Financial evaluation of HPV introduction in Cote d’Ivoire
Crepin Hilaire Dadjo, WHO/IST West Africa; and Alexis Satoulou-Maleyo, WHO/IST West Africa

With thanks to the support of Gavi, the Vaccine Alliance, an HPV demonstration project was implemented in Cote d’Ivoire in November 2015 and May 2016. An evaluation of the project has just been concluded, finding that 98% of the target cohort (representing 17,635 girls aged 9 to 13 years), received two doses of the vaccine in the two health districts where the intervention was implemented; Korhogo, in the North, and Abengourou, in the East. The school-based strategy was considered to be the best approach for vaccination due to the national policy that makes school compulsory for the 6 to 16 year old age group in Cote d’Ivoire.

If the HPV vaccine is scaled up for national introduction in all districts and regions at the same time, for example, in 2018, the evaluation team used the C4P costing tool to calculate that 1,319,881 girls would be targeted. They also found that the cost of reaching 90% coverage would require an investment of 1,130,000 USD every year for the direct costs (purchase of vaccines and operational costs included).

The above findings of the evaluation were presented in a workshop held in May 2017 in Abidjan. All participants recommended the nationwide scale up of the HPV vaccine, requiring the national comprehensive Multi-Year Plan to be updated, and the development of a proposal to Gavi for submission in July 2017. Concurrently, a recommendation was made to plan for the national co-financing contributions starting with the 2018 national budget.

Launch of a new vaccination and trust library
Katrine Bach Habersaat, WHO/Europe

In May 2017, the WHO Regional Office for Europe launched a new vaccination and trust library, within their website. The library contains a series of documents to assist ministries of health, centers for disease control, immunization programmes or regulatory authority institutions to prepare for and respond to events that could erode confidence in vaccination. Such events can be related to vaccine safety, adverse events following immunization, changes in the vaccination programme, negative public debate, outbreaks or pandemics.

As part of the new library, an introduction to the theoretical background and evidence is provided in the new publication “Vaccination and trust: How concerns arise and the role of communication in mitigating crises”. The evidence draws on a vast reserve of laboratory research and fieldwork within psychology and communication. It examines how people make decisions about vaccination; why some people are hesitant about vaccination; and the factors that drive a crisis. It also looks at how crises can be mitigated by building trust, listening to and understanding people, building relations, communicating risk and shaping messages to the audiences.

Supporting documents provide practical guidance for specific situations, such as ongoing work to build and maintain trust, presenting data, planning an immediate media response and monitoring public opinion.

The new vaccination and trust library is available at this link.
High Quality Measles and Rubella SIAs eLearning
Jhilmil Bahl, WHO Headquarters

A new self-paced eLearning course developed by WHO has just been published and is now available to all WHO and UNICEF staff, external consultants, SSAs, MoH, partners supporting immunization, and other interested audiences.

The eLearning course covers how to plan and implement high-quality supplementary immunization activities for injectable vaccines (using an example of measles and rubella vaccines).

By completing this course, participants will:

- Learn to use the SIA Field guide and SIA Readiness Assessment tool to ensure successful SIA through adequate and timely planning and preparation, implementation, monitoring and evaluation of SIA effectiveness.
- Understand comprehensive macro- and micro-planning and budgeting to ensure that all critical activities are considered, including rapid convenience monitoring (RCM), mop-up activities and post-SIA independent monitoring.
- Know the importance of identification of hard-to-reach and high-risk groups, and of tailoring vaccination strategies to the community needs, ensuring equity.

This programme includes approximately four hours of instruction across eight eLearning modules. The modules can be completed at your own pace. A certificate is available for download following the successful completion of all modules.

**Module 1** – Introduction, 10 min  
**Module 2** – National-level macroplanning, 35 min  
**Module 3** – Operational structure and preparation for microplanning, 26 min  
**Module 4** – Microplanning, 35 min  
**Module 5** – Planning for training and communication, 38 min  
**Module 6** – Pre-implementation activities, 35 min  
**Module 7** – Implementation of the SIA, 36 min  
**Module 8** – Post-SIA activities: monitoring and evaluation, 26 min

Those interested can access this course at [UNICEF’s online learning portal, Agora](http://agora.unicef.org). If you are not a member of UNICEF, register as a “guest” at the bottom of the login page.
Past Meetings/Workshops

Preparing for the introduction of the Human papillomavirus (HPV) vaccine in the routine schedule in the Caribbean

Maria Tereza Da Costa Oliveira, Lucia Helena de Oliveira, and Cara Janusz, Pan American Health Organization

Location: Miami, USA  
Date: 22-23 May 2017  
Participants: Representatives from Antigua and Barbuda, Belize, British Virgin Islands, Curacao, Guyana, Jamaica, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and Grenadines, Turks and Caicos

Purpose: To support Caribbean countries to elaborate an HPV vaccine introduction plan, with a strong focus on preparing key messages about the vaccine and anticipating communication needs and a crisis response.

Details: Many countries in the Region, during the introduction of the HPV vaccine, had to respond to clustered anxiety temporarily associated with vaccination among adolescents, using strategies and messages that reemphasize evidence on the vaccine’s safety and efficacy. For this reason, PAHO convened a meeting to help Caribbean countries develop HPV vaccine introduction plans and to provide training around effective communication strategies.

The first day of the meeting included presentations about HPV-associated disease and its prevention; PAHO/WHO recommendations on the use of HPV vaccines; lessons learned on the introduction of the HPV vaccine in Belize and a review of the main considerations when developing an introduction plan. Participants worked in groups to elaborate and/or review HPV vaccine introduction plans.

The second day was focused on providing training on how to develop an effective communication plan for HPV vaccination in the routine programme, including the development of key messages. Guyana and Canada presented their lessons learned on effective communication around HPV vaccination. In their group work, participants developed plans for communication strategies to support the introduction and scale-up of the vaccine.

The meeting evaluation indicated that participants were content with the meeting outcomes, some commenting that it was the best meeting they had attended.
Training of consultants and partners on the updated WHO strategy to reduce Missed Opportunities for Vaccination (MOV)

Stephanie Shendale, WHO Headquarters

Location: Harare, Zimbabwe

Date: 23-25 May 2017

Participants: Immunization focal points from the Ministry of Health and WHO Country Offices from 6 countries in the African Region (Ethiopia, Liberia, Nigeria, South Sudan, Uganda, Zimbabwe), WHO AFRO, WHO IST East and South, WHO HQ, partner representation (from CDC, UNICEF, CHAI, MSF, AMP, VillageReach, JSI and the South African Medical Research Council), and five international independent consultants.

Purpose: Missed opportunities for vaccination (MOV) include any contact with health services by a child (or adult) who is eligible for vaccination, which does not result in the individual receiving all the vaccine doses for which he or she is eligible. Estimates indicate that reducing missed opportunities for vaccination by making better use of existing vaccination services can result in up to 14% gain in immunization coverage. A MOV assessment can help a country identify the magnitude and causes of MOVs and develop tailored interventions to address these issues. Five countries in the African Region (Chad, Burkina Faso, the Democratic Republic of Congo, Kenya, and Malawi) have already completed MOV assessments and are now planning for interventions to reduce MOV.

The purpose of this workshop was to train a pool of consultants on the updated MOV methodology, as well as strengthen WHO Regional, sub-regional and country staff and partners’ capacities to provide technical assistance to countries in planning and conducting MOV assessments and interventions.

Details: The workshop took place over three days with day one focusing on introduction, prior country experiences, overview of the MOV strategy and assessment protocol, use of tablets for electronic data collection, and preparation for field visits. Day two included pilot field data collection in nearby health facilities in the morning, followed by sessions on cleaning and analysis of data and presentation of preliminary results. Day three focused on qualitative data collection methods (focus group discussions and in-depth interviews) and brainstorming sessions for development of intervention action plans. Energy and enthusiasm from participants was very high. At the end of day three, participating country teams presented their action plans for implementation of the MOV strategy over the next 12-18 months, to be followed up with in-country endorsements after the workshop.

Potential funding opportunities, including (especially) expiring funds from Gavi, the Vaccine Alliance, and Gavi funding streams and opportunities were discussed and all partners expressed strong interest and a commitment to support implementation in their respective countries.
Regional capacity building workshop on EPI/IMCI interactive training and resource tool

Blanche Anya and Phanuel Habimana, WHO/AFRO

Location: Kigali, Rwanda

Date: 29 May – 2 June 2017

Participants: Immunization and Child Health officers from Ministries of Health and WHO as well as child health tutors from medical and nursing training schools from Congo, Congo DR, Ethiopia, Rwanda, Sao Tome & Principe and Sierra Leone. Facilitators from WHO (HQ, AFRO, IST Central, West and ESA, Congo, Zambia), NESI, USAID/MCSP

Purpose: • To train participants on the EPI/IMCI interactive training and resource tool
  • To explore opportunities and challenges of field application
  • To discuss and agree on concrete plan for scaling up the use of the tool in countries.

Details: The Immunization and Integrated Management of Childhood Illnesses (IMCI) Interactive Resource tool is designed to build capacity and serve as a reference resource for health workers, with updates on the latest developments on immunization practices and integrated management of childhood illness. It can also be used for pre-service training in medical and nurse training schools.

The tool is computerized and available through flash disk in three languages (English, French and Portuguese). It does not need internet connectivity and contains reference materials which can be printed if necessary. The tool is accompanied by a pocket guide for good practice which is a step-by-step summary of each chapter in the video and illustrates in detail the protocols of immunization as well as the assessment, classification and treatment of children who come to health centers.

At the end of the five-day workshop, all participants had reviewed each of the 22 chapters in the tool and participated in a half day clinical session in health centers. All the participants completed the course and obtained corresponding certificates.

Each country identified opportunities and challenges for use of the tool, as well as steps to be taken for its use once back home. The workshop also provided an opportunity for discussion about a broader collaboration between immunization and child health programmes in the countries.
Planning Workshop of the 2018 Measles and Rubella Campaign in Burkina Faso

Crepin Hilaire Dadjo, WHO/IST West Africa, Laurent Moyenga, WHO Burkina Faso Office, Amadou Fall, WHO/IST West Africa

Location: Bobo-Dioulasso (Burkina Faso)

Date: 11-17 June, 2017

Participants: 30 national participants including Regional Health Directors, Chief District Medical Officers, Data Managers, Finance, EPI and Communication Officers. Partners included AMP, WHO, UNICEF, SOBUPED (Burkina Faso Society of pediatricians) and SPONG (an NGO umbrella body)

Purpose: To develop the implementation plan of the 2018 Measles and Rubella Campaign.

Details: Following the 2014 catch up SIA, Burkina Faso is planning to organize a follow-up campaign against Measles and Rubella in November 2018. The target audience is close to three million children aged 9 to 59 months. Broader objectives of the campaign are to strengthen the benefits for routine immunization and to reinforce herd immunity in the susceptible population.

The budget and application forms for the 2018 campaign will be presented in September 2017 to Gavi for consideration and a potential decision on funding. The workshop aimed at developing a robust implementation plan that incorporates every key component such as coordination, planning human resources, logistics, vaccine safety, monitoring and evaluation, communication including risk/crisis communication and the communication plan itself.

It is planned that the Inter-agency Coordinating Committee will endorse the documentation under development, before submission to Gavi.
26th Meeting of the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases

Tigran Avagyan, Ananda Amarasinghe, Nyambat Batmunkh, Sergey Diorditsa, Varja Grabovac, Santosh Gurung, James Heffelfinger, Roberta Pastore, Yoshihiro Takashima, Joseph Woodring and Zhang Yan, WHO

Location: Manila, Philippines
Date: 13-16 June 2017
Participants: Six TAG members, four temporary advisers, 30 participants from 15 countries and areas, and 34 representatives from partner organizations, and WHO staff from headquarters, the Regional Office for the Western Pacific and country offices.

Purpose: To review progress, identify critical issues, and discuss key activities and priority actions to achieve regional immunization goals 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.

Details: The meeting participants discussed progress towards achieving the targets and indicators for the polio endgame; elimination of measles, rubella, and maternal and neonatal tetanus; and accelerated control of hepatitis B and Japanese encephalitis (JE). Discussions also covered diphtheria outbreak and response, evidence-based introduction of new vaccines, strengthening routine immunization systems, review and monitoring of the immunization programme, and vaccine safety and regulatory capacity.

The TAG's key recommendations included that Member States set a regional target year for rubella elimination in the Western Pacific during the 68th session of the WHO Regional Committee for the Western Pacific in October 2017.

Member States were urged to maintain vigilance and adequate levels of preparedness and response capacities considering the continuous threat of importation of wild poliovirus from endemic countries.

The TAG reaffirmed the long-standing WHO guidance that all countries should universally administer hepatitis B birth dose, as soon as possible after birth and preferably within 24 hours, even in countries with low endemicity.

The TAG reaffirmed that member States should reach the primary target of reducing JE incidence to < 0.5 cases per 100,000 population in the targeted population (typically children aged <15 years) in affected areas.

The TAG urged Member States to work with WHO and partners to strengthen routine immunization services by intensifying the use of all available strategies to improve immunization coverage based on the Global Routine Immunization Strategies and Practices (GRISP) framework, including the Reaching Every District (RED) approach, strengthening second year-of-life (2YL) platforms, missed opportunities to vaccinate (MOV), regional immunization weeks and private sector collaboration. The need for WHO and partners to support Middle Income Strategy (MIC) was discussed. Member States were recommended to share sub-national coverage data annually together with the JRF data in order to strengthen monitoring of progress towards coverage targets and equity in service delivery.

The meeting report with complete conclusions and recommendations will be available shortly online, under featured publications.
Resources

Highlights of European Immunization Week 2017: Narrative report
Catharina de Kat, WHO/Europe

European Immunization Week (EIW) is used by stakeholders throughout the WHO European Region to celebrate the health gains made through immunization, launch new resources and inspire action to increase vaccination uptake.

Focusing on the global theme – #VaccinesWork to protect health at all stages of life – EIW activities were organized in sync with campaigns throughout the world.

This report presents a limited selection of the countless discussions, activities and publications that took place or were launched during EIW 2017 to raise awareness of the benefits and importance of vaccines throughout life.

The report is available at this link.

2016 Gavi Full Country Evaluations Reports published
Emmanuella Baguma and Alba Vilajeliu, Gavi, The Vaccine Alliance

The Full Country Evaluation (FCE) is a prospective evaluation of the full results framework from inputs to impact across all phases of Gavi support which started in 2013. The goal of the FCEs is to identify, understand and quantify barriers to, and drivers of, immunization programme improvement, with an emphasis on the contribution of Gavi, the Vaccine Alliance, in four countries: Bangladesh, Mozambique, Uganda, and Zambia. The first phase of the evaluation (2013-16) has been carried out by a consortium led by the Institute for Health Metrics and Evaluation (IHME), in partnership with PATH and in-country organizations.

The FCE uses a mixed methods approach driven by a set of cross-cutting evaluation questions. Specific methods include; resource tracking studies to generate estimates of national-level resource envelopes on immunization, process evaluation, analysis of Health Management Information Systems (HMIS), analysis of primary and secondary data to generate small-area estimates of vaccine coverage and other health indicators; and vaccine-effectiveness studies to measure the impact of the introduction of pneumococcal conjugate vaccine.

The 4th annual dissemination reports (2016), in addition to providing key findings related to routine immunization and health system strengthening, focuses on drivers of sustainable and equitable vaccine coverage that cut across streams of support, including Gavi-related inputs such as the Joint Appraisal (JA) and Partners’ Engagement Framework (PEF), and broad health systems drivers such as management performance, technical assistance, and programmatic and financial sustainability. The final reports and briefs are now available on the Gavi website and dissemination meetings have taken place in each of the FCE countries and at a global level.

A two-year extension of the project in Mozambique, Uganda and Zambia (FCE second phase) with targeted priorities offers an opportunity for increased learning and accountability from Gavi support and its outcomes. The learning will contribute to the optimization of Gavi programmes and the achievement of Gavi strategy goals.
New Global Vaccine Action Plan Indicators Portal and Website

The Global Vaccine Action Plan (GVAP) indicators portal provides access to annual data on progress against the indicators in the Monitoring Evaluation and Accountability Framework. The portal presents graphs and data visualizations by indicator, allows users to access the analysis developed every year under the GVAP Secretariat report, integrates useful resource materials on immunization coverage and performance indicators.

The Global Vaccine Action Plan (GVAP) webpage hosted under the Immunization website has been recently updated. The new version aims to enhance access to the GVAP news and reports, immunization coverage facts and figures.

The GVAP Indicators Portal can be accessed from the GVAP website or through the direct link. To visit the GVAP website go to this link.
## Calendar

### 2017

#### July

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>12-14</td>
<td>PAHO Regional Technical Advisory Group meeting</td>
<td>Panama City, Panama</td>
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#### September

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>7-8</td>
<td>Measles &amp; Rubella Initiative partners’ meeting</td>
<td>Washington DC, USA</td>
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<tr>
<td>12-14</td>
<td>AFRO Central EPI Managers’ meeting</td>
<td>Malabo, Equatorial Guinea</td>
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<td>26-28</td>
<td>AFRO West EPI Managers’ meeting</td>
<td>Accra, Ghana</td>
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<tr>
<td>26-29</td>
<td>7th VPD laboratory network meeting for polio and measles</td>
<td>Manila, Philippines</td>
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#### October

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<thead>
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<tr>
<td>16-20</td>
<td>Fifteenth TechNet Conference</td>
<td>Lisbon, Portugal</td>
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<tr>
<td>17-19</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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<td>23-25</td>
<td>Polio committee meeting</td>
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#### November

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<tr>
<td>7-8</td>
<td>EMRO Regional Working Group</td>
<td>TBD</td>
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<tr>
<td>11-14</td>
<td>EMRO National EPI Managers’ meeting</td>
<td>TBD</td>
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<tr>
<td>13-17</td>
<td>Global Rotavirus and IB-VPD Surveillance Network Meetings</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>15-16</td>
<td>EMRO RITAG</td>
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## Organizations and Initiatives

**American Red Cross**  
[Child Survival](https://www.redcross.org)

**Agence de Médecine Préventive**  
[Africhol](http://www.africhol.org/)  
[EpivacPlus](http://www.epivacplus.org/)  
[SIVAC](http://www.sivac.org/)

**Centers for Disease Control and Prevention**  
[Polio](http://www.cdc.gov/polio)  
[Global Vaccines and Immunization](http://www.cdc.gov/vaccines)

**Johns Hopkins**  
[International Vaccine Access Center](http://www.jhsph.edu/ims/ivac)  
[VIEW-hub](http://view-hub.org)

**JSI**  
[IIMMUNIZATIONbasics](http://www.jsi.com)  
[Immunization Center](http://www.jsi.com/immunization)  
[Maternal and Child Health Integrated Program (MCHIP)](http://www.jsi.com/mchip)  
[Publications and Resources](http://www.jsi.com/publications)  
[Universal Immunization through Improving Family Health Services (UI-FHS) Project in Ethiopia](http://www.jsi.com/programmes/immunization)

**PAHO**  
[ProVac Initiative](http://www.paho.org/provac)

**PATH**  
[Better Immunization Data (BID) Initiative](http://www.path.org)  
[Center for Vaccine Innovation and Access](http://www.path.org)  
[Defeat Diarrhea Disease Initiative](http://www.path.org)  
[Vaccine Resource Library](http://www.path.org)  
[Malaria Vaccine Initiative](http://www.path.org)  
[RHO Cervical Cancer](http://www.path.org)

**Sabin Vaccine Institute**  
[Sustainable Immunization Financing](http://www.sabin.org)

**UNICEF**  
[Immunization](http://www.unicef.org)  
[Supplies and Logistics](http://www.unicef.org)

**USAID**  
[Maternal and Child Health Integrated Program](http://www.usaid.gov)

**WHO**  
[Department of Immunization, Vaccines & Biologicals](http://www.who.int)  
[New and Under-utilized Vaccines Implementation](http://www.who.int)  
[ICO Information Centre on HPV and Cancer](http://www.who.int)  
[Immunization financing](http://www.who.int)  
[Immunization service delivery](http://www.who.int)  
[Immunization surveillance, assessment and monitoring](http://www.who.int)  
[SIGN Alliance](http://www.sign-alliance.org)

**Other**  
[Coalition Against Typhoid](http://www.caTyphi.org)  
[Confederation of Meningitis Organisations](http://www.confederation.org)  
[Dengue Vaccine Initiative](http://www.denguevaccineinitiative.org)  
[European Vaccine Initiative](http://www.evaccine.org)  
[Gardasil Access Program](http://www.gardasilaccess.org)  
[Gavi the Vaccine Alliance](http://www.gavi.org)  
[International Association of Public Health Logisticians](http://www.iaplh.org)  
[International Vaccine Institute](http://www.theivi.org)  
[Measles & Rubella Initiative](http://www.measlesrubella.org)  
[Multinational Influenza Seasonal Mortality Study](http://www.misms.org)  
[Network for Education and Support in Immunisation (NESI)](http://www.nesi-alliance.org)  
[TechNet-21](http://www.technet21.org)  
[Vaccines Today](http://www.vaccinetoday.org)

## WHO Regional Websites

**Routine Immunization and New Vaccines (AFRO)**  
[Immunization](http://www.afro.who.int)  
[Vaccine-preventable diseases and immunization (EMRO)](http://www.emro.who.int)  
[Vaccines and immunization (EURO)](http://www.euro.who.int)  
[Immunization (SEARO)](http://www.searo.who.int)  
[Immunization (WPRO)](http://www.wpro.who.int)

## UNICEF Regional Websites

**Immunization (Central and Eastern Europe)**  
[Immunization (Eastern and Southern Africa)](http://www.unicef.org/非洲)  
[Immunization (South Asia)](http://www.unicef.org/南亚)  
[Immunization (West and Central Africa)](http://www.unicef.org/非洲西部和中部)  
[Child survival (Middle East and Northern Africa)](http://www.unicef.org/中东和北非)  
[Health and nutrition (East Asia and Pacific)](http://www.unicef.org/亚太地区)  
[Health and nutrition (Americas)](http://www.unicef.org/美洲)

## Newsletters

**Immunization Monthly update in the African Region**  
[AFRO](http://www.afro.who.int)

**Immunization Newsletter**  
[PAHO](http://www.paho.org)

**The Civil Society Dose**  
[GAVI CSO Constituency](http://www.gavi.org)

**TechNet Digest**  
[PATH](http://www.path.org)

**Vaccine Delivery Research Digest**  
[Uni of Washington](http://www.washington.edu)

**Gavi Programme Bulletin**  
[Gavi](http://www.gavi.org)

**The Pneumonia Newsletter**  
[Johns Hopkins Bloomberg School of Public Health](http://www.jhsph.edu)