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**MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE) PROGRESS AS OF END FEBRUARY 2013**

31/03/2013 from Rownak Khan, Azhar Abid Raza, Flint Zulu, UNICEF New York

As of end February 2013 the maternal and neonatal tetanus (MNT) elimination initiative has almost reached its goal halfway as 29 out of 59 countries at risk since 1999 have achieved elimination. Cameroon is the latest country to achieve MNT. An MNTE validation survey has now been completed in Cote d’Ivoire and results are expected soon. Furthermore, validation surveys are scheduled for March 2013 in Sierra Leone and Iraq. India will conduct surveys in four provinces namely Delhi, Mizoram, Odisha and Uttarkand in April 2013. Tetanus Toxoid supplementary activities aimed at reaching approximately nine million women of reproductive age are scheduled in Afghanistan, Ethiopia, Haiti, Kenya, Mali and South Sudan towards the end of the first quarter and beginning of second quarter 2013. The MNT programme continues to receive support from both technical (WHO and UNFPA) and financial (Becton, Dickinson and Company, Kiwanis International, Procter & Gamble - Pampers, and UNICEF National Committees) partners.

**RWANDA FIRST SUB-SAHARAN AFRICAN COUNTRY TO INTRODUCE MEASLES-RUBELLA VACCINE NATIONWIDE**

31/03/2013 from Hayatee Hasan, WHO HQ

As part of its ongoing efforts to prevent measles and rubella, Rwandan health workers will vaccinate nearly five million children between the ages of 9 months and 14 years during the four-day measles-rubella vaccination campaign, which begins today in a village outside Kigali. In addition, girls attending school in Primary 6 and Secondary 3 grades will also receive their first doses of the human papillomavirus (HPV) vaccine to protect them against the leading cause of cervical cancer. For more information, visit this [link](#).
WORLD IMMUNIZATION WEEK 2013 WEBSITE NOW LIVE
31/03/2013 from Hayatee Hasan, WHO HQ

The World Immunization Week website is now up and running at this link and it can also be accessed from this webpage. The overall goal for the campaign is for more people to be protected from vaccine-preventable diseases. Using the global slogan Protect your world – get vaccinated, WHO encourages individuals and organizations working at international, regional, national and community levels, in the public and private sectors and civil society, to coordinate and engage in activities during World Immunization Week. Visitors to the site can register their immunization week events at this link. And do join in the conversation on Twitter #getvax @WHO.

EGYPT IS INTRODUCING PENTAVALENT VACCINE AND DEVELOPING A COMPREHENSIVE MULTIYEAR PLAN
31/03/2013 from Miloud Keddar, WHO and Sarah Schmitt, WHO Consultant

Egypt, a lower middle income country, is in the process of planning and preparedness for the introduction Haemophilus influenza type B vaccine in form of Pentavalent Vaccine in the National Immunization Programme (NIP) this summer. This will be procured through UNICEF SD and is funded by the Ministry of Health. As part of the follow up of a recent mission relating to local vaccine production, a mission of WHO HQ and EMRO staff supported by the WHO country office was conducted in March 2013. This mission was a component of the comprehensive approach to support to the country stakeholders engaged in the immunization programme, vaccine supply and local production.

The mission team met with a number of senior officials from production, procurement and programme and had the opportunity to engage with the Assistant Minister. The mission provided the opportunity to exchange information regarding vaccine market trends and opportunities, vaccine procurement, strategic planning and the process for the Comprehensive Multi Year Planning exercise.

The outcomes from the discussions were:
1) There is a high level commitment to be involved and engaged in the Vaccine Product Price and Procurement Project (V3P) development and to provide comprehensive data for consideration with the V3P project.
2) All stakeholders endorsed the recommendation for the update and completion of a multiyear immunization plan by all stakeholders in the National Immunization Programme.
3) Technical assistance and capacity building support on vaccine procurement, regulation immunization planning, costing and financing is available from WHO to Egypt.
4) The immunization multiyear plan will be aligned with the national health plan and budget and coordinated with the VACSERA production and procurement plan. The 2 documents (Immunization multiyear plan and the VACSERA strategic plan on production and procurement) will form the main components of the national vaccine and immunization plan for Egypt.
LAUNCHING OF REGIONAL ALLIANCE FOR NATIONAL REGULATORY AUTHORITIES (NRAS) FOR VACCINES IN WESTERN PACIFIC
31/03/2013 from Md. Shafiqul Hossain, WHO WPRO

Assured quality vaccines are essential to effective immunization programmes. Independent, competent and functional regulatory systems are necessary to oversee the supply of assured quality vaccines. But most countries in the Region still do not have functional regulatory systems for vaccines. As of February 2013, seven countries in the Western Pacific Region have functional regulatory systems, four of which are vaccine producing countries and three of which are vaccine procuring countries.

In recent years, many countries in the Region have expressed the need for an exchange of regulatory information and expertise to establish or strengthen NRAs and to achieve relevant levels of functionality. During the First Workshop for National Regulatory Authorities for Vaccines in Seoul, Republic of Korea, in November 2011, the WHO Regional Office for the Western Pacific was mandated to establish a Regional Alliance of NRAs for vaccines as collaborative platform to support the countries to develop and/or strengthen regulatory systems and required functions. A task force committee comprised of the NRAs of Australia, China, Japan and the Republic of Korea was established in same workshop. The committee drafted a concept paper, road map and work plan.

WHO Western Pacific Regional Office conducted second workshop for National Regulatory Authorities for vaccines from 12-14 March 2013. Participants from Member States reviewed the drafted documents of Regional Alliance. On 14 March 2013, Member States endorsed the concept paper, road map and work plan and officially launched the Regional Alliance for NRAs for vaccines in the Western Pacific.

It was unanimous agreement that WHO Western Pacific Regional Office will act as secretariat of Regional Alliance and co-ordinate all the activities. For more information, click on this link.

NEW IPAD / IPHONE APPLICATION (VERSION 1.0) NOW AVAILABLE ON THE APP STORE
31/03/2013 from EPI/SIG WHO

The Immunization Summary is an app for visualizing (tables, graphs, maps) data on policies, activities and impact of national immunization systems.

These data are reported by WHO & UNICEF member states annually for incidence, coverage and immunization indicators. The WHO UNICEF estimates of national immunization coverage constitute an independent technical assessment of coverage. The population data are provided by the United Nations' “Population Division. The World Population Prospects - the 2010 revision. New York, 2011.” with the exception of the infant and child mortality figures which are provided by WHO’s “World Health Statistics 2011, data for 2010.”

The Gross National Income (GNI) & the Gross Domestic product (GDP) data are taken from "The 2011 World Bank Development Indicators Online".

Data are available from 1980 to 2011 (as of October 2012) for 195 countries or territories.

The app can be downloaded directly from iTunes app store by typing “immunization summary” in the search field, or by clicking the immunization logo from the right column of our pages: which will load your iTunes app store and allow you to download the app (The app size is 61.5 MB).

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PROVAC - EPI COSTING STUDY IN HONDURAS
31/03/2013 from Ida Berenice Molina (Honduras EPI), Gabriela Felix and Cara Janusz (PAHO, ProVac Initiative)

The Pan American Health Organization’s (PAHO) ProVac Initiative is providing technical support to the National Immunization Program (NIP) in Honduras to develop a costing study, while piloting the ProVac Costing Tool. This study aims to generate detailed estimates of the recurrent and capital costs of the routine NIP in Honduras. Additionally, this study will provide some information on the cost of new vaccine introduction for the 13-valent pneumococcal conjugate vaccine relying primarily on central level data. Furthermore, this study will help map the financial resources used for immunization, identifying the different sources and flows of financial contributions to immunization activities in Honduras at the central, regional and health facility levels.

Immunization related costs and resource use will be captured at the central, regional and health facility level, where 71 total vaccination centers and 8 regional offices were included in the sample. This information will be used to estimate total costs per health facility and by immunization activity, or EPI component. In addition, the study will generate information on unit cost per immunized child.

This study began in September 2012, when a ProVac team made their first visit to Honduras. This week long visit had the objective of designing the sample and making plans for data collection. The ProVac team returned in early February 2013 to train the team of data collectors and launch data collection. A final visit is planned for mid-March 2013, when the ProVac team and the EPI will clean, review and analyze the primary data collected and present preliminary results to high-level national authorities in the country (including the NIP, other officials from the Ministry of Health and members of the Interagency Coordinating Committee). This experience will also result in an improved ProVac Costing Tool that will be made available.

ADVANCES IN THE CONTROL AND SURVEILLANCE OF PERTUSSIS IN THE REGION OF THE AMERICAS
31/03/2013 from Mauricio Landaverde, PAHO

Pertussis is endemic in the Region of the Americas and many countries report outbreaks or epidemics every four to six years. In an effort to better understand this disease, PAHO/WHO’s Technical Advisory Group (TAG) on Immunizations has established a Working Group to develop a tool to aide in the investigation and reporting of pertussis outbreaks, in order to collect information that is comparable between outbreaks and across countries. The first meeting of this Working Group was held from 4-5 March 2013 and a second meeting will take place from 6-7 May 2013. During the first meeting, a format for investigating and reporting pertussis outbreaks was developed, which is now being disseminated among epidemiologists in the Region in order to solicit their comments. During the upcoming May meeting, the Working Group will analyze feedback given regarding the above document and they will also examine the pertussis outbreak reports that have occurred over the last three years. These reports will allow for the analysis of the magnitude of the outbreaks, the epidemiology of the cases, the criteria used to confirm and discard cases, case definitions, and the laboratory methods employed.

In addition to the above activities, over the last four years in the Americas, a Pertussis Surveillance Project has been carried out as a joint effort between CDC, the Sabin Institute and PAHO/WHO. This project has supported the efforts of Argentina, Chile, Colombia, Mexico and Panama both to improve the quality of field monitoring, as well as to update methods used for laboratory diagnosis.

All of the above information will be presented during the next meeting of PAHO/WHO’s TAG, which will be held in Quito, Ecuador from 3-5 July 2013.
PAPUA NEW GUINEA LAUNCHES HEPATITIS B VACCINATION FOR ITS HEALTH CARE WORKERS
31/03/2013 from Siddhartha Datta, WHO Papua New Guinea

To protect health care workers from the consequences of occupational exposure to hepatitis B virus (HBV), the world’s second most potent carcinogen, the National Department of Health of Papua New Guinea and partners including WHO and the Australian Government Overseas Aid Programme (AusAID) launched a health care worker vaccination programme on 19 February 2013.

The Hepatitis B vaccine will be administered to all cadres of the health workers in the country presently engaged in the health care delivery system in all 22 of the country’s provinces. The required three doses of vaccine procured by the Government of Papua New Guinea will be provided to all health staff in the country at their place of work.

A health worker in any country is an asset; however, they are at risk of infection with blood-borne viruses including HIV, hepatitis B and hepatitis C viruses as they are exposed to blood and other body fluids in the course of their work. Infected health care workers not only suffer morbidity and mortality as a result of infection but may also transmit the virus to other staff members and susceptible patients.

This is the first large-scale hepatitis B vaccination programme specifically aiming to protect health workers in Papua New Guinea. “We need to protect our health workers who make efforts to keep us healthy” said Dr William Lagani, Manager of the Family Health Services while launching the initiative on behalf of Mr Pascoe Kase, Secretary for Health.

It is estimated that globally around 240 million people have chronic HBV infection. It is therefore imperative that the risk of HBV infection among health workers be minimized through vaccination, implementation of universal precautions, and post-exposure prophylaxis.

Both the WHO Country Representative and Country Programme Director of AusAID thanked the Government of Papua New Guinea in taking this lead role in vaccinating and protecting their country’s valuable health care workers.

COLD CHAIN LOGISTICS (CCL) TASKFORCE UPDATE, MARCH 2013
31/03/2013 from Dmitri Davydov, UNICEF New York

The CCL Taskforce is seeking comments on the CCL Action Plan for National EPI systems developed by the CCL workshop in New York, 27-29 November 2012. The plan presents a menu of implementable solutions for national EPI managers to improve their CCL systems. The aim is to enable them to reach more children with more vaccines, whilst achieving the ‘six rights’: right vaccines to be in the right place, at the right time, in the right quantities, in the right condition, at the right cost (Vision 2020).

UNICEF has prioritized ‘data-driven management’ for CCL support. Data is essential for effective management of any supply chain. However, unless data are actively used for management, investments in data will be wasted. A culture shift will be needed to move from the current ad-hoc vaccine management systems to a more data-driven approach to achieve efficiency and effectiveness of CCL systems.

The CCLT has also been developing guidance for implementation of 30-day temperature recorders (click on link to comment) to monitor vaccine-fridge temperatures. This provides not only assurance of temperatures, but also the potential to establish a data infrastructure.

The immediate focus for the CCLT will be to: (1) establish a ‘cloud-based’ information processing platform that can be modified to meet specific national decisions and requirements; and (2) develop prototypes of automated tools for data collection to minimize health worker burden in collecting and transmitting data. Please advise Dmitri Davydov if you are interested in supporting either of these areas, or have suggestions on user-centered design to present the data to managers to facilitate appropriate responses.
LAO PDR – PROGRESS TOWARDS ELIMINATION OF MATERNAL AND NEONATAL TETANUS (MNT)
31/03/2013 from Jorge Mendoza Aldana, Alejandro Ramirez Gonzalez, Sigrun Roesel, William Schluter, Ahmadu Yakubu, WHO and Ataur Rahman, Azhar Abid Raza, UNICEF

After completing three rounds of tetanus toxoid supplementary immunization activities between 2009 and 2011 in 99 out of 143 districts, reporting 82% Tetanus Toxoid (TT)2+ coverage, and two corrective rounds in 24 districts after risk assessment the Lao PDR requested for a programme review to advise on the way forward towards completing MNT elimination.

The pre-validation assessment was carried out in early 2013 by a joint WHO/UNICEF mission with representation from National and Provincial Maternal and Child Health Departments. A comprehensive review of immunization, reproductive health and surveillance indicators selected seven lowest performing districts and additional two diphtheria outbreaks districts for the field reviews.

The teams interviewed 242 women of reproductive age who gave birth in the last three years in 25 communities. Despite significant service delivery challenges, seven districts showed NT protection levels of more than 80% while the remaining two have made significant improvements over the past three years.

Among the women interviewed, 83% were protected against MNT at the time of delivery and 87% at the time of the assessment. Interviews found that 65% of the women had received five or more doses of TT, 67% had at least one dose during the TT Supplementary Immunization Activities, 22% had their latest birth in a health facility while 29% had a skilled birth attendant present. Only 7% of women reported application of harmful substances to the umbilical cord of their most recent infants.

LAUNCH OF AMP-WHO LOGIVAC TRAINING PROGRAMME IN HEALTH LOGISTICS
31/03/2013 from Sabrina Gaber, Philippe Jaillard and Benjamin Schreiber
An official ceremony was held at the Regional Institute of Public Health (Institut Régional de Santé Publique, IRSP) in Ouidah, Benin on 26 March 2013 to mark the launch of the first edition of the LOGIVAC training degree programme in health logistics. The event brought together representatives of various ministries in Benin and other project stakeholders.

The first class consists of 24 students, of which five are women, who come from various Francophone African countries (Seven from the Democratic Republic of the Congo; five from Benin; four from Togo; two each from Burkina Faso, Chad and Niger; and one each from Burundi and Madagascar). They are part of various public health programmes (e.g. Expanded Programme on Immunization, Essential Drugs) as well as national reference laboratories. Students are partly self-funded or sponsored by the Agence de Médecine Préventive (AMP), WHO, and GlaxoSmithKline.

The training curriculum was developed through a series of workshops with experts from different organizations and includes courses on: health logistics basics; logistics planning; coordination and administration; logistics information systems; partnerships; supply chain management; management of essential health products; management of technical equipment; infrastructure management; and crisis management.

The programme features distance learning, classroom learning, and an internship. This blended learning approach enables students to spend a minimum amount of time away from their jobs, and to immediately apply teachings in their field of work. Training is delivered by IRSP faculty, Institut Bioforce, WHO, UNICEF, AMP, and other experts.

Upon successful completion, participants receive a bachelor’s degree from the University of Abomey-Calavi, which is recognized by other academic and professional bodies in the region.

For more information, visit this website.
EGYPT IS AND SHALL REMAIN POLIO-FREE
31/03/2013 from Samar Ibrahim, UNICEF Egypt

Active surveillance measures in Egypt have detected environmental polio virus for the second time in two years. Accordingly, the Ministry of Health and Population in collaboration with UNICEF and WHO launched a sub-national immunization campaign which will be followed by national immunization days to ensure Egyptian children are safe from a polio comeback.

Comprehensive communication and social mobilization campaigns that encourage caregivers to vaccinate their under-five children are integral parts of such campaigns.

In addition to usual mass media channels outdoor signage and print material, social media and other social marketing innovative approaches have been used to reach out to caregivers, with a special focus on reaching the most disadvantaged populations. Among those ideas used in the most recent communication campaign implemented in Greater Cairo from 3-14 March 2013 is the branded tok tok. A small vehicle branded with the campaign image roaming the urban slum areas of Cairo to announce the immunization dates and locations and promote the campaign messages through an edutainment song especially written for this occasion. Trained campaign promoters answering people’s queries and guiding them to vaccination teams were also part of this initiative.

To view EGYPT POLIO Public Service Announcement.

VACCINE DEPLOYED AS PART OF HAITI’S PLAN TO ELIMINATE CHOLERA
18/03/2013 from Jeannot François, MSPP Haiti, Pape Faye and Eduardo Rivero, PAHO/WHO Haiti, Heather Papowitz, UNICEF HQ, and Andrea Vicari, PAHO HQ

The Haitian Government presented on 27 February 2013, the National Plan for the Elimination of Cholera in Haiti, 2013–2022. This plan outlines a comprehensive set of actions for cholera prevention and control, including the deployment of oral cholera vaccine (OCV). During the period 2013–2015, OCV campaigns are planned for densely populated agglomerations in metropolitan areas and remote rural communities that are difficult to access. Epidemiological analysis defines the areas to target. On the medium and long terms (2016–2022), OCV may continue to be deployed leveraging its distribution to strengthen the provision of other measures of cholera control and prevention (such as reinforcing case management, surveillance, hygiene and health promotion, and services for water and sanitation) and national immunization services.

Initially, the Haitian Ministry of Public Health and Population (MSPP) wants to vaccinate 600,000 people living in areas at risk for cholera. In selected areas, everyone is eligible for vaccination, except for children aged <one year and pregnant women.

In a first phase scheduled for early April 2013, 80,000 eligible people living in the three municipalities of Lascahobas (Department of Centre), Petit Anse (Nord) and Perches (Nord-Est) will be targeted. The MSPP is covering all operational costs and UNICEF has provided 200,000 OCV doses. The MSPP is also leading the planning for the vaccine deployment, its comprehensive evaluation and social mobilization in cooperation with PAHO/WHO, UNICEF, US CDC, the Haitian Red Cross, and the non-governmental organizations Zanmi Lasante/Partners in Health and GHESKIO. An in-country meeting to evaluate the first phase and to advise further phases is scheduled for May 2013.

Contingent on availability of funds and OCV doses, 520,000 additional people should be vaccinated in September–October 2013. Additional phases could be carried in 2014 and thereafter also dependent on the evaluation results of those first two phases.
THE VACCINE PRODUCT, PRICE AND PROCUREMENT (V3P) PROJECT STARTED THE STAKEHOLDER CONSULTATION PROCESS
31/03/2013 from Miloud Kaddar, WHO HQ

On 5 March 2013, V3P initiated the stakeholder consultation process by sharing a consultative summary document with stakeholders of the vaccine community that have not been regularly involved in Phase One of the V3P project. The report was developed by the V3P working team and Steering Committee and summarizes the progress made on the project since September 2011. It also provides an outlook on the work plan for 2013-2014, including the upcoming pilot test phase of the V3P mechanism.

All stakeholders are invited to engage and provide comments and suggestions to the work conducted and the next steps foreseen by the V3P project. All feedback will be taken into due consideration. The V3P project team is available to discuss concerns and suggestions with stakeholders by email and phone until the end of March 2013. If requested and considered useful, the V3P working team will also be able to give group presentations and provide further clarifications in direct meetings.

For more information about the consultation process, please contact Mr Miloud Kaddar at +41227911436.

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FOURTH VACCINATION WEEK IN THE EASTERN MEDITERRANEAN REGION
31/03/2013 from Murat Hakan Öztürk, WHO EMRO

The countries in the Eastern Mediterranean Region will be celebrating the Fourth Regional Vaccination Week, which coincides with the second world immunization week, during the week of 24-30 April 2013. As in the previous years, all of the Regional countries are expected to participate in the celebration of this important event.

The Regional theme for the 2013 Vaccination Week is “Stop Measles Now!” As selected by the consensus of member states, the objective of this year’s theme is to increase the visibility of “measles elimination target by 2015” among the policy makers, partners, medical community and the public.

In support of the member states, WHO/EMRO is coordinating the regional preparations and providing guidance for national celebration plans for the Vaccination Week.
FOURTH EDITION OF SURVEA LAUNCHED
31/03/2013 from Aristide Aplogan and Sabrina Gaber, Agence de Médecine Préventive (AMP)

The AMP officially launched the fourth edition of the SURVEA training programme in surveillance and field epidemiology in Africa on 11 March 2013 at the Regional Institute of Public Health (Institut Régional de Santé Publique, IRSP) in Ouidah, Benin. Participants include 25 public health professionals from the Democratic Republic of Congo (DRC). The initial classroom learning phase lasts three weeks and is followed by two months of collaborative activities and distance training.

SURVEA aims to strengthen the capacity of health professionals in field epidemiology with a focus on surveillance, International Health Regulations, investigation and response to epidemics, and applied computing. Course facilitators include experts from Benin, Burkina Faso, DRC, and Senegal.

Funding for this year's SURVEA course is provided by GlaxoSmithKline (GSK) as part of its effort to improve technical capacities of the Expanded Programme on Immunisation (EPI) and the Directorate for the Fight against Disease (DLM) in the DRC.

To view EGYPT POLIO Public Service Announcement.

HANS EVERTS PAID TRIBUTE DURING ANNUAL EPI MANAGERS MEETING FOR WEST AFRI-CA
30/03/2013 from Crépin Hilaire DADJO, WHO/AFRO IST West

On the eve of his retirement, Hans Everts, a well-known HQ-based veteran of the Polio Eradication Initiative was paid tribute by EPI Managers in West Africa during their annual meeting in Ouagadougou, Burkina Faso, from 11-13 March, 2013. Among speakers on this occasion, the WHO Focal Point for Routine Immunization in Burkina Faso, Dr Mâ Ouattara, praised Hans’ exceptional passion for Polio eradication. She even revealed that Burkina Faso’s celebrated experience of tracking unvaccinated children in markets – for OPV uptake first and Routine Antigens aftermath – is due to Hans’ tireless efforts of getting all children vaccinated. Long before almost everyone, Hans had the intuition – as recently recognized by TFI – that pockets of unvaccinated children with OPV remained in suburbs and peripheral urban areas of Africa. Hans was offered a sculpture in bronze as a sign of all West African EPI Managers’ appreciation for his work.

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EAST AND SOUTHERN AFRICAN COUNTRIES CRAFT RECOMMENDATIONS TO IMPROVE IMMUNIZATION COVERAGE DURING EPI MANAGERS’ MEETING
12/03/2013 From Zorodzai Machekanyanga WHO IST/ESA

Location: Harare, Zimbabwe Dates: 4-8 March 2013
Purpose: To address challenges of un/under-immunized children, polio eradication and measles elimination.
Participants: Over 130 participants from the Ministries of Health EPI programmes, WHO, UNICEF, CDC Atlanta, GAVI, the Bill and Melinda Gates Foundation, MCHIP, the RED Cross, and other partner organizations attended the meeting.

Details: The East and Southern African (ESA) countries have experienced a major drawback in the fight against vaccine-preventable diseases with the resurgence of measles in the past three years. “I am glad that this meeting emphasized Routine Immunization strengthening, disease surveillance and improving Supplementary Immunization Activities” WHO Representative Zimbabwe, Dr David Okello said.

UNICEF Routine Immunization Senior Specialist, Dr Maria Otelia Costales reaffirmed the role of Governments, WHO, UNICEF and partners in honouring the Abuja declaration on health financing in creating an enabling environment for immunization services.

ESA countries witnessed stagnation in routine immunization coverage hosting large numbers of un or under-immunized children. Countries should re-align their Routine Immunization plans with the Global Vaccine Action Plan (GVAP) strategic objectives.

Countries in ESA sub-region should implement the third African Vaccination Week (AVW) from 21-27 April 2013 whose theme is “Save lives. Prevent disability. Vaccinate!”

In response to the gaps in measles elimination strategies implementation, it was recommended that countries should investigate and document measles and rubella outbreaks.

No Wild polio virus cases were reported since July 2011, but Vaccine Derived Polio Virus cases were reported in Ethiopia, Kenya, Madagascar and South Africa. Countries should improve surveillance focusing on low routine immunization coverage areas.

Recommendations addressed the challenges of New Vaccine introduction, Maternal and Neo-natal Tetanus, Yellow Fever, integration of interventions, logistics, and social mobilization.

ANNUAL EPI MANAGERS’ MEETING FOR WEST AFRICA PROMOTES INTEGRATION OF CHILD SURVIVAL INTERVENTIONS
31/03/2013 from Crépin Hilaire DADJO, WHO/AFRO IST West

Location: Ouagadougou, Burkina Faso Dates: 11-13 March 2013
Participants: EPI Programme Managers from countries of the West African subregion. Altogether 150 participants and partners
Purpose: To review the progress made, discuss the obstacles encountered and agree on the way forward in routine immunization services, polio eradication strategies, acceleration of control activities of Measles/Rubella, Yellow Fever, Meningitis, Maternal and Neonatal Tetanus. Updates on financial viability, laboratory network and from GAVI Alliance.

Details: “Consolidating our gains” was the theme chosen this year to guide discussions with all presentations made in morning sessions while afternoons were dedicated to group work. Issues debated in those group works included Polio Supplementary Immunization Activities (SIAs) (social mobilization, Acute Flaccid Paralysis (AFP) surveillance, planning and monitoring of SIAs); unvaccinated children, the use of data for action and child survival interventions. With an emphasis on this particular topic as the WHO guidelines for vitamin A supplementation for infants and children aged six-59 months were reminded, and lessons learned shared by countries and partners that successfully experienced the Vitamin A distribution especially during Mother and Child health Weeks. From the presentation made on the African Vaccination Week (22-28 April 2013), this year’s theme promotes integration of child health intervention. The 2013 theme proposed for the African Region is “Save lives. Prevent disabilities. Vaccinate”.

Meetings/Workshops
PLANNING MEETING ON MATERNAL AND NEONATAL TETANUS ELIMINATION IN NIGERIA
31/03/2013 from Paul Adovohékpé, UNICEF, Anthony Onimisi, WHO and Pharm. Chinenyé Ekpemauzor, NPHCDA

Location: Lafia, Nigeria Dates: 19-20 February 2013
Purpose: To assess the status of maternal and neonatal tetanus (MNT) by each Local Government Areas (LGA)/State and develop a plan of action (2013-2015) to achieve MNT elimination in Nigeria.
Participants: Emmanuel Abanida, Director Disease Control and Immunization representing the Executive Director of the National Primary Health Care Development Agency (NPHCDA); Dr Adamu Nuhu, Head SIAs Division; and other representatives from NPHCDA, Ministry of Women Affairs and partner agencies (WHO and UNICEF).

Details: Nigeria is one of 30 remaining high risk countries that have not achieved the MNTE goal yet. In Nigeria, the main strategies for improving protection against tetanus so far include the administration of Tetanus Toxoid (TT) vaccine during pregnancy, improving access to clean delivery (trained community-based skilled birth attendants and distribution of delivery kits), etc. The high-risk approach of conducting TT Supplementary Immunization Activities (SIAs) targeting women of reproductive age was conducted in all LGAs in Abia, Ogun and Rivers states out of 37 states and in selected LGAs in Akwa Ibom, Borno, Cross River, Imo and Yobe States.

The data analysis of core and surrogate indicators showed that 18 states (out of 37) are at risk for MNT. Further preliminary analysis of LGAs under each state identified 359 LGAs at high risk (out of 774).

Nigeria plans to achieve elimination in a phased manner by focusing on two zones (South East and South West) in 2013-2014 followed by the remaining four zones. The preliminary results are being fine-tuned to lead to a robust plan of action for neonatal tetanus elimination in Nigeria to be used as advocacy tool and to raise funds. The Executive Director of NPHCDA, Dr Ado Muhammad, expressed government’s support to the realization of the goal of MNTE. The partners also unanimously committed to support MNT elimination efforts in Nigeria.

FIRST MEETING OF THE REGIONAL WORKING GROUP OF THE PROJECT “DENGUE EPIDEMIOLOGICAL SURVEILLANCE MODEL TO DEFINE VACCINATION STRATEGIES IN LATIN AMERICA AND THE CARIBBEAN”
31/03/2013 from José Luis San Martín, Franklin Hernández and Andrea Vicari, PAHO/WHO Costa Rica
Location: Panama City, Panama Dates: 19–21 February 2013
Participants: Experts from Argentina, Brazil, Colombia, Cuba, El Salvador, Mexico, Panama and US CDC; country/regional PAHO staff
Purpose: To convene the regional experts steering the project

Details: In anticipation of the potential licensure of a first dengue vaccine by 2014–2015, the PAHO initiated a project to strengthen surveillance systems so that they can generate the information necessary to define vaccination strategies and to evaluate their impact. The Sabin Vaccine Institute funds the project that lasts until June 2014. Specific project objectives are to create a regional working group (RWG) that provides input to the regional advisory groups on dengue and immunization, to harmonize case and diagnostic definitions used in national surveillance systems, to propose a regional surveillance model, and to strengthen the regional laboratory network.

In addition to country/regional PAHO staff, twenty experts from seven Latin American countries and the US CDC contributed to the meeting and reached four main outcomes. First, participants unanimously agreed on the usefulness of the 2009 WHO clinical dengue definitions, but also recognized that these definitions need translating for their use in epidemiological surveillance. Second, the preparation of a regional surveillance guideline was recommended as a reference to all countries. Third, a research proposal for the genotyping of the dengue viruses that circulate in the Americas was prepared. Finally, the project workplan was reviewed and the following activities scheduled. At the next meeting scheduled for May 2013, the objective is to review proposals for surveillance definitions and indicators.
EXPERTS MET IN OUAGADOUGOU TO DISCUSS COMPREHENSIVE APPROACH FOR CERVICAL CANCER PREVENTION AND CONTROL IN CENTRAL AND WESTERN AFRICA
31/03/2013 from Crépin Hilaire DADJO, (WHO/ IST West Africa), Carol Tevi-Benissan (WHO/AFRO) and Jean-Marie DANGOU (WHO/AFRO)

**Location:** Ouagadougou, Burkina Faso  
**Dates:** 19-22 February 2013

**Participants:** Cervical Cancer experts from WHO (ISTs, AFRO and HQ) from Benin, Burkina Faso, Burundi, Cameroon, Cote d’Ivoire, Gambia, Ghana, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo as well as partners including UNESCO, UNICEF, GAVI Alliance, PATH, CDC, National Institutes of Health (NIH), Pink Ribbon Red Ribbon, JHPIEGO, the Bill and Melinda Gates Foundation.

**Purpose:** To strengthen cervical cancer prevention and control activities in the WHO African Region.

**Details:** Some of the outcomes from this regional consultation for attendants included information sharing and participants’ sensitization on recent developments in the holistic approach to cervical cancer prevention and control; expression of needs from participants for technical support with partners committing more towards this public health issue. At the end of the meeting, countries were urged to establish a data base informing of the burden of cervical cancer and develop cancer registries of their populations. Demonstrations projects ahead of HPV vaccine introduction were encouraged. It was recommended also that all women should be offered screening tests irrespective of their HIV status in accordance with WHO recommendations. All partners were encouraged to support countries especially for the development and implementation of comprehensive cervical cancer prevention and control strategies.

Cervical cancer is the most common cancer in African women with approximately 80,000 new cases per year of which 53,000 die every year due to late presentation at facility.

CONSULTATION OF THE SOUTH-EAST ASIA REGION (SEAR) BUILDS CONSENSUS ON ESTABLISHING A REGIONAL GOAL OF ELIMINATING MEASLES BY 2020
31/03/2013 from L. Homero Hernandez, WHO SEARO

**Location:** Kathmandu, Nepal  
**Dates:** 19-22 February 2013

**Participants:** WHO, UNICEF, Measles and Rubella Initiative Partners, Sabin Institute, International Pediatrics Association

**Purpose:** To review progress of Measles in achieving the interim goals of reducing Measles mortality and agree on the feasibility of eliminating Measles and controlling Rubella and Congenital Rubella Syndrome (CRS) by 2020 in SEAR.

**Details:** Building on the regional consultation of 2009 and the World Health Assembly resolution (WHA58.15), Member States of SEAR met to review and agree on the feasibility of eliminating measles and establishing consensus on a target date for the goal.

Country presentations and discussions highlighted progress in advanced countries which are close to or have already eliminated measles. Other countries showcased progress in reducing measles mortality and increasing measles containing vaccine (MCV) coverage especially since the 2009 consultation.

As part of the efforts to build new partnerships, the International Paediatrics Association (IPA) national representatives from countries across the world were invited to champion them as advocates. The Americas and Western Pacific regions also shared best practices and valuable lessons from their experiences in reaching measles elimination and implementing measles elimination strategies.

With this milestone, SEAR has set the stage to prepare for the 66th Regional Committee to consider a resolution for endorsement by all Member States to set a regional measles elimination target of 2020.
THE FOURTH MEETING ON VACCINE PREVENTABLE DISEASES (VPD) LABORATORY NETWORKS (LABNET) FOR POLIOMYELITIS, MEASLES/RUBELLA AND JAPANESE ENCEPHALITIS (JE) IN THE WESTERN PACIFIC REGION
31/03/2013 from Youngmee Jee, WHO WPRO

Location: Manila, Philippines Dates: 11-15 March 2013
Participants: About 100 representatives from WHO Global Specialized, Regional Reference and National Laboratories for polio, measles/rubella and Japanese encephalitis from the Region, advisers and observers from United States Centers for Disease Control and Prevention (CDC), Victorian Infectious Diseases Reference Laboratory, Australia, Health Protection Agency United Kingdom, Korea CDC, National Institute for Infectious Diseases, Japan, PATH and secretariats from WHO headquarters and WHO country offices.
Purpose: To review the progress during 2011-2012, discuss the new requirements, identify the challenges and develop plans to further strengthen the capacity of three laboratory networks, especially molecular capacity for polio and measles/rubella laboratory networks.

Details: The polio session provided an opportunity to discuss the expansion of real-time polymerase chain reaction (PCR) for polio intratypic differentiation (ITD) and vaccine-derived poliovirus (VDPV) and introduction of the new virus isolation algorithm and ITD introduction among provincial laboratories in China, environmental surveillance, laboratory diagnosis of hand-foot-mouth diseases and biorisk management. The measles session discussed the change of timeliness of laboratory testing and reporting result from within seven days to within four days after the receipt of samples in the laboratory, strengthening virus detection/genotyping capacity, testing algorithm for measles and rubella and improving laboratory diagnosis of samples from congenital rubella surveillance syndrome. The JE session discussed how to further strengthen the performance of network laboratories to support JE control in the Region.

FIFTH REGIONAL PNEUMOCOCCAL SYMPOSIUM
31/03/2013 from Lúcia Helena de Oliveira, Cuauhtemoc Ruiz Matus, and Jennifer Sanwogou, WHO PAHO

Location: Sao Paulo, Brazil Dates: 5-6 March 2013
Participants: Pan American Organization, Sabin Vaccine Institute, the International Vaccine Access Center at Johns Hopkins University, Center for Diseases Control and Prevention, and epidemiological surveillance directors from 26 countries.
Purpose: To assess the pneumococcal epidemiological profile in the region, and discuss the challenges and opportunities of surveillance and vaccination in older children and adult populations.

Details: Since childhood pneumococcal conjugate vaccines were introduced in Latin America in 2003, the disease is declining among children who are vaccinated, and it is fundamental to know if there is some impact of this vaccine in other groups of age and the burden of disease in adults to recommend appropriate vaccination in this group.

The experts and study authors called for 1) increased disease monitoring and more surveillance to understand the full extent of pneumococcal disease in the Americas in all age groups including its economic impact, and to devise effective strategies to prevent it; 2) further research in order for health officials to fully grasp the potential impact of immunizing older populations in Latin America and the Caribbean and; 3) for policymakers to prioritize adult pneumococcal disease on their public health agendas so healthcare professionals can devote more resources to detect and report occurrences of the disease and find ways to combat it.
NATIONAL MEETING TO EVALUATE THE EPI PROGRAMME IN THE DOMINICAN REPUBLIC, INCLUDING THE RESULTS OF A STUDY OF MISOPPORTUNITIES FOR VACCINATION
31/03/2013 from Zacarias Garib, EPI Manager, Dominican Republic, Irene Leaf, PAHO-Dominican Rep, and Martha Velandia, PAHO

Location: Santo Domingo, Dominican Republic  Dates: 24-26 January 2013
Participants: Vice-Minister of Health of Dominican Republic, Dr. Rafael Schiffino, as well as the EPI Manager, Dr. Zacarias Garib and cooperation agencies such as PAHO and UNICEF, EPI managers from the 38 provinces.
Purpose: To evaluate the EPI performance during 2012, at the national, regional and provincial level, in order to identify challenges that should be overcome during 2013. This exercise will improve the planning process of the EPI programs, by effectively prioritizing the allocation of resources to those activities that will reduce the challenges confronted during 2012.

Details: The EPI evaluation represents a key managerial activity, in which evidence-based decisions are taken in order to overcome the challenges presented. The evaluation also serves as a platform to share successful field experiences within the EPI managers, while identifying mechanisms of synergy to effectively deliver the immunization services.

Within the evaluation context, the results of a recent study on missed opportunities were presented. Provincial EPI managers actively participated in the development of concrete corrective actions, to reduce the missed opportunities found in the study. These actions were incorporated in the 2013’s Plans of Actions of each province and the national level. Additionally, the EPI managers proposed a systematic monitoring on the implementation of the corrective actions, in order to assess a potential impact to better improve the delivery of the immunization services.

During the evaluation meeting, vaccination coverage indicators were reviewed, including drop-out rates, as well as the achievement of surveillance indicators, progress on the introduction of rotavirus vaccine, cold chain and planning activities for the Vaccination Week of the Americas.

ANNUAL MEETING OF MANAGERS OF THE NATIONAL IMMUNIZATION PROGRAMMES IN THE CENTRAL AFRICAN COUNTRIES
31/03/2013 from Auguste Ambendet et Omer N’Ganga, WHO IST Central

Location: Douala, Cameroon  Dates: 25-28 February 2013
Participants: EPI directors, managers of Nutrition department at the Ministry of Health from Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Democratic Republic of the Congo and Sao Tome and Principe; and EPI and Nutrition focal points from WHO and UNICEF. Representatives from WHO, UNICEF, GAVI Secretariat, Agence de Médecine preventive, ROTARY International, US Centre for Disease Control, Helen Keller International, Maternal and Child Health Integrated Programme, the Economic Community of Central African States, the Organization for the Coordination in the fight against Endemic Diseases in Central Africa, the Sabin Vaccine Institute, International Federation of the Red Cross, Red Cross from Cameroon, “Plan Cameroun” and a national deputy from DRC.

Purpose: To provide participants with a forum to exchange experiences and to adopt new technical trends for the immunization and survival of children in Central African countries.

Details: The Minister of Health from Cameroon opened the meeting. It was divided into five topics: Polio Eradication Initiative (PEI), Strengthening of immunization systems, Initiative of Accelerated immunization (Measles, Maternal and neonatal tetanus, yellow fever and meningitis); Integration of interventions with immunization; Improving data quality and estimation procedures of vaccination coverage according to WHO and UNICEF. Thirty-six recommendations were adopted.

About the PEI in Central Africa, the number of cases of Wild poliovirus went from 236 in 2011 in 6 countries to 5 only in Chad in 2012. The main challenges to eradicate polio are to enhance collective immunization, mobilize internal resources, enhance the surveillance of Acute Flaccid paralysis (ACP) at the operational level, stopping the circulating vaccine-derived poliovirus outbreaks.

EPI focal points from both UNICEF and WHO met the following day to harmonize strategies to support countries in the field.
**TECHNICAL MEETING FOR THE FORMATION OF A NETWORK FOR INFLUENZA VACCINE EFFECTIVENESS STUDIES IN LATIN AMERICA AND THE CARIBBEAN**
31/03/2013 from Alba Maria Ropero and Hannah Kurtis, WHO PAHO

**Location:** Antigua, Guatemala   
**Dates:** 25 February – 1 March 2013  
**Purpose:** 1) To exchange experiences and lessons learned in the implementation of pilot efforts in Central America to evaluate influenza vaccine effectiveness 2) To learn about the experiences of I-MOVE (a European Network to measure the effectiveness of influenza vaccines) and 3) To gauge country interest in conforming a similar network in the Americas.  
**Participants:** Technical staff representing the influenza surveillance and immunization programmes of the Ministries of Health of Argentina, Brazil, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Uruguay, the European I-MOVE network, the Centers for Disease Control and Prevention (CDC), the Training Program in Epidemiology and Public Health Interventions Network (TEPHINET), and PAHO.  

**Details:** Costa Rica, El Salvador, Honduras, and Panama have conducted pilot case control efforts in sentinel hospitals to evaluate the effectiveness of the seasonal influenza vaccine to prevent severe acute respiratory illness among the elderly and young children with the technical support of CDC, PAHO and TEPHINET.  

Presentations during the meeting covered a variety of topics including the current situation in the Americas with regards to seasonal influenza vaccine use and methodological and data issues relating to the evaluation of influenza effectiveness. Country representatives shared lessons learned from the pilot efforts as well as the results of other influenza studies in the Region. Technical experts from I-MOVE also presented on experience of establishing this noteworthy multicenter collaboration and some of the results obtained in Spain. A proposal was presented to formally establish a similar type of network in the Americas. On 27 February 2013, the Technical Declaration of Antigua was signed by all countries and institutions in attendance, thus establishing the Network for the Evaluation of Influenza Vaccine Effectiveness in Latin America and the Caribbean (REVELAC-i).

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**TRAINING WORKSHOP ON NEW VACCINES COST EFFECTIVENESS FOR MIDDLE-INCOME COUNTRIES IN THE WHO EUROPEAN REGION**
31/03/2013 from Agence de Médecine Préventive (AMP) and WHO EURO

**Location:** Dubrovnik, Croatia  
**Dates:** October 2012  
**Purpose:** Follow-up of the WHO Regional meeting on the effective and evidence-based use of vaccines against invasive bacterial disease: The role of surveillance and cost effectiveness data, which took place in 2011.  
**Participants:** Thirty one participants from these countries, along with representatives from five partner organizations of the ProVac International Working Group (IWG) (WHO Europe, WHO HQ, PAHO’s ProVac Initiative, AMP, and Sabin Institute).  

**Details:** WHO Regional Office for Europe in collaboration with the AMP, organized in the framework of the ProVac International Working Group (IWG) pilot project, a Regional Training Workshop on Cost-Effectiveness Analysis of PCV. This workshop was an opportunity to increase the countries knowledge on the use of economic evaluation to inform new vaccine introduction policy and also to improve countries capacity to conduct country owned cost-effectiveness analyses.

Based on their request to WHO Europe, four countries were invited to join this training workshop: Albania, Croatia, Estonia and Georgia. Albania presented the analysis they conducted in collaboration with AMP for a cost-effectiveness analysis on the introduction of the rotavirus vaccine into the national immunization schedule. Croatia and Georgia already expressed their interest in conducting this study, and the work is expected to take place in 2013. The need to implement ProVac IWG project is still under discussion in Estonia.
New Resources

**COMPREHENSIVE CERVICAL CANCER PREVENTION AND CONTROL**

This [WHO Guidance Note](#) advocates for a comprehensive approach to cervical cancer prevention and control and is aimed at senior policy makers and programme managers. It describes the need to deliver effective interventions across the female life course from childhood through to adulthood. These include community education, social mobilization, HPV vaccination, screening, treatment and palliative care. It outlines the complementary strategies for comprehensive cervical cancer prevention and control, and highlights collaboration across national health programmes (particularly immunization, reproductive health, cancer control and adolescent health), organizations and partners.

**THE GLOBAL VACCINE ACTION PLAN 2011-2020**

This document is now available online. The Global Vaccine Action Plan (GVAP) endorsed by the 194 Member States of the World Health Assembly in May 2012 is a roadmap to prevent millions of deaths by 2020 through more equitable access to existing vaccines for people in all communities. The Plan aims to strengthen routine immunization to meet vaccination coverage targets; accelerate control of vaccine-preventable diseases with polio eradication as the first milestone; introduce new and improved vaccines; and spur research and development for the next generation of vaccines and technologies. The plan is expected to reduce global childhood mortality, surpassing the United Nations Millennium Development Goal 4 target to reduce by two-thirds the under-five mortality rate.

**WHO IMMUNIZATION HIGHLIGHTS: 2012**

The 2012 edition of WHO immunization highlights gives an overview of key global achievements and provides a snapshot of the wide range of work undertaken by WHO staff and partners to support national immunization programmes. A selection of the most notable immunization achievements and events is featured here, together with data based on the latest WHO/UNICEF global estimates for 2011.

**PRACTICES TO IMPROVE COVERAGE OF THE HEPATITIS B BIRTH DOSE VACCINE (WHO/IVB/12.11)**

This document is now available online – page IVB. This review summarizes and appraises the evidence from published and grey literature on improving coverage of the hepatitis B birth dose. Specifically, the review looks at implementation evidence in relation to two main questions:

- What practices improve coverage of the hepatitis B birth dose?
- What are important facilitators and barriers to improving coverage of the birth dose?

**GLOBAL VACCINE ACTION PLAN WEBSITE NOW ONLINE**

The Global Vaccine Action Plan (GVAP) website is now online. The GVAP — endorsed by the 194 Member States of the World Health Assembly in May 2012 — is a framework to prevent millions of deaths by 2020 through more equitable access to existing vaccines for people in all communities. GVAP aims to strengthen routine immunization to meet vaccination coverage targets; accelerate control of vaccine-preventable diseases with polio eradication as the first milestone; introduce new and improved vaccines and spur research and development for the next generation of vaccines and technologies.

On the GVAP website, visitors can download the GVAP document and find out more about the GVAP goals, strategic objectives, accountability framework, as well as access progress reports and other key documents. For more information, visit this [webpage](#).
UPCOMING GAVI APPLICATION ROUND AND REPORTING DATES
31/03/2013 from Lisa Menning, GAVI Secretariat

The GAVI Secretariat is close to completing a planning process for 2013 and would like to share the timeline below for submission of applications and reports in 2013.

More information about the New Vaccines Support (NVS) application process, including the eligibility criteria, application requirements and vaccine specific considerations will be made available with the guidelines and FAQs, due to be released in or before May. Updated GAVI Health Systems Strengthening (HSS) application form and guidelines will also be released in May.

All information will be regularly updated on the GAVI web site.

Countries and partners are requested to note that it will be critical to ensure that deadlines are met, to support timely screening and review processes.

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<th>Submission deadline</th>
<th>IRC dates (TBC)*</th>
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<td>Rolling window</td>
<td>22 April 2013</td>
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<td>Annual Reporting</td>
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<td>New Vaccines Support, including HPV and MR</td>
<td>1 June 2013</td>
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* Please note that all of the IRC dates indicated above are yet to be confirmed. Please see above link to GAVI web site in coming days for final dates.

NEW GAVI POLICY ON FRAGILITY AND IMMUNIZATION

Introducing greater flexibility will enable GAVI to better respond to long and short term challenges faced by countries.

In December 2012, the GAVI Alliance Board approved a new policy on a country-by-country approach for GAVI in states that are fragile and face immunization challenges. The policy allows GAVI to work with its partners to strengthen its focus on countries that require more intensive support and attention.

What is the purpose of the policy?
Public, country and expert consultations show that there are a number of GAVI-eligible countries that face exceptional challenges over long periods of time, limiting their ability to access and implement GAVI support. Working closely with partners and in-country stakeholders, the new policy allows GAVI to develop a tailored approach for each of these countries and to adjust our support to better relate to the specific country context. The policy also recognises that there are countries that may experience time-limited man-made or natural emergencies. For these situations, GAVI will provide one-off flexibilities in order to help protect immunisation systems and existing GAVI support. After such an event has occurred, the country Government or an in-country partner (WHO or UNICEF) may submit a request to GAVI using the short template available on the GAVI web site.

When is the policy applied and how does it work?
The policy includes a framework that serves as a transparent tool for identifying a number of countries to receive long-term intensified support from the GAVI Alliance. The framework will be applied on an annual basis to ensure that GAVI responds to those countries most in need. The new policy also offers guidance for countries that experience emergency situations, in which case a request can be submitted to GAVI by the country, WHO or UNICEF.

For countries that are not identified for a tailored approach, several other work streams are available within GAVI and across the Alliance to address specific challenges, e.g. focused support for countries with DTP3 coverage under 70%, equity or data quality challenges.

More information on the new policy, including the policy paper, frequently asked questions, and the emergency request template is available on the GAVI web site.
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<td>04-05</td>
<td>International Consultative Meeting on Rubella and Congenital Rubella Syndrome</td>
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<td>GAVI East &amp; Southern Africa Sub-Regional Working group meeting</td>
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<td>14-15</td>
<td>EMR GAVI Core group Meeting to review the draft GAVI Annual Progress Report</td>
<td>Cairo, Egypt</td>
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<td>The Global Vaccine Summit</td>
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<td>13-17</td>
<td>Regional Workshop to revise EPI pre-service curricula for Medical/Nursing schools</td>
<td>Abidjan, Côte d’Ivoire</td>
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<td>27-01Jun</td>
<td>5th Regional Vaccinology Course for Anglophone countries</td>
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<td>EURO Regional Polio Certification Commission</td>
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<td>Conference on Routine Immunization and New Vaccines in Africa</td>
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<td>TBD</td>
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### Regional Meetings and Key Events Related to Immunization

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<td>Measles Virus Mini-symposium</td>
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<td>11-14</td>
<td>5th European Congress of Virology 2013</td>
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<td>16-19</td>
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<td>16-20</td>
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<td>30-4 Oct</td>
<td>65th session of the Regional Committee for the Americas</td>
<td>Washington D.C, USA</td>
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<td><strong>OCTOBER</strong></td>
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<td>Workshop on the Methodology to Reach the Unvaccinated Child</td>
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<td>10-11</td>
<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
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<td><strong>NOVEMBER</strong></td>
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<td>Strategic Advisory Group of Experts (SAGE) on Immunization</td>
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<td>22-23</td>
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<td><strong>DECEMBER</strong></td>
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<td>04-05</td>
<td>Global Advisory Committee on Vaccine Safety Meeting</td>
<td>Geneva, Switzerland</td>
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# Global Immunization News

## 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)
- PATH Rotavirus Vaccine Access and Delivery Website
- RHO Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet

### Global Websites

- International Vaccine Access Center
- American Red Cross Child Survival
- PAHO ProVac Initiative
- NUVI Website
- Gardasil Access Program
- Maternal and Child Health Integrated Program (MCHIP)
- LOGIVAC Project
- Africhol
- Coalition Against Typhoid
- Immunization Service Delivery
- European Vaccine Initiative
- Africa Routine Immunization Systems Essentials Project (ARISE)

### Regional Websites

- New Vaccines in AFRO
- PAHO’s website for Immunization
- Vaccine Preventable Diseases in EMRO
- 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
- Optimize Newsletter
- Technet Digest
- PATH’s RotaFlash – breaking news on rotavirus disease and vaccines