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Findings from the Rapid Convenience Monitoring using mobile phones for Measles-Rubella campaign 2016 in Nepal

Sanjita Thapa, WHO Country Office Nepal and David Oh, WHO HQ consultant

WHO’s Programme for Immunization Preventable Diseases (WHO-IPD) in coordination with the Child Health Division (CHD) of Nepal’s Ministry of Health has completed Phase II of the Measles-Rubella Campaign (MRC) in 33 districts of Nepal, from February to March 2016. Through a pilot study with WHO-HQ, 100 mobile phones were employed for Rapid Convenience Monitoring (RCM) reporting during this phase in ten districts in the Western part of Nepal to test the feasibility and utility during campaign monitoring. Android phones were used during this pilot, in conjunction with Zegeba® software for data collection and reporting.

The results against key performance indicators were available on a real-time basis on an online dashboard for the central and district levels. Major challenges identified during the pilot were inaccurate or unavailable GPS coordinates, difficulties with connecting to the 3G network, problems with form uploads, as well as the small screen size of the phones. The total number of children monitored in RCM through mobile technologies was 11,787 with the percentage of children vaccinated during the campaign at 95.18%. The primary reason reported for unvaccinated children was their absence from home, while the primary reasons for refusal were the child being sick, followed by fear of vaccines and religious beliefs.

On the whole, the adoption of this new technology was well-accepted among the district health personnel, with 83% of the data collectors not finding the technology difficult to use, 94% expressing that mobile phones increased data accuracy, and 89% recommending its use in future campaigns. Many EPI supervisors appreciated the convenience of having real-time analysis on the dashboard, allowing them to identify missed children and take remedial action well within the timeframe of the campaign. Nepal is working towards a move from "paper-based" towards "paperless" information systems, especially in routine immunization, and this pilot was certainly a step in that direction with many valuable lessons.

Action Dashboard:

Used by District EPI Supervisor to track the overall status and the reasons for unvaccination or refusal, so that the programme can use tailored approaches in addressing missed children in the particular district.
Nation-wide Japanese Encephalitis vaccination campaign launched in Cambodia with SA 14-14-2

Ork Vichit, Ministry of Health, Cambodia; Md. Hassanuzzaman, Md. Shafiqul Hossain and Chham Samnang, WHO Country Office Cambodia; Aun Chum and Etienne Poirot, UNICEF, Cambodia

Cambodia has launched a month-long nationwide Japanese Encephalitis (JE) vaccination campaign on 1 March 2016, in two phases from 1 to 31 March 2016. Over 4.1 million children aged nine months to 14 years old are targeted to be vaccinated with the Japanese Encephalitis vaccine SA 14-14-2. Following the campaign, JE vaccine will be introduced into the routine immunization schedule.

To open the campaign, the Ministry of Health organized a launching ceremony in Takhmao city of Kandal province. His Excellency Prof. Eng Huot, Secretary of State, Ministry of Health attended as chief guest. Dr Dongil Ahn, WHO Representative in Cambodia and other dignitaries were present at this ceremony. Prof Eng Huot said “Japanese Encephalitis is a public health priority in Cambodia. With the introduction of the Japanese Encephalitis vaccine in the National Immunization Programme (NIP) following this campaign, no child should be susceptible to infection with Japanese Encephalitis when they become adults ready to start their own families.”

The National Immunization Programme included the Measles-Rubella (MR) vaccine in this JE campaign. All children from nine to 35 months who missed the first or second dose of MR in the routine immunization schedule in 14 provinces are vaccinated with MR. To stop the transmission of the recently identified measles virus, all children from nine to 59 months in 11 provinces are vaccinated with the MR vaccine irrespective of previous vaccination status. The NIP also included the Oral Polio Vaccine (OPV) in this campaign to target all children from zero to 59 months in high risk communities, international border areas and the North-East provinces.

One month to go until the Switch

Will Green, Polio Department, WHO Geneva

In less than one month’s time, around 150 countries and territories that use oral polio vaccines (OPV) will switch from trivalent OPV (tOPV) to the bivalent OPV (bOPV), in a window from 17 April to 1 May 2016. This is an important step in progressing towards a polio-free world, aimed at mitigating the risk of new emergences of circulating vaccine-derived poliovirus type 2, while improving population immunity against wild polioviruses type 1 and 3.

Final preparations are underway around the world. All countries that will be switching have developed switch plans outlining the logistical and stock management activities, including the steps for collection and disposal of tOPV. Financial support has also been provided to 67 countries to assist in catalyzing any exceptional activities required to ensure implementation of the switch. Global monitors/observers representing various partners have been mobilised to support countries in any way needed, under the guidance of national teams.

After implementation of the switch, it will be necessary for all countries to complete a series of monitoring and validation requirements, to confirm the complete removal of tOPV from throughout the cold chain. To assist with these validation processes, a range of adaptable data collection tools and templates are available online, in English and French, as well as guidance on the disposal of tOPV. The national monitoring and validation steps will be critical to informing the eventual reporting by countries to regions, then the consolidating reporting from regions to a global level.

The intensity of efforts and commitment by all countries and regions in working towards the switch has been remarkable. However, the most important is yet to come. The switch will be an unprecedented milestone, and together, we will all contribute to this stage of the journey towards polio eradication.
Brazil's Ministry of Health, Ceará’s Health Secretariat and PAHO Initiate Activities for a Vaccination Coverage Survey in Ceará
Ana Vilma Braga and Marcio Garcia, Secretariat of Health-Ceará; José Cassio de Moraes, University of Santa Casa (São Paulo); Carla Domingues, Ana Karine Carneiro and Antonia Teixeira, Ministry of Health, Brazil; Samia Samad, PAHO-Brazil

Starting in February 2016, a vaccination coverage survey is being conducted among households in the municipalities of Ceará. The survey is expected to estimate the coverage of vaccines offered in the National Immunization Programme’s schedule for the Brazilian population aged 18 to 30 months and measure the impact of vaccination strategies against measles in the population aged five to 29 years in Caucaia and Fortaleza, the most affected municipalities by the Ceará’s measles outbreak.

Survey results are expected to determine vaccination coverage for BCG, diphtheria, tetanus, Pertussis (DTP) (first dose), hepatitis A, measles, mumps and rubella (MMR), meningococcal conjugate, pentavalent, pneumococcal conjugate, polio, rotavirus, varicella, yellow fever and polio vaccines, as well as determine measles-rubella (MR) vaccination coverage among young adults. Survey results will provide evidence on the current vaccination status of children, adolescents and adults living in the municipalities of Caucaia and Fortaleza, where more than 1.9 million MR doses were administered to children, adolescents and adults. The survey will also help monitor access to services to receive the first dose, analyze compliance with the vaccination schedule, check the adaptation of the schedule, and estimate the proportion of children using private vaccination services.

Comprehensive activities that included data search, training, review, synthesis and use of a decision-analysis were modeled, developed and validated. The proposed methodology is expected to achieve the desired results. The survey consists of 30 clusters with seven people each, seeking to interview a total of 1,890 individuals. A research team consisting of 15 people will visit nine districts from the two municipalities.

Studies on immunization are directed towards the improvement of programme evaluation strategies. This survey, however, will look to identify more precise indicators for measuring and understanding social inequalities related to vaccination coverage.

Survey results are expected in May 2016.

MSF challenges Pfizer’s patent on the pneumonia vaccine in India
François Servranckx, Médecins sans Frontières

On 11 March 2016, Médecins Sans Frontières (MSF) filed a ‘patent opposition’ in India to prevent US pharmaceutical company Pfizer from getting a patent on the pneumococcal conjugate vaccine (PCV13), so more affordable versions can become available to developing countries and humanitarian organizations. This is the first time a vaccine (biosimilar) patent has been challenged in India by a medical organization.

Pneumonia is the leading cause of childhood deaths, killing almost one million children each year. Currently, the pharmaceutical companies Pfizer and GlaxoSmithKline (GSK) are the only two manufacturers of the vaccine. At the lowest global price, it is now 68 times more expensive to vaccinate a child than in 2001, according to a 2015 MSF report, The Right Shot: Bringing down Barriers to Affordable and Adapted Vaccines. The pneumonia vaccine accounts for almost half the price for vaccinating a child in the poorest countries.

One vaccine producer in India has already announced that it could supply the pneumonia vaccine for $6 dollars per child (for all three doses) to public health programmes and humanitarian organizations like MSF. This is almost half the current lowest global price of $10 dollars per child, which is only available to a limited number of developing countries via donor funding through Gavi, the Vaccine Alliance.

The pre-grant opposition—a form of citizen review at the patent examination stage—submits technical grounds before the patent office to show that claims that cover a certain aspect of a drug or vaccine do not merit patenting under India’s Patents Act. An equivalent patent to the one opposed today in India was already revoked by the European Patent Office (EPO) and is currently being challenged in South Korea. Pfizer’s patent application involves the methods of conjugating 13 serotypes of streptococcus pneumonia into a single carrier.

MSF’s pre-grant opposition shows that the method Pfizer is trying to patent is too obvious to deserve a patent under Indian law.
3,000 Health Professionals Registered for Online Courses in Cold Chain Management and Immunization Data Analysis Offered by the Brazilian Health Ministry’s Immunization Programme

Selma Suzuki and Jeanine Woycicki, Federal University of Goias, Brazil; Carla Domingues and Antonia Teixeira, Ministry of Health-Brazil; Samia Samad, PAHO-Brazil

Distance courses on Cold Chain Management and Immunization Data Analysis were offered through the immunization programme of the Ministry of Health of Brazil, together with the Federal University of Goias, and supported by PAHO/WHO. These courses were announced in Public Notice number 05 (2014) by the Health Surveillance office of the Ministry of Health. The goal of the courses is to implement educational initiatives to train workers involved in health surveillance in Brazil, and to strengthen health surveillance activities within the country’s Unified Health System (UHS).

The courses are tailored to professionals working in the immunization area of the UHS and are intended to promote and improve know-how in cold chain management and immunization data analysis, using the National Immunization Programme (NIP) information system.

Every three months throughout the year, four courses will be offered on both topics, each with 120 hours of duration. The courses will be divided into four modules, with tutorials. The cold chain course will cover the cold chain itself and its infrastructure and physical/functional organization, as well as cold chain management. The immunization data analysis course will cover the NIP and health information, NIP information systems, data quality, and data analysis.

As stated in the public notice, 200 students working in a variety of fields in Brazil’s various regions will be accepted in each course. Online registration can be done at this link.

Revitalizing home-based records to improve immunization coverage

Deepika Attygalle and Andreas Hasman, UNICEF Regional Office for South Asia; Marta Gacic-Dobo, World Health Organization; Anna Rapp and Bhupendra Tripathi, Bill and Melinda Gates Foundation

The vaccination card, also known as the home-based vaccination record (HBR) can play an important role in documenting immunization services, providing information to caregivers and creating demand for vaccines. HBRs have been associated with improved health seeking behavior and service utilization, and timely and full immunization of children. But utilization of HBRs remains low in many countries.

To address this lost opportunity, in March 2016 UNICEF Regional Office for South Asia and Bill and Melinda Gates Foundation organized a four-day workshop in Sri Lanka on HBR revitalization. The event brought together national and state officials, development partners, data experts and design professionals. Participating countries included Afghanistan, India, Nepal, Pakistan, and Sri Lanka.

Countries in South Asia have very different experiences of using HBRs, from immunization-only cards to broader child health and nutrition booklets. In Sri Lanka, the HBR has for a long time been a key tool in communication between caregivers and the health system and card retention is high. Other countries are only just coming to realize the full potential of the cards.

The aim of the workshop was to optimize the quality, availability, and use of HBRs through collaborative south-south exchange. In an innovative approach, practitioners and experts seized the opportunity to share best practices between countries and learn from each other. Advice from experienced designers enabled powerful visions and targeted approaches to the development of HBRs.

During the four-day workshop, participants worked in country and cross-country teams to discuss challenges and gaps associated with the use of the records. Participants learned from each other, uncovered opportunities to improve HBRs for demand generation and service delivery, and built innovative prototypes. They also agreed plans of action and concrete next steps.

Although several platforms for electronic recording are under development, the HBR remains an important document and a largely untapped resource for improved immunization coverage. Countries and partners will continue the work to promote innovation and best practice in this area.
Second phase of ADAMA Project launched
Hortance Kouame, Agence de Médecine Préventive

Fifty-seven countries suffer from a shortage of health workers, including 36 in sub-Saharan Africa (WHO, 2006). In an effort to reverse this trend, AMP (Agence de Médecine Préventive) and Save the Children teamed up to introduce an advocacy project for human resources for health (HRH). Known as ADAMA (ADvocating for Available skilled Man-power in Africa), the programme is implemented in Benin, Mauritania and Togo.

Phase 1 of ADAMA was completed in late 2015 (after more than three years of work) with the following key outcomes:

- An inter-sector coalition was set up in Benin for HRH;
- 615 individuals were trained across Benin, Mauritania and Togo in HRH advocacy;
- Trainers were trained in e-tutoring techniques in Benin;
- Six advocacy micro-projects were delivered, including three each in Benin and Togo;
- Materials and good practices in advocacy were produced and disseminated;
- An HRH advocacy community of practice was hosted via the ADAMA website.

Around 6,000 different users worldwide have connected to the ADAMA website since its launch. The platform has regularly been updated with information, documents, interviews and advocacy materials. It now also features case studies, policy documents and a good practice guide on the six micro-projects supported by ADAMA in Benin and Togo.

The second phase of the scheme began in February 2016 for a period of three years. In addition to advocacy, it will implement capacity-building measures to improve the IT system and the system for administering health human resources. It will also help to enhance support for managing health personnel.

Capacity building for laboratory containment of type 2 poliovirus in the WHO South East Asia Region
Sigrun Roesel, World Health Organization, South East Asia Region

With the call of the 68th World Health Assembly (WHA) on Member States to implement appropriate containment of type 2 wild polioviruses (WPV2) in poliovirus essential facilities by the end of 2015 and of type 2 Sabin poliovirus (OPV2/Sabin2) within three months of global withdrawal of the type 2 component in oral poliovirus vaccine, Member States in the WHO South-East Asia Region have taken critical steps to meet the requirements. Two countries are in the process of designating poliovirus essential facilities (PEFs) and respective National Containment Authorities (NACs), seven countries have reported that no WPV2 materials are kept and two countries are completing the review if any potentially infectious WPV2 materials may still be identified.

To support National Containment Taskforces (NCTF) and current and future polio vaccine manufacturers as well as the establishment of PEFs and NACs, the WHO Department of Polio Operations and Research organized the ‘GAPIII Implementation and Certification Workshop for Sabin-IPV (sIPV) Manufacturers and National Authorities for Containment’ from 18 to 22 January 2016 in Bandung, Indonesia; for India, Indonesia and Iran.

In view of the upcoming switch and very tight timelines to meet GAPIII requirements, a second training workshop for members of the India NCTF, candidate PEF and member of the newly established laboratory bio-safety board to support the NCTF in its function as India’s NAC) was conducted by WHO SEARO and India Country Office from 07-10 February 2016 in New Delhi.

Both workshops provided much needed clarification on containment timelines, requirements and expectations, presented the new WHO GAPIII containment certification scheme (CCS), explained roles and responsibilities of stakeholders as described in the draft CCS, clarified interim bio-risk management measures and provided opportunities for discussions; to particularly identify challenges, aspects for further guidance and clarification, resource and expertise requirements and coordination needs.
Call for consultants

Vaccine safety and pharmacovigilance have assumed an important role in the African Region in recent years as a result of increased clinical development of new vaccines as well as the introduction of several new vaccines into routine immunization in many countries. In the last five years alone, vaccines against rotavirus, human papilloma virus, pneumococcal pneumonia, and meningitis have been introduced into immunization programmes. During 2014 and 2015, four workshops were organized by WHO to develop roadmaps for vaccine safety and pharmacovigilance system strengthening. The plans developed are in line with National Health Strategic Plans, Institutional Development Plans of National Regulatory Authorities and the Global Vaccine Safety Blueprint. These plans are currently being implemented by the countries in Africa with WHO technical and financial support and partially monitored by the WHO headquarters (HQ) and the Regional Office.

PURPOSE OF HIRING A CONSULTANT

• To monitor the implementation of national vaccine safety work plans in targeted African countries,
• To provide technical assistance to strengthen the national vaccine pharmacovigilance system in targeted African countries,
To coordinate support to selected AFR Member states (list to be established with the consultant, in consultation with AFRO, Immunization and Vaccine Development (IVD) and HQ, Global Vaccine Safety group).

WORK TO BE PERFORMED AND DELIVERABLES

In collaboration with the vaccine safety focal points in WHO HQ, and in the Regional and Country Offices, the incumbent will support the ministries of health of targeted countries in strengthening their national vaccine safety systems:

Monitor national work plans and provide expert advice for their implementation
• Hold at least monthly country specific teleconferences with national stakeholders;
• Update each country work plan upon progress for 2016 and 2017;
• Provide expert guidance on vaccine pharmacovigilance activities implemented in each country (Adverse Events Following Immunization (AEFI) review committee, national AEFI surveillance guideline, and AEFI investigation, causality assessment of an AEFI, Quality Management System (QMS) and Standard Operating Procedures (SOP);
• Plan in-country workshops/trainings on technical topics specifically identified as needed for each country (draft agenda, define course content, identify facilitators);
• Monitor AEFI data of targeted countries and provide guidance on updating and uploading data to the WHO UNICEF Joint Reporting Process (JRF);
• Function as a focal person to alert the WHO HQ and Regional offices on issues of local importance such as emerging anti-vaccine sentiment.

Identify and coordinate resources required to meet vaccine pharmacovigilance technical and financial needs of targeted countries by the end of December 2016:
• For each targeted country, map out the vaccine safety/immunization stakeholders (who is doing what, where?) and look for synergies to implement vaccine safety activities;
• For each targeted country, map out the various source of funding and find mechanisms on how to leverage them (coordinate/optimize local funding);
• Develop draft training and Information Education and Communication (IEC) materials suitable to the local context for review and approval from the WHO technical focal persons and plan their further dissemination and assimilation into the National Programmes.

In collaboration with WHO, provide technical assistance to respond to any other specific need identified by a targeted country

SKILLS, KNOWLEDGE AND QUALIFICATIONS REQUIRED

• Advanced degree in medicine or pharmaceutical sciences with advanced degree in public health or epidemiology;
• At least seven years’ experience in vaccine safety related activities with immunization programme and/or national drug regulatory authorities, pharmacovigilance centre;
• Skills and experience in organization, implementation and facilitation of workshops and trainings;
  Excellent written and oral communication skills;
• Fluent in English. Knowledge of French and/or Portuguese would be an asset.

DURATION: Eight months.

DUTY STATION Brazzaville, WHO, AFRO Regional Office.

TRAVEL All travel and per diem expenses associated with the consultant’s travel while serving within the contract dates will be covered separately by WHO.

TECHNICAL REFERENCE

The consultant will work under the guidance of Dr Madhav Balakrishnan, Medical Officer, Safety and Vigilance, HIS/EMP/RHT/SAV, tel. 0041 22 791 3786, email: balakrishnam@who.int, and Dr Richard Mihigo, Medical Officer, Family and Reproductive Health, AF/RGO/FHR/FRU, tel. 00242057446908, email: mihigor@who.int

CVs should be sent to Dr Madhav Balakrishnan

APPLICATION DEADLINE: 15 April 2016
Past Meetings/Workshops

Regional Working Group (RWG) meeting on Immunization Systems Strengthening (ISS), Health Systems Strengthening (HSS) and Introduction of New and Underutilized Vaccines (NUV)

Nihal Abeysinghe, Uttara Aggarwal and Pushpa Ranjan Wijesinghe, World Health Organization, South East Asia Region

Location: New Delhi, India

Date: 22-23 February 2016

Participants: World Health Organization (WHO) Headquarters, WHO’s Regional Office for the South-East Asia (SEARO), Headquarters of the United Nation’s Children’s Fund (UNICEF), UNICEF regional office for the South Asia (ROSA), UNICEF Eastern Pacific Regional Office, Gavi, the Vaccine Alliance and WHO and UNICEF country focal points of Expanded Programme of Immunization.

Purpose: (a) To plan the coordination of partner activities in relation to immunization, facilitate technical support, and advocate for member states in implementing priority immunization activities
(b) To strengthen all aspects of routine EPI and share technical information on relevant specific global strategic approaches in EPI.

Details: The meeting sessions included immunization policy updates, immunization priorities in SEAR, Gavi guidelines, new Terms of Reference (TOR) for the Regional Working Group (RWG), Health System Strengthening, managing transition and financial sustainability, planning joint appraisals and graduation missions in SEAR. Additionally, a session was dedicated to hands-on training on the Gavi online portal for proposal submission and performance monitoring. All sessions included updates followed by in-depth discussions on country experiences, issues, challenges and measures to overcome challenges in order to achieve equitable immunization coverage at the country level. A small group worked on revising existing TORs of the RWG to suit new global requirements. The revised TORs were reviewed and a consensus was reached in the plenary session.

The meeting concluded that the proposed new format of the RWG will be an opportunity to closely monitor Gavi and non-Gavi-related priority immunization activities in the SEAR. While agreeing upon having two RWG meetings at the beginning and at the end of the year, the opportunity given at the immunization technical advisory group (ITAG) meeting was considered a platform to monitor the implementation of planned activities. The RWG agreed with several recommendations to achieve the goal of increasing equitable immunization coverage in the next five years.
Regional review on preparedness for switch from trivalent Oral Polio Vaccine (tOPV) to bivalent Oral Polio Vaccine (bOPV) in South East Asia Region (SEAR) countries

Sunil Bahl and co-author Aarti Garg, World Health Organization, South East Asia Region

Location: New Delhi, India

Date: 24-25 February 2016

Participants: 13 participants from ten of the eleven member states of WHO’s South-East Asia Region and 45 representatives, including EPI focal points, from headquarters, regional and country offices of UNICEF and WHO. Technical staff from WHO and UNICEF facilitated the group-work together with experts from US CDC, the Task Force for Global Health & Emory University.

Purpose: To enhance the preparedness for the globally synchronized switch from trivalent OPV (tOPV) to bivalent OPV (bOPV) scheduled in April 2016. More specifically, to provide support to countries to:

1. Review the progress of each activity against the timeline defined in the national switch plan of each country.
2. Identify the challenges/risks to completion of switch preparatory activities in each country.
3. Fine-tune national switch plans based on solutions for challenges identified during the meeting.

Details: Global and regional updates were provided on implementation of the Polio Eradication and Endgame Strategic Plan, followed by presentations by each country on the current status of their switch preparedness. Thereafter, the countries met in groups to further refine their detailed micro-plans with timelines and responsible individuals for the switch, highlighting challenges/risks and potential solutions in the five thematic areas below:

i) OPV inventory and supply adjustment
ii) Trainings
iii) Communications
iv) bOPV distribution, tOPV withdrawal and disposal
v) Monitoring and validation

Key outcomes of the group work was a summary, by each thematic area, and by each country, on the detailed tasks to be completed, the timelines associated with the completion of each task and the challenges and risks faced by countries while implementing these activities. The meeting facilitators offered potential solutions that could be applied to overcome the challenges identified by the country teams.

Overall, countries in SEAR are adequately prepared and progressing well to implement the switch in April 2016 with plans to overcome the potential challenges.
Mega earthquake epicenter of Nepal is smiling thanks to immunization

Sudhan Gnawali, WHO Country Office, Nepal

Location: Barpak, Gorkha
Date: 13 March 2016

Participants: A Member of the Constituent Assembly, District Health Officer, EPI supervisor, Doctor from WHO (WEDS), UNICEF representative, female community health volunteers and 100’s of local mass.

Purpose: Barpak, an epicenter of the 25 April 2015 mega earthquake in Nepal, has set an event of remarkable courage only ten months after the disaster, to mark an effort which truly deserved applause and a standing ovation to all health workers and locals in Barpak. In the midst of catastrophe, fear, and woe, brave Gorkhalis revived and rebuilt.

Details: An earthquake of 7.6 magnitude rudely hit Nepal on 25 April 2015 at 11:56 local time with its epicenter in Barpak, destroying each and every household and disgracefully taking away many lives. Not only a year has passed since the tragedy, we Nepalese have mastered the art of overcoming our fear and working against all odds, may it be sleeping under tents withstanding the heavy cries of monsoon, or shivering cold in winter snowfalls.

In the early morning of 13 March 2016, everyone was looking in the sky and praying for no rain as the day of glory was going to be celebrated, ensuring 100% of children are immunized for their future. The full immunization declaration event started with a cold wind and sudden rainfall. Despite the rain, the community, Female Community Health Volunteer (FCHVs), and the distinguished guests stood still and declared the event with huge excitement. Everyone was proudly smiling knowing of their achievement, that their children are safe and protected from the vaccine preventable diseases.

A FCHV, ManMaya Ghale, a pregnant mother in Barpak aftermath earthquake says: “I knew even when there was not a single household standing in Barpark I had to focus on immunization, nutrition and other health related activities. I was 5 months pregnant when I worked for the MR campaign. People walk 3-4hrs to come to the health post to immunize their child. Doctor from WHO (WEDS) and representatives of various organizations encouraged people to be vaccinated and so we are celebrating this happy day’.

Health worker Dhanmaya Gurnung mentioned that her whole life has passed in immunizing children. Today she is really very happy as this day is something close to her heart.

In support of WHO and District Health Office, Gorkha, an Appreciative Inquiry for Healing and Restoration session was conducted in the aftermath of the earthquake to renew the dreams of health workers which in turn has made this day come true.

Almost a year ago there were cries, fear, and hopelessness, and today there is happiness and joy in the same eyes.
Expert Consultation on Accelerated Control of Japanese Encephalitis in the Western Pacific Region

Nyambat Batmunkh and James Heffelfinger, World Health Organization, Western Pacific Regional Office

Location: Manila, Philippines
Date: 14-16 March 2016
Participants: Twenty-one participants representing 10 countries (Brunei Darussalam, Cambodia, China, Japan, Lao PDR, Malaysia, Papua New Guinea, the Philippines, Republic of Korea and Vietnam), Gavi, the Vaccine Alliance, the Program for Appropriate Technology in Health (PATH), Centers for Diseases Control & Prevention (CDC), South East Asia Regional Office (SEARO) and the Western Pacific Regional Office (WPRO)

Purpose: The consultation objectives were to review available evidence on Japanese encephalitis (JE) epidemiology, surveillance and vaccination programmes in the Western Pacific Region (WPR), and on JE control through immunization and the measurement of JE vaccination programme impact; and to recommend strategies to the Expanded Programme on Immunization (EPI) WPRO Technical Advisory Group (TAG) that will augment current efforts to achieve the region’s accelerated JE control goal and to identify appropriate targets and timelines for measuring progress toward achieving this goal.

Details: In October 2014, the 65th Regional Committee for the Western Pacific endorsed a goal for accelerated control of Japanese encephalitis (JE). Nine of 12 countries with endemic JE transmission in the WPR have introduced JE vaccine in some (Malaysia) or all JE risk areas (Australia, Cambodia, China, Japan, Lao PDR, Republic of Korea, Vietnam) or have very low levels of disease without vaccination (Singapore). Most countries also have initiated JE surveillance.

During the 3-day meeting, participants discussed strategies, targets and timelines for accelerated control of JE; reviewed guidelines, scientific literature, and epidemiologic and vaccination programme data; and made preliminary recommendations. Details from the meeting conclusions and recommendations will be published shortly. It was recommended that the TAG recommend an appropriate timeline for accelerated control of JE when they meet next in July 2016.

The conclusions and recommendation of the meeting will be shared with Member States for their comments and presented at the EPI TAG meeting in July 2016. After the TAG meeting, the conclusions and recommendations will be proposed as an agenda item for the 2016 Bi-regional Meeting on the Prevention and Control of JE.
Vaccination against Human papillomavirus (HPV): Decision making and preparing for introduction

Catharina de Kat, WHO EURO

Location: Copenhagen, Denmark

Date: 16-17 March 2016

Participants: National immunization programme managers, chairs of national immunization technical advisory groups (NITAGs), and national experts in cervical cancer screening from Armenia, Azerbaijan, Belarus, Georgia, Moldova, and Uzbekistan, together with experts from Gavi, WHO Regional Office for Europe, WHO headquarters and country offices

Purpose:

- Summarize and discuss recent data describing the epidemiology and burden of diseases caused by HPV in WHO European Region and globally
- Update on recent global developments regarding comprehensive prevention and control of cervical cancer
- Present experiences and lessons learnt with introduction of HPV vaccine from the countries that implement HPV vaccination
- Review the progress in decision making on introduction of HPV vaccines and discuss countries plans to obtain GAVI support
- Identify further steps in collecting local evidence, applying for GAVI support, and preparing for introductions and define WHO and partners support

Details: HPV vaccine is included in the national immunization schedules of 28 countries in the WHO European Region, with annual uptake ranging from 46% to 92% of the target group. Experience in these countries has shown that proper preparedness for introduction is key to achieving high coverage.

To help countries prepare, WHO provided up-to-date information on

- diseases caused by the HPV virus
- comprehensive approaches to prevent and control cervical cancer
- regional and global status of HPV vaccine introductions, and
- the safety and efficacy of the vaccine.

Tools to help countries gather the necessary evidence at national level were also presented, including cost-effectiveness analyses and the Cervical Cancer Prevention and Control Costing (C4P) tool.

WHO also offers communications support through publications, workshops, national communication reviews and technical advice.

Next steps
Based on the expert presentations and group work, participants developed plans of activities to support decision-making on introduction of HPV vaccine and preparing for introductions, including development of proposals for Gavi support. These plans will be shared with health authorities and
Resources

ROTA Council releases comprehensive white paper on rotavirus vaccines
Rose Weeks on behalf of the ROTA Council Support Team

The ROTA Council white paper Rotavirus: Common, Severe, Devastating, Preventable is the most comprehensive and up-to-date source of information on rotavirus disease and vaccines. The 50-page synthesis includes the latest evidence and programmatic information about:
- Rotavirus disease, and why every child is vulnerable
- Vaccines in global use, nationally available vaccines, and new vaccines on the horizon
- WHO recommendations and key guidance on vaccine administration
- Public health impact in high-income countries, middle-income countries, and low-income countries
- Cost-effectiveness of rotavirus vaccines
- Emerging data and areas for further research
- 21 recommendations for stakeholders to scale up coverage of rotavirus vaccines to all children

Download the Executive Summary

Download the full report: Rotavirus: Common, Severe, Devastating, Preventable

Launch of the WHO Global vaccine development tracker
Lisa Menning, WHO Headquarters

A new resource for vaccine research – the global vaccine development tracker – has been launched by WHO. This brings together the global clinical development pipeline for the following seven diseases in one single location: HIV, tuberculosis, malaria, RSV (Respiratory Syncytial Virus), ETEC (Enterotoxigenic E.Coli), Shigella, and Norovirus. The tracker will be updated every six months, and may be expanded to other disease areas.

This work was recommended as a priority activity by the WHO Product Development for Vaccines Advisory Committee (PDVAC). PDVAC includes enhancing information sharing and research transparency in vaccine development as part of its terms of reference.

Using the new Pipeline Tracker, it is possible to access and link to clinical trial registration sites for detailed information, and view details on the expected completion dates for vaccine clinical trials.

Through this initiative, we endeavour to encourage transparency on the public disclosure of results from vaccine clinical trials. According to WHO’s position and global norms in this area, summary results should be made publicly available within 12 months of the trial completion date.

WHO would like to extend thanks to a number of partner agencies and programmes that provide data displayed in the Pipeline Tracker (acknowledged on the website).

Access the vaccine development pipeline tracker (link)
Visit the WHO Product Development for Vaccines Advisory Committee (link)
Read the WHO statement on the public disclosure of clinical trial results (link)
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<th>Year</th>
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<td>PAHO Meeting of the Regional Polio Lab Network</td>
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<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
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<td>European Immunization Week</td>
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<td>May</td>
<td>Measles Vaccines in Older Age Groups</td>
<td>Sienna, Italy</td>
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<td>EMRO Regional Working Group Meeting</td>
<td>Lahore, Pakistan</td>
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<td>Executive Board – Programme Budget Administration Committee</td>
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<td>Sixty-ninth World Health Assembly</td>
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<td>June</td>
<td>SEARO Immunization Technical Advisory Group (ITAG)</td>
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<td>WPRO Technical Advisory Group</td>
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<td>Accelerating Progress towards Measles and Rubella Goals</td>
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<td>Gavi Board Meeting</td>
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<td>September</td>
<td>Regional Committee for SEARO</td>
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<td>Twelfth International Rotavirus Symposium</td>
<td>Melbourne, Australia</td>
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<td>Regional Committee for EURO</td>
<td>Copenhagen, Denmark</td>
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<td>Regional Committee for the Americas</td>
<td>Washington DC, USA</td>
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<td>October</td>
<td>Regional Committee for EMRO</td>
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<td>Regional Committee for WPRO</td>
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<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
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<td>November</td>
<td>EURO Regional NITAG meeting</td>
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<td>December</td>
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Links

Organizations and Initiatives

- American Red Cross
  - Child Survival
- Agence de Médecine Préventive
- Africhol
- EpiVacPlus
- LOGIVAC Project
- National Immunization Technical Advisory Groups Resource Center
- 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
- Immunization Center
- 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

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)

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

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