cold chain capacity, an update of EPI data collection tools, and an advocacy and community awareness campaign. A series of trainings on IPV vaccine, using the cascade approach, was conducted in all Kiribati Islands to ensure that the additional IPV vaccine injection would be welcomed and accepted by both the health care workers and the community.

The training was combined with rotavirus vaccine introduction to assure efficiencies on time and resources.

The Ministry of Health was supported by UNICEF, WHO and Gavi the Vaccine Alliance (Gavi) which financially supported the introduction.

Kiribati comprises 33 atolls and reef islands with a total land area of 800 square kilometers, dispersed over 3.5 million square kilometers. The permanent population is just over 100,000 (2010), half of whom live on Tarawa Atoll. Kiribati birth cohort is around 3,340.

Advocacy for Immunization: A new online advocacy platform to help advocates improve immunization systems and access to life-saving vaccines
Masha Savchuk, Gavi the Vaccine Alliance and Silvia Theodoridis, PATH

The online advocacy platform aims to guide and support in-country stakeholders to develop their advocacy strategies and implementation plans in support of strengthened immunization programs, and improved coverage and equity. It has been developed in response to a high demand from in-country stakeholders for advocacy capacity and skills strengthening.

Designed to provide self-guided tools, resources and information about advocacy and communications, vaccines and immunization, the “Advocacy for Immunisation (A&C)” platform is a key tool to help health advocates conduct successful immunization advocacy efforts at national and sub-national level.

It has been developed by VITAC (the Vaccine Implementation Technical Assistance Consortium, a partnership which includes PATH and IVAC/JHU) with inputs and support from multiple global partners and has been recently launched.

The introduction and five modules - THINK, PLAN, CREATE, ACT and ASSESS - aim to guide in-country stakeholders in their vaccine and immunization advocacy efforts - from the early preparation stage of an advocacy strategy through the development of key messages and partnership building, to implementation, including monitoring and evaluation. This online platform also provides illustrative country stories and resources on immunization and vaccines, advocacy and communications.

Each module includes a TOOLBOX with downloadable worksheets (available in PDF and Excel formats), documents and links to resources from across the global immunization community. Each module is downloadable as a PDF, and it is also possible to download the entire website in PDF format.

To ensure that this tool remains relevant and useful for its target audiences (governments, CSOs, advocates) it will be continuously updated as new toolkits and resources become available and country stories/case studies are submitted. Please share your ideas for content or resources and tell your stories by using the feedback button on the platform or emailing. This tool will also be available in French as of October 2015.
Protecting children in Sierra Leone against measles and polio

Hayatee Hasan, WHO Headquarters

A six-day nationwide mass measles and polio vaccination campaign was held from 5-10 June 2015 targeting more than 1.3 million children under five years of age in Sierra Leone.

Many children missed out on routine vaccination services due to the Ebola outbreak. Since 2014, measles outbreaks, mostly among children under five, have been reported in the country. With this campaign, the risk of measles and polio will be reduced. In addition, high routine immunization coverage is critical in boosting immunity in children against diseases such as measles and polio.

“Vaccines are safe ways to boost protection against preventable diseases. Mass vaccination campaigns are special opportunities to reach out to targeted populations, particularly the underprivileged and underserved communities, with essential lifesaving interventions. It is therefore critical for communities, especially their leadership, to ensure that all children in their communities are vaccinated against debilitating diseases. Let us work together to protect our children from measles and let us safeguard them against polio by being an active partner in this campaign,” said Dr Anders Nordström, WHO Representative.

Read the full story

Ukraine at serious risk of polio outbreak, warns European RCC

Catharina de Kat-Reynen, WHO EURO

The European Regional Certification Commission (RCC) for Poliomyelitis Eradication reaffirmed the European Region’s polio-free status at its 29th meeting in Sarajevo, Bosnia and Herzegovina on 9-10 June 2015. However, the RCC expressed grave concerns that the past three years of low coverage with polio vaccination in Ukraine, along with the current crisis in that country, pose a serious threat of polio that must be addressed urgently by all stakeholders.

Evidence provided by the Region’s Member States, summarizing their polio surveillance, monitoring and immunization results, satisfied the Commission that no wild polioviruses were circulating in the Region in 2014. The RCC applauded the extensive commitment of Member States to prevent importation of polio and thereby protect the Region’s polio-free status that was gained in 2002.

Preventing an outbreak in Ukraine
The RCC Chair, Professor David Salisbury, welcomed plans developed by health authorities in Ukraine to revitalize the country’s routine immunization programme but stressed that “these plans must be implemented and supplemented by additional actions urgently in Ukraine, in order to avert a major polio outbreak. As we move closer to the global eradication of polio, preventing an outbreak in Ukraine has become more crucial than ever before.”

He called on WHO, international partners and donors to continue to support Ukraine to ensure that routine and catch up vaccinations are fully restored before serious diseases such as polio find their way into the country and spread among the increasing pool of susceptible individuals.

Certification and maintenance of polio-free status in the European Region
Mobile health care for Ukraine
Kyrgyzstan successfully completes second round of measles and rubella vaccination campaign

Catharina de Kat-Reynen, WHO EURO

After two rounds in a nationwide immunization campaign, 96% of the 2,045,513 children and young adults aged one–20 years in Kyrgyzstan have now been vaccinated against measles and rubella. The campaign also targeted staff of health care organizations, kindergartens, primary schools and higher and secondary educational institutions and was part of a national plan for the elimination of measles and rubella.

Throughout the planning and implementation phases of the campaign conducted from March to May 2015, WHO/Europe and partners (United Nations Children’s Fund (UNICEF) and Médecins sans Frontières) contributed technical expertise to help Kyrgyzstan’s authorities plan, coordinate and monitor the campaign, mobilize resources and train health workers.

On 3 June 2015, the Minister of Health Professor Talantbek Batyralyiev announced the successful completion of the campaign in a press conference, in which he acknowledged the support provided by WHO and other partners, and also stressed the important role played by well-integrated public health care facilities in combatting the recent large-scale measles outbreak in the country. With over 7000 confirmed cases in 2014 and 2015, the outbreak exposed widespread immunity gaps in the population, highlighting the urgent need to increase vaccination coverage through both enhanced routine and supplementary immunization activities.

For more information, click on this link.

Liberia tackles measles as Ebola comes to an end

Hayatee Hasan, WHO Headquarters

As Liberia emerges from the devastating Ebola epidemic, it has been battling another disease outbreak – measles. The Ebola outbreak led to the collapse of most health services in Liberia, including routine vaccinations. A measles campaign scheduled for 2014 was suspended, leaving thousands of children susceptible. The immunity gap has led to Liberia’s worst measles outbreak in years. Over 850 cases have been reported in the past six months.

The Liberian government moved swiftly to organize a countrywide vaccination campaign with the help of WHO, the US Centers for Disease Control (CDC), UNICEF and other partners. For the organizers, it was a race against time to start the campaign before the onset of the rainy season, when roads become impassable and prevent vaccinators and vaccines from reaching outlying districts. From 8–14 May 2015, vaccination teams fanned out across the country immunizing hundreds of thousands of children under 5 against measles and polio and giving them deworming medicine. The campaign quickly and significantly helped slow the outbreak, but new cases are still emerging.

Measles is a highly infectious viral disease and one of the leading causes of death among young children globally. Polio is also a highly contagious viral disease that can lead to paralysis and sometimes death. Children under the age of 5 are the most vulnerable. Both diseases are easily preventable with effective and inexpensive vaccines.

Here is how Liberia tackled its first vaccination campaign in the aftermath of Ebola.

Health care worker preparing the vaccine. Photo credit: WHO/M. Winkler

Global Immunization News (GIN) June 2015
Past Meetings/Workshops

Evaluation of the Introduction of New Vaccines (Pentavalent and Rotavirus) in Haiti’s Expanded Programme on Immunization

Lucia Oliveira, PAHO

Location: Port-au-Prince, Haiti

Date: 8-15 May 2015

Participants: Fifteen national consultants and 10 international consultants visited three departments and central level of the Ministère de la Santé Publique (MSPP). The evaluation was conducted jointly by the MSPP, the Pan American Health Organization/World Health Organization (PAHO/WHO), US Centers for Disease Control and Prevention (CDC), and the United Nations Children’s Fund (UNICEF).

Purpose: To identify and reinforce the strengths of Haiti’s Expanded Programme on Immunization (EPI); to identify the weaknesses of Haiti’s EPI and whether or not they are caused by the introduction of new vaccines; to inform on new facts regarding the future introduction of other new vaccines; to provide valuable lessons learned for future introductions of new vaccines and to share new vaccine introduction experiences and lessons learned with other countries of the Region of the Americas.

Details: Some of the strengths found in the evaluation include:

- The team at the national level is experienced and well trained.
- Management has improved and there is good coordination among partners at the national and international levels.
- The introduction of new vaccines had some challenges, especially regarding good vaccine coverage levels.
- Following vaccine introduction, there was an expansion of vaccine storage space.
- Vaccine introduction promoted communication and promotion.
- Data collection tools were reviewed and improved to include new vaccines.

Some recommendations given include:

- The need for the Ministry of Health to increase EPI funding at all levels.
- The EPI needs to be given the necessary resources to ensure coordination with the departmental levels.
- The EPI must continue to strengthen the routine program with effective vaccination strategies to reach high coverage for all antigens.
- Advanced strategies should follow as soon as the multipurpose community health workers are functional.
- Financial and logistical resources should be provided to departmental levels to improve cold chain management and develop a good vaccine distribution system. The Ministry of Health should ensure the continuity of epidemiological surveillance activities.
- Prior to the forthcoming introduction of a new vaccine, the country should ensure that the basic requirements established for this purpose by PAHO/WHO are strictly met.
24th Meeting of the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region

Eric Wiesen, WHO WPRO

Location: Manila, Philippines

Date: 8-12 June 2015

Participants: Five TAG members, five temporary advisors, 23 country participants, 27 representatives from partner organizations and WHO staff from headquarters, the regional and country offices

Purpose: To review progress, identify critical issues and discuss key actions to achieve regional immunization goals and strategic objectives as specified in the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific; and to identify opportunities to enhance collaboration and coordination among immunization partners to support countries in implementing the Regional Framework for Implementation

Details: The meeting focused on reviewing progress towards implementing the Regional Framework for Implementation of the Global Vaccine Action Plan (GVAP). Topics included achieving targets and indicators for the polio endgame; measles, rubella, and maternal and neonatal tetanus elimination; and hepatitis B control. Discussions were also held on the acceleration of Japanese encephalitis control in the Region, introduction of affordable new vaccines, immunization supply chain systems, and use of quality vaccines. The meeting also covered work towards the new regional immunization coverage goals that aims to ensure equity in immunization services to reach unreached target populations and improve data quality.

Conclusions and recommendations were made for eight program areas: measles and rubella, hepatitis B, polio, maternal and neonatal tetanus elimination, new vaccines, Japanese Encephalitis, routine immunization, and vaccine safety and supply. While the TAG noted the good progress in the Region, the conclusions and recommendations focused on the additional activities needed to achieve and sustain the Region’s immunization goals. An interagency collaboration meeting and a Gavi regional working group meeting were held immediately following the TAG meeting.
New Vaccine Logistics System Optimized for All Benin: AMP, UNICEF and ANV-SSP  
Validate Situation Analysis Methodology

Alice Henry-Tessier, Agence de Médecine Préventive  
Location: Ouidah Regional Public Health Institute, Benin  
Date: 8-12 June 2015  
Participants: Representatives from Agence de Médecine Préventive (AMP), the United Nations Children’s Fund (UNICEF) and the National Agency for Immunization and Primary Health Care (ANV-SSP)  
Purpose: To validate the different assessment protocols for the situation analysis, and to develop the methodology for implementing the new, optimized vaccine logistics system across Benin.  
Details: The LOGIVAC+ programme, set up by AMP in partnership with UNICEF and ANV-SSP, will provide technical support to Benin’s Expanded Programme on Immunization (EPI) for improving and optimizing the vaccine logistics system. This follows the LOGIVAC project carried out over the last three years in Comé by AMP and the World Health Organization (WHO). It is in light of the positive results from this pilot phase, and at the request of Benin’s Ministry of Health, that the new optimized system (already tested in Comé) will be extended over the entire country in the next three years.  

The Ouidah workshop, which took place a few weeks before the launch of LOGIVAC+, aimed to establish methodological agreement in advance of the situation analysis and the implementation of the optimized system in the eight identified areas.  

Following the workshop, the assessment protocol for the situation analysis was developed and validated. The operational procedures and tools to be devised were determined for ensuring the effective delivery of the logistics system and the smooth operation of EPI activities in the project’s areas of intervention.

Resources

Home-Based Records (WHO/IVB/15.05)  
Marta Gacic-Dobo, WHO Headquarters  

Current evidence suggests that home-based vaccination records are too often underutilized, vary in complexity across (and sometimes within) countries, and lack standardization in content.

WHO has developed a practical guide to:
• provide direction to immunization programme managers and national health programmes on how to improve the use and design of home-based records, and
• serve as a reference with developing or revising home-based records

The Practical Guide for the Design, Use and Promotion of Home-Based Records in Immunization Programmes was published in June and is now available online.
Data for Management: It’s Not Just Another Report

Wendy Prosser, VillageReach

To a large extent, the evaluation of this decade’s success will be based on the degree to which vaccines reach the people who need them. A strong end-to-end supply chain should adapt to the resource constraints of these communities to ensure that delivery is complete: from the point of production of the vaccine to the point of immunization. The policy paper series, Vaccine Supply Chains: Reaching The Final 20, published by VillageReach, considers the different components of the supply chain, addresses the challenges faced at the last mile for distribution, and presents examples of innovative approaches to address those challenges.

This latest installment of the series, Data for Management: It’s Not Just Another Report, focuses on the many challenges in data collection and quality, and discusses the global shift towards data visualization and utilization for improved decision-making.

The paper presents an in-depth case study of the informed push system for vaccines in Mozambique as related to data for management tools and processes. The case study explains the role of dedicated logisticians for improved data collection; the introduction of an information system built on the OpenLMIS platform for improved data visualization and analytics, and systematized processes for better data utilization. These changes in data for management tools and processes are key components to an approach that has led to a more efficient supply chain and higher vaccine coverage rates.

In addition, the paper features case studies of other successful global innovations including Logistimo’s Bulletin Board system, PATH’s Better Immunization Data (BID) Initiative and eHealth Africa’s Geospatial Tracking for Polio Eradication.

Past papers in the series can be found here and explore topics covering system design, cold chain innovation, and human resource constraints in the vaccine supply chain.


Linh Nguyen, International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health


Recent vaccine introduction updates (since January 2015) include:

• Pneumococcal conjugate vaccine (PCV) has been introduced in Bangladesh and Solomon Islands.
• Rotavirus vaccine has been introduced in Jordan and Swaziland.
• Inactivated polio vaccine (IPV) has been introduced in Bangladesh, Colombia, DR Congo, Gambia, DPR Korea, Madagascar, and Maldives.

What is the VIMS Report?

The VIMS report displays data and figures on the introduction status of Hib, pneumococcal, rotavirus, and inactivated polio vaccines both globally and in the 73 Gavi-eligible countries. The images and text in the report describe:

• How many countries have introduced each vaccine or plan to in the future
• National levels of vaccine coverage and access, globally and in Gavi countries
• Vaccine introduction trends over time
• Vaccine introduction status of each of the 194 countries, listed individually
New report shows that 400 million do not have access to essential health services

Hayatee Hasan, WHO Headquarters

A WHO and World Bank Group report shows that 400 million people do not have access to essential health services. The report looked at global access to essential health services including child immunization, family planning, antenatal care, skilled birth attendance, and access to clean water and sanitation—in 2013, and found that at least 400 million people lacked access to at least one of these services.

The report, *Tracking Universal Health Coverage*, is the first of its kind to measure health service coverage and financial protection to assess countries’ progress towards universal health coverage.

"The world’s most disadvantaged people are missing out on even the most basic services," says Dr Marie-Paule Kieny, Assistant Director-General, Health Systems and Innovation, at the World Health Organization. "A commitment to equity is at the heart of universal health coverage. Health policies and programmes should focus on providing quality health services for the poorest people, women and children, people living in rural areas and those from minority groups".

Read the news release on tracking universal health coverage

Meeting report: 10th meeting of the measles/rubella regional reference laboratories of the WHO European Region

Catharina de Kat-Reynen, WHO EURO

The scope of this meeting of the European measles/rubella regional rubella laboratories (RRLs) was to update participants on progress towards achievement of previous global and regional meetings’ recommendations, and on current status, issues and research. The participants also discussed present concerns regarding disease surveillance, laboratory verification, assay validation and training requirements.

This report summarizes the presentations given by laboratory representatives and technical experts and lists the recommendations that resulted from the discussions that took place during the meeting.

Surveillance tools for meningitis sentinel hospital surveillance: field guide to rapidly estimate the hospital catchment population (denominator) and the annual rate of hospitalisations (WHO/IVB/15.02)

The document will provide information for Ministries of Health and hospital sentinel sites on why and how to determine the denominator of at-risk children <5 years of age and rate of meningitis hospitalizations for a sentinel hospital site conducting IB-VPD surveillance. Such a methodology is currently unavailable and this estimation is critical to enable interpretation of surveillance data, particularly pre- and post- vaccine introduction.
## Calendar

### 2015

#### July

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<td>1-3</td>
<td>XXIII Meeting of the Technical Advisory Group (TAG) on Vaccine-Preventable Diseases</td>
<td>Varadero, Cuba</td>
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<tr>
<td>20-24</td>
<td>Gavi High Level Review Panel (HLRP)</td>
<td>Geneva, Switzerland</td>
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#### September

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<tr>
<td>1-2</td>
<td>EURO VPI Programme Managers’ Meeting</td>
<td>Antwerp, Belgium</td>
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<td>3-4</td>
<td>EURO Polio EPI and Lab Managers’ Meeting</td>
<td>Antwerp, Belgium</td>
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<tr>
<td>30-2 Oct</td>
<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
<td>Copenhagen, Denmark</td>
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<td>6-7</td>
<td>4th Measles-Rubella Mini Symposium</td>
<td>Decatur, GA USA</td>
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<tr>
<td>7-8</td>
<td>Gavi Programme and Policy Committee</td>
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<tr>
<td>14-15</td>
<td>Immunization Practices Advisory Committee (IPAC) meeting</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>14-16</td>
<td>Gavi High Level Review Panel (HLRP)</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>20-22</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>26-30</td>
<td>EMRO Intercountry EPI Managers and Measles meeting</td>
<td>TBD</td>
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#### November

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<tr>
<td>6-20</td>
<td>Gavi Independent Review Committee (IRC) for new proposals</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>10-12</td>
<td>Global meeting on lessons learned from HPV vaccine introduction</td>
<td>Geneva, Switzerland</td>
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#### December

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<tr>
<td>2-3</td>
<td>Gavi Board Meeting</td>
<td>Geneva, Switzerland</td>
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Links

Organizations and Initiatives

- American Red Cross
  - Child Survival
- Agence de Médecine Préventive
  - Africhol
  - EpiVacPlus
  - LOGIVAC Project
  - SIVAC
- Centers for Disease Control and Prevention
  - Polio
  - Global Vaccines and Immunization
- Johns Hopkins
  - International Vaccine Access Center
  - Vaccine Information Management System
- JSI
  - Africa Routine Immunization Systems Essentials Project
  - IMMUNIZATIONbasics
  - Maternal and Child Health Integrated Program (MCHIP)
- PAHO
  - ProVac Initiative
- PATH
  - Vaccine Resource Library
  - Rotavirus Vaccine Access and Delivery
  - Malaria Vaccine Initiative
  - Meningitis Vaccine Project
  - RHO Cervical Cancer
- Sabin Vaccine Institute
  - Sustainable Immunization Financing
- UNICEF
  - Immunization
  - Supplies and Logistics
- USAID
  - Maternal and Child Health Integrated Program
- WHO
  - Department of Immunization, Vaccines & Biologicals
  - New and Under-utilized Vaccines Implementation
  - ICO Information Centre on HPV and Cancer
  - Immunization financing
  - Immunization service delivery
  - Immunization surveillance, assessment and monitoring
  - SIGN Alliance
- Other
  - Coalition Against Typhoid
  - Dengue Vaccine Initiative
  - European Vaccine Initiative
  - Gardasil Access Program
  - Gavi the Vaccine Alliance
  - International Association of Public Health Logisticians
  - International Vaccine Institute
  - Measles & Rubella Initiative
  - Multinational Influenza Seasonal Mortality Study
  - Network for Education and Support in Immunisation (NESI)
  - TechNet-21
  - Vaccines Today

WHO Regional Websites

- Routine Immunization and New Vaccines (AFRO)
- Immunization (PAHO)
- Vaccine-preventable diseases and immunization (EMRO)
- Vaccines and immunization (EURO)
- Immunization (SEARO)
- Immunization (WPRO)

UNICEF Regional Websites

- Immunization (Central and Eastern Europe)
- Immunization (Eastern and Southern Africa)
- Immunization (South Asia)
- Immunization (West and Central Africa)
- Child survival (Middle East and Northern Africa)
- Health and nutrition (East Asia and Pacific)
- Health and nutrition (Americas)

Newsletters

- Immunization Monthly update in the African Region (AFRO)
- Immunization Newsletter (PAHO)
- The Civil Society Dose (GAVI CSO Constituency)
- TechNet Digest
- RotaFlash (PATH)
- Gavi Programme Bulletin (Gavi)