WHO MONITORING IMPLEMENTATION OF 2012 INTENSIFICATION OF ROUTINE IMMUNIZATION ACTIVITIES IN CIREBON DISTRICT, INDONESIA, 19-20 SEPTEMBER 2012

30/09/2012 from L. Homero Hernandez, WHO SEARO

As part of Declaring 2012 the Year of Intensification for Routine Immunization (IRI) in the South-East Asia Region, all member states, including Indonesia, developed Plans of Action to intensify activities to overcome barriers for increasing immunization coverage in targeted high-risk, low-performing districts.

Indonesia identified 36 districts which had the most number of villages with <80% coverage as part of their intensification plans and in line with their Accelerated Universal Child Immunization (UCI) strategy launched in 2010.

A visit was conducted to one of these districts, Cirebon District Health Office (DHO) where staff briefed monitors from SEARO, Indonesian central EPI and WHO Indonesia Country Office participants on progress in implementing activities.

DHO described details of activities conducted in the last three to six months including mid-level management training, training on immunization for midwives (230 out of 900) and refresher courses for immunization staff (30 out of 56). In the next six months, DHO also noted they will continue training 90 additional midwives and 20 immunization staff.

As part of raising awareness with local authorities, a visit with the Secretary and senior advisors of the Mayor of Cirebon was arranged. Participants advocated for prioritizing immunization and ensuring support from the mayor for increased budget allocations to be secured for the next fiscal year. Advocacy and communication materials were also provided to the Mayor’s office.

Observations and findings of the visit highlighted constraints in implementing some activities due to shortage of operational funds. DHO was encouraged to increase supervisory visits and monitoring at various levels as a way of addressing performance and motivation challenges. Overall observations noted progress and enthusiasm in implementing intensification activities with few exceptions in areas visited.
Technical Information

OPTIMIZING THE VACCINE SUPPLY CHAIN IN BENIN: EVM + HERMES FINISHES FIRST PHASE
30/09/2012 from Benjamin Schreiber, Philippe Jaillard, Hamadou Dicko and Sabrina Gaber, Agence de Médecine Préventive (AMP)

The Ministry of Health (MoH) of Benin has concluded the first phase of the EVM + HERMES (Effective Vaccine Management + Highly Extensible Resource for Modeling Supply Chains) pilot project that aims to improve the effectiveness and efficiency of its vaccine supply chain.

In July, the MoH and partners (WHO, AMP, PATH, USAID, Transaid, Vascular Medicine Institute (VMI) – University of Pittsburgh) gathered to assess the status of the vaccine supply chain. This involved analysis of data from an external EPI review, EVM assessment, cost analysis, cold chain equipment management (CCEM) inventory, and transportation management evaluation. Considering the overall EPI strategy, including planned vaccine introductions, the government then defined different supply chain optimisation scenarios.

From July to September 2012, the VMI team (University of Pittsburgh) populated its HERMES software with data from Benin to generate a simulation model of the country’s supply chain. Using the model, the team was then able to see how different scenarios would affect supply chain performance.

In late September 2012, the MoH reconvened the above listed partners, as well as UNICEF. A review of the results of the HERMES simulation model, costing study, cold chain inventory, and EVM assessment led to significant strategic changes in the cold chain architecture and equipment specifications. The MoH presented a road map for the development and implementation of a supply chain optimization plan.

To ensure that its vaccine supply chain is managed by professional health logisticians, Benin will send a first group of trainees to the LOGIVAC centre from January 2013 onwards. For more information on AMP and LOGIVAC.

NEW! TEN INFORMATION SHEETS ON VACCINE REACTION RATES NOW AVAILABLE
30/09/2012 from Philipp Lambach, WHO HQ

An important part of post-licensure vaccine safety surveillance is to collect and analyse reports of Adverse Events Following Immunization (AEFI). Analysing multiple AEFI reports helps determine if the observed reaction rate to a specific vaccine is higher than the expected vaccine reaction rate which is often determined from published studies or trials. If a vaccinated group and a placebo group have identical background rates of an event, any differences between groups can be attributed to the vaccine, taking into account factors leading to variation of background, observed and vaccine reaction rates of events.

To help strengthen the capacity to introduce vaccines in Member States, WHO has now made available information sheets providing details on a total of 10 selected vaccines that are relevant to the analysis of reported events. These information sheets include a short summary of the vaccine as well as details of mild and severe adverse reactions (local and systemic) following immunization. Where possible the information presented includes the expected rates of vaccine reactions as published in the literature.

Available information sheets include the following vaccines: Anthrax, Bacillus Calmette-Guérin (BCG), Haemophilus influenzae type B (Hib), Hepatitis A, Influenza, Human Papillomavirus (HPV), Pneumococcal, Rabies, Varicella Zoster. In total, information sheets of over 20 of the most important licensed vaccines will be developed and gradually posted on our website.

The papers primarily target national public health officials and immunization programme managers but may appeal to others interested in such information. Data from these sheets can be used in the evaluation of AEFI reported during national immunization programmes, but also in preparing communication materials about specific vaccines.

To receive email notification when the first batch of the information sheets is available, subscription can be made by sending an email.
Technical Information

LEARNING FROM SOLAR SUCCESSES & FAILURES
30/09/2012 from Dmitri Davydov, UNICEF New York

On 4 September 2012, the Cold Chain and Logistics (CCL) Taskforce held a webinar on “Solar Lessons”, to help prepare for the growing potential of ‘solarizing the cold chain’, by learning from previous country experiences in implementing solar-powered refrigeration (‘solar-fridges’). The experience in Haiti and Sierra Leone highlighted the advantages of careful planning and support to set up solar-fridges, including a strong programme for training and retraining technicians, close monitoring immediately after installation, and long-term monitoring to ensure effective performance management.

Sierra Leone has a longer history of successful use of solar-fridges in EPI. Critical success factors include government and community ownership which ensures security and maintenance of equipment, and on-going technical and financial support by UNICEF. UNICEF trained and supported 26 district technicians who now have the skills and resources needed to install, maintain, and repair the fridges. Sierra Leone is also establishing a system to routinely collect temperature performance data, to assure the quality of vaccine and equipment that stores them.

Early temperature monitoring of solar-fridges installed in Haiti revealed recurrent vaccine freezing caused by thermostats damaged by heat (>55°C) during shipment and pre-installation storage. This raised the issue of temperature management during shipping as well as the manufacturing standards and specifications for refrigerator components. On-going support will be needed to ensure that all 170 solar-fridges are installed and operational, with routine monitoring to provide long-term performance data.

In Haiti, fridges were installed with special casing to enclose the panels by welding them into the roof support structure to prevent theft - a common problem with this equipment type. This component of the design represented about one third of estimated $60,000 costs for setting up the first 85 units.

There was also a pre-visit to each site to assess installation needs. While some experts insisted that this step is required and the higher cost is justified, others felt that there may be ways to achieve the objectives more cost-effectively, e.g., through the development of standard kits appropriate for each country that include a range of equipment that might be needed depending on conditions. There are considerations to undertake operational research to base advice going forward, on trying out variations of these approaches in different settings and collecting data on costs and outcomes.

In summary, long-term plans for maintenance and funding are essential; data is needed to evaluate performance in the field and understand root-causes of recurring problems; collaboration with the private sector on procurement and installation is necessary to ensure quality products and delivery; site visits can reveal details that are not obvious, that can determine whether or not a solar-fridge installation will be cost-effective.

OFFICIAL LAUNCH OF E-LEARNING COURSE ON VACCINE SAFETY BASICS AT AVAREF CONFERENCE IN LIBREVILLE
30/09/2012 from Philipp Lambach, WHO HQ

The WHO E-learning course on Vaccine Safety was launched at the AVAREF conference in Libreville, Gabon.

Health care professionals and managers in public health authorities aim to identify and respond appropriately to issues related to the safety of vaccines. To help strengthen this capacity, WHO’s Global Vaccine Safety group supports countries with basic and advanced training courses on Vaccine Safety and Causality assessment. These trainings aim to promote the understanding of the origin and nature of adverse events, the importance of pharmacovigilance, and risk and crisis communication.

WHO has developed the Global Vaccine Safety Resource Centre (GVS RC) offering vaccine safety training packages that have been developed, administered, evaluated and revised in collaboration with an international network of experts and technical organizations. The GVS RC offers learning opportunities to national public health officials, immunization programme managers, vaccination staff and members of AEFI review committees.

As part of the GVS RC, the WHO E-learning course on Vaccine Safety Basics is a free-of-cost tool providing decentralized training opportunities to target groups, particularly in remote areas. The course is currently available online, with offline versions available later in 2012. It has been developed using inputs from international vaccine safety, communication, and e-learning experts and covers the main elements of Vaccine Safety:

The E-learning course on Vaccine Safety Basics targets future WHO training participants, National Regulatory Authority (NRA) and EPI staff in countries, and any other stakeholders working in areas related to vaccine safety. It includes modern learning tools and assessments, advanced search functionality, navigation aids, a glossary, etc. The course is available at this link.
Technical Information

KOREA FOOD & DRUG ADMINISTRATION (KFDA)/WHO JOINT MEETING ON TYPHOID VI CONJUGATE VACCINE STANDARDS
30/09/2012 from Chris Nelson and Jinho Shin, Coalition against Typhoid (CaT) Secretariat

GAVI reiterated its support for typhoid Vi conjugate vaccines at the September 2011 Programme and Planning Committee (PPC) meeting. Several groups are currently developing Typhoid Vi Capsular Polysaccharide Conjugate vaccines. Two are under review by national vaccine regulatory authorities. One has completed Phase III clinical trials. Typhoid conjugate vaccine candidates have been shown to be safe and provide high levels of durable protection starting in early childhood and lasting through the high burden school years.

At this time, there are no WHO standards for regulatory evaluation of the quality, safety and efficacy of typhoid conjugate vaccine. To address this, a jointly sponsored KFDA/WHO meeting was convened on 5-7 September 2012 to review the scientific basis for regulatory evaluation of typhoid conjugate vaccines; and to initiate development of WHO guidelines on the quality, safety and efficacy of typhoid conjugate vaccines. Nearly 50 technical advisors, regulatory experts, and manufacturer representatives attended the meeting. The working group focused on guidelines for manufacturing and quality control, nonclinical and clinical evaluation and general considerations.

The final goal of this work is to have WHO’s Expert Committee on Biological Standardization (ECBS) approved Technical Report Series (TRS) guidelines available to facilitate licensing file evaluation by National Regulatory Authorities and the WHO prequalification of typhoid conjugate vaccines.

LAUNCH OF PATH’S NEW WEBSITE - ROTAVIRUS VACCINE ACCESS AND DELIVERY
30/09/2012 from Candace Rosen, PATH

PATH is pleased to announce the launch of its new rotavirus vaccine access and delivery website and rotavirus advocacy and communications toolkit – two essential resources to help accelerate the financially sustainable introduction and implementation of rotavirus vaccines around the world. Check out these resources, and please feel free to share this link with others.

PATH’s new website contains rotavirus advocacy and communication tools and technical rotavirus information including:
- rotavirus disease burden
- rotavirus vaccine efficacy and impact
- PATH’s work in rotavirus (GAVI AVI TAC, RVP, new rotavirus vaccine development)
- country introduction maps (global and GAVI-eligible countries) and an interactive country introduction spreadsheet
- links to RotaFlash (latest edition and archives) and a sign-up page
- an advocacy and communication toolkit (fact sheets, key messages, FAQ, PPT slide sets for country introduction maps and rotavirus vaccine impact tables)
- other resources on rotavirus and diarrheal disease (from GAVI, WHO, DeafeatDD, ROTA Council etc.)
- links to partner websites

We hope you find these new rotavirus resources useful and informative. Please send your feedback on current content and ideas for future content.

NEW GLOBAL VACCINE SAFETY INITIATIVE WEB SITE UP AND RUNNING
30/09/2012 from Hayatee Hasan, WHO HQ

The new Global Vaccine Safety Initiative (GAVI) website goes live on 1 October 2012. The GSI has been established to implement the Global Vaccine Safety Blueprint which was approved by the Strategic Advisory Committee of Experts (SAGE) on Immunization in 2011. The Blueprint is a plan to ensure the safety of vaccines used worldwide over the next eight years and beyond.

The web site outlines actions that will be taken to achieve the eight objectives of the Blueprint – on vaccine safety monitoring, evaluation of safety signals, communication, internationally harmonized tools, regulatory frameworks, global technical support, expert advice, and interaction between stakeholders. The site will be regularly updated with news about activities aimed at achieving these objectives.
Technical Information

LET EVERY CHILD HAVE A NAME: THE ROAD TO A WORLD WITHOUT MEASLES
30/09/2012 from Hayatee Hasan, WHO HQ

At its recent Measles & Rubella Initiative annual meeting held on 18-19 September 2012 in Washington D.C, the Initiative partners unveiled a new exhibit inspired by illustrator Sophie Blackall’s journey to the Democratic Republic of the Congo (DRC) where she learned first-hand about measles and its devastating consequences. The exhibit Let Every Child Have a Name: The Road to a World Without Measles is a series of evocative illustrations colored in Ms Blackall’s charming, insightful style. Viewers can join a pirogue as it travels to a remote village up the Congo river; watch health workers as they carefully map their communities for a measles campaign; and join children as they queue for hours with their families. Families in the DRC suffered the largest measles outbreak in 2011 with more than 135,000 cases and at least 1,500 child deaths. The outbreaks continue this year in areas where children have not had access to measles vaccine which costs only US$1. Measles is especially fatal to children who are malnourished or otherwise have weakened immune systems. For more information, visit this link.

NEW PUBLICATIONS

SUMMARY TABLES OF WHO ROUTINE IMMUNIZATION RECOMMENDATIONS
30/09/2012 from Tracey Goodman, WHO HQ

The “Summary Tables of WHO Routine Immunization Recommendations” have been updated as of 1 Oct 2012 to reflect:

(i) The new WHO Vaccine Position Paper on Hepatitis A (published in WER 13 July 2012);
(ii) The now available French version of Table 3 for Delayed or Interrupted Routine Immunization

The revised version of the Summary Tables can be downloaded in English and French from the WHO website.

Please circulate this message to others who may be interested. The Summary Tables are intended for use by national immunization managers and key decision-makers, chairs and members of national advisory committees on immunization, and partner organizations, including industry.

GAVI UPDATE

Upcoming GAVI application round and review dates

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Country Information by Region

AFRICAN REGION

SOUTH AFRICA: AN ORIGINAL EXPERIENCE ON NEW VACCINE INTRODUCTION AND VACCINE SECURITY V3P SOUTH AFRICA - COUNTRY NEEDS ASSESSMENT
30/09/2012 from Miloud Kaddar, WHO HQ and Sarah Schmitt, WHO Consultant

Since August 2011, Agence de Médecine Préventive (AMP)'s Africhol project has been working to improve data on cholera disease burden and epidemiology in the Democratic Republic of the Congo (DRC).

The eastern provinces, which face continued insecurity and precarious living conditions, are particularly affected by endemic cholera. The Africhol enhanced surveillance zone in DRC is located in Goma on the northern shore of Lake Kivu in the east. From 1 January to 30 June 2012, 940 cases and four deaths were reported (incidence 16.7/10000). This makes DRC the single largest contributor of cases (over half of suspect cases) among the nine countries in the Africhol surveillance network.

The national cholera division (cellule cholera) led by Dr D. Bompangue, the Africhol focal point based at the National Institute for Biomedical Research in Kinshasa, recently published the country's first annual cholera report for 2011 (in French). A total of 21,753 cases (incidence 4.3 per 10,000) and 424 deaths were reported in 2011. The most affected regions were the eastern provinces of Katanga (3230 cases, 52 deaths), North Kivu (5426 cases, 57 deaths) and South Kivu (6389 cases, 35 deaths). The epidemic spread west along the Congo River, causing outbreaks affecting most of DRC throughout the year.

Launched in 2009 with funding from the Bill & Melinda Gates Foundation and implemented through a consortium of participating countries and academic and administrative institutions, Africhol collects data on cholera disease burden in Africa through a network of surveillance sites. These data help decision-makers determine the most appropriate interventions for cholera prevention and control, including vaccination and improvements in water quality and sanitation.

For further information on AMP and Africhol.
Country Information by Region

AFRICAN REGION

PROPOSAL FOR AN INDICATOR TO MEASURE THE CAPACITY OF A HEALTH FACILITY TO PROVIDE LOGISTICS SUPPORT TO THE EPI

30/09/2012 from Attéméné Godiskine, WHO Cote d’Ivoire and Rovira Vilaplana Jose WHO HQ

No global indicator exists to measure the capacity of a health facility to correctly deliver the full range of vaccination services. The most commonly used reference indicator is the one used to measure vaccine storage capacity. However, this indicator provides only a partial view of the overall services delivered by the health structure and of the overall logistics capacities in place (storage, transport and information flow) needed to undertake wide scale vaccination.

In most African countries, the standards for the provision of health services are determined by the Ministry of Health (MoH). Each establishment or facility then applies these standards according to its role within the health system. These standards are defined in the Minimum Package of Activities (MPA) of which vaccination is one element.

We that an indicator be developed, based on the MPA of a facility in the area of vaccination. The data gathered are then supplemented by data from an inventory of logistics infrastructure, in place and functioning at the facility. It is a global indicator, as it brings together two types of data – those related to vaccination activities and the level of means available during a given period of time.

To ensure MPA is effective for vaccination activities, each structure must have a standard minimum amount of equipment, as determined at the national level. In the case of Côte d’Ivoire, the minimum required in order to undertake routine vaccination is: one refrigerator, eight accumulators each with a capacity of 0.3 litre, one generator and two vaccine carriers. This equipment must all be fully functional and not be part of an annual reform plan.

This systematic approach provides a measurable indicator for logistics, to determine the capacity of a health facility to deliver vaccination services relative to its level. The algorithm to calculate this indicator is as follows:

1) Conduct an inventory of the logistic capacities of the health facility concerned; 2) Delete from the inventory any piece of equipment that is not fully functional and/or has reached the end of its life (depreciated capital); 3) For each piece of equipment from the standard list of this facility, calculate the ratio between the quantity on the inventory and the quantity on the list. A ratio of over 100% should be recorded at 100% 4) The value of the arithmetic mean obtained, relates to the amount of available equipment, by means and for facility as a whole, as shown in the table.

This method can be applied to all levels of the health sector by simply combining the data collected 1) By district - by calculating the arithmetic mean of the indicators of all the health facilities in the district; 2) By region - by calculating the arithmetic mean of the indicators of all districts in this region; 3) At the national level - by calculating the arithmetic mean of the indicators of all regions.

Analysis of these indicators then allows: Identification of zones and facilities poor logistics capacity that would have a negative impact on the quality of ongoing or planned vaccination activities; Guidance in developing rehabilitation plans, identifying precisely the zones for priority interventions; Measurement of the impact of a rehabilitation project and identification of where replacement of EPI equipment is needed (zone, district, region or country).

Measurement of the impact of the annual depreciation of the logistics capacities of the facilities and districts (see maps 1 and 2)

Map 1: When this indicator is applied to the districts in Côte d’Ivoire for the year 2012, we find that the average rate of availability of EPI equipment needed to carry out activities is 10% and that only 40% of districts are above this rate.

Map 2: Between 2012 and 2017, if no action is taken, the average rate of availability of EPI equipment in 2017 to carry out activities will be 3% in Côte d’Ivoire, with only 4% of districts above the average recorded in 2012.
SECOND 2012 MEETING OF THE WORKING GROUP ON IMMUNIZATION (WGI) IN WEST AND CENTRAL AFRICA
30/09/2012 from Crepin Hilaire Dadjo, Femi Oyewole (WHO/IST West Africa)

The Second meeting of the Working Group on Immunization whose Terms of reference have newly been revised was held in Ouagadougou, Burkina Faso, from 20-21 September 2012 under the chairmanship of the WHO IST West Africa Coordinator, Dr Oladapo WALKER.

Twenty-two participants were registered from GAVI, AMP, UNICEF/WCARO, SABIN Institute, WHO HQ, AFRO, IST Central and West Africa. PATH was welcomed as a new member of the Group at the meeting.

Points of discussion included Routine Immunization (RI) performance in West and Central Africa from January-July 2012 and lessons learned from EPI reviews in the two epidemiological blocks; updates on the GAVI policy and the Decade of Vaccines (DoV) and their implications in the near future; challenges of surveillance and lessons learnt from reviews; progress and challenges met towards the strengthening of the health system and financial sustainability of immunization services.

Some of the key issues discussed at length ranged from the problems associated with sustainable funding of EPI activities and the functionality of the Inter Agency Coordinating Committees and similar bodies at the country level. The Working Group decided to conduct some studies on these two specific points to learn more so as to empower them, as a consultative body, to better guide and advise the countries.

The IST West Coordinator, Dr Oladapo WALKER, will be chairing the Working Group for the next two years.

The next meeting is scheduled to take place in March 2013 also in Ouagadougou, Burkina Faso.

TRAINING WORKSHOP ON THE USE OF THE IMMUNIZATION AND SURVEILLANCE DATA QUALITY SELF-ASSESSMENT TOOL IN BURUNDI
30/09/2012 Auguste Ambendet, WHO IST Central

The training workshop on the use of the Immunization and surveillance Data Quality Self-Assessment (DQS) Tool took place in Kayanza from 11-14 September 2012. Four EPI staff, 17 provincial directors and 45 head-doctors of health districts participated in this workshop. The WHO IST Central team supported this workshop in collaboration with the Director of Planning and the Director of the national programme fighting against AIDS (both former directors of EPI in Burundi) at the Ministry of Health (MoH).

This tool was first used in April 2006. Taking into account the changes, at the head of the national immunization programme as well as the health districts, the MoH, in the frame of strengthening activities and enhancing immunization data quality, has requested support from WHO to conduct this workshop. The main objective of this activity was to improve the monitoring system of immunization activities and immunization data quality. More precisely, it was to increase the awareness of health staff to the importance of thoroughly monitoring immunization activities and data quality; train staff to use DQS and adapt the tool to their regional context; and prepare recommendations in order to incorporate the DQS in the national immunization programme.

The objectives of the meeting were met, and the adopted tools will be adapted and used for efficient immunization data collection. This tool will be used to improve the training supervision.

Participants recommended to the EPI in Burundi to revise the supervision guide being used building on the questionnaire used to evaluate the data quality as it offers more opportunities for training supervision; make available the charts of the follow-up of administered doses/abandons and strategies for their tracing in all immunization centres; generalize the use of DQS in all health districts by December 2012.
Country Information by Region

AFRICAN REGION

VACCINATION DATA DISCUSSED IN OUAGADOUGOU, BURKINA FASO
30/09/2012 from Crepin Hilaire Dadjo, Femi Oyewole (WHO/IST West Africa)

The role of accurate data in taking decisions and driving a programme cannot be over-emphasized; even more so in a programme such as providing immunization services with a view to eradicating, eliminating or controlling vaccine-preventable diseases like polio, neo-natal tetanus, measles, yellow fever, pertussis and so on. This was one of the reasons to inform the annual orientation of data managers of countries within the West African WHO sub-region.

This year, the orientation was held in Ouagadougou, Burkina Faso, from 10-14 September, 2012. Quality data issues, data sharing, harmonization of modules for data management were discussed in depth. Practical exercises and refresher courses were delivered on “EPI Info”, and “EPI Map”. Participants included 24 participants drawn from Burkina Faso, Cote d’Ivoire, Ghana, Guinea, Guinea Bissau, Niger, Nigeria, Sierra Leone and Togo.

AMERICAS

MEETING ON THE CURRENT STATUS OF YELLOW FEVER IN THE REGION OF THE AMERICAS
30/09/2012 from Alba Maria Ropero, Martha Velandia and Pamela Bravo, PAHO

From 10-14 September 2012, a meeting was held in the city of Bogota, Colombia. The objectives of the yellow fever meeting were to provide an update on the prevention and control of the disease, diagnosis methods, research and management of adverse events, as well as crisis management and risk communication. Participants also reviewed the epidemiological situation of yellow fever in the Americas, outbreaks in selected countries, and vaccination plans for yellow fever.

The meeting was attended by 50 representatives from 12 of the 13 countries considered at risk for this disease in the Region. Also in attendance were global experts on yellow fever such as Dr Thomas Monath of the United States, Dr Pedro Vasconcelos of Brazil, Dr Hernando Groot and Dr. Jorge Boshell of Colombia. These experts were part of a scientific panel conducted to discuss the latest advances in diagnosis, prevention and control of yellow fever, as well as the development of new vaccines.

During the week, work groups were organized to review different case studies on Events Supposedly Attributable to Vaccination or Immunization (ESAVI) that occurred in the Region. The event also offered participants tools to work with different forms of communication in managing crisis caused by ESAVIs. Likewise, vaccination plans for yellow fever in the Region were reviewed, identifying gaps in vaccination and prioritizing vaccination in high risk areas.

All materials revised during this workshop will be posted on the web.
Country Information by Region

AMERICAS

VACCINATION: AN ACT OF LOVE, TEN YEARS OF VACCINATION WEEK IN THE AMERICAS - BOOK LAUNCHING
30/09/2012 from Hannah Kurtis and Alba Maria Ropero, PAHO

A new PAHO coffee table book entitled, Vaccination: An Act of Love — 10 years of Vaccination Week in the Americas, was launched on 18 September 2012 during the 28th Pan American Sanitary Conference.

Through multiple chapters and hundreds of colorful photographs, this book documents the evolution of Vaccination Week in the Americas (VWA) over the last decade, as well as the organization and planning of the initiative, VWA-related results, and the expansion of similar initiatives to other WHO regions, which resulted in the first celebration of World Immunization Week this year.

PAHO Director Emeritus, Sir George A.O. Alleyne presented the book to the Member States in attendance, commenting that VWA has been instrumental in putting immunization on the political agenda by involving presidents, first ladies, other authorities, and celebrities from throughout the Americas in its activities. He called on ministers of health “to ensure that the tree that was planted in 2003 keeps growing” every year. “Let us never allow the world to forget this celebration, which is an act of love. Vaccination is an act of love,” he added.

Dr Alleyne’s comments were followed by those of the Minister of Health of Barbados, the Honorable Donville Inniss. Mr Inniss noted that Vaccination Week in the Americas had helped consolidate the Region’s many immunization achievements, but he added that, “we cannot rest on our laurels. Every child, every adult must be vaccinated as part of their basic human rights. The battle must go on.” At the conclusion of his speech, Mr Inniss was presented with the book by Dr Alleyne, PAHO Director, Dr Mirta Roses Periago, and immunizations pioneer, Dr Ciro de Quadros, which Mr Inniss accepted on behalf of all Member States in the Region. WHO Director-General Dr Margaret Chan also participated in the event.

EMERGENCY PLAN OF ACTION TO MAINTAIN THE AMERICAS FREE OF MEASLES, RUBELLA, AND CONGENITAL RUBELLA SYNDROME
30/09/2012 from Carlos Castillo-Solorzano and Katri Kontio, PAHO

On 20 September 2012, ministers of health of the Region approved an emergency plan of action to keep the Americas free of measles, rubella, and congenital rubella syndrome (CRS) at the 28th Pan American Sanitary Conference. Given the continuing circulation of measles and rubella viruses in other regions of the world, countries of the Region continue to be exposed to high risk of virus importations. Moreover, some countries have reported weaknesses and failures in their national surveillance systems and routine immunization programmes, making them vulnerable to the reintroduction of viruses that can cause outbreaks.

The emergency plan of action was formulated for the next two years to address weaknesses identified in the immunization and surveillance programmes during the process to document and verify measles and rubella elimination. To sustain and build on this elimination achievement, PAHO has urged Member States to maintain high-quality, elimination-standard surveillance and high population immunization coverage against measles and rubella (>95%). Full implementation of intensified vaccination activities to maintain elimination status will be essential to ensure high immunization coverage, especially in areas that have susceptible populations. As part of the emergency action plan, countries should integrate the proposed activities for maintaining measles, rubella, and CRS elimination in their annual plans of action for national immunization programmes.

During the discussion of this topic at the Pan American Sanitary Conference, countries of the Americas advocated for global measles elimination.
Country Information by Region

**AMERICAS**

**COLOMBIA INTRODUCES HPV VACCINE INTO NATIONAL IMMUNIZATION SCHEDULE**

30/09/2012 from Diego Garcia, Colombia EPI and Cristina Pedreira, PAHO Colombia

In August 2012, Colombia’s Ministry of Health and Social Welfare introduced the human papillomavirus (HPV) vaccine into its national immunization schedule in order to significantly reduce the incidence of cervical cancer. Following an analysis of the current evidence available and a cost-effectiveness study of HPV vaccines, the MoH’s National Immunization Technical Advisory Group (NITAG), along with the Colombian Federation of Obstetrics and Gynaecology, the Colombian Society of Paediatrics, the Colombian Federation of Perinatology, the National Institute of Health and the National Institute of Oncology, agreed to recommend including the HPV vaccine in its national immunization schedule.

The introduction of the vaccine will occur in two phases. The first phase took place in August 2012, for girls in public and private schools, who are in fourth grade and are nine years of age or older at the time of vaccination. The second phase will begin in February 2013, for girls not attending school in urban and rural areas (populated and difficult access areas). The planning should take into account the demographic, geographic and cultural needs of each locality to implement strategies that guarantee compliance with the three-dose schedule.

The integrated approach to the use of the HPV vaccine (primary prevention), in addition to screenings for early detection of preneoplastic and neoplastic lesions of the cervix (secondary prevention), will significantly reduce the incidence of cervical cancer in Colombia, in the coming decades.

**LATIN AMERICAN COUNTRIES PARTICIPATE IN THE MEETING OF THE AMERICAN IMMUNIZATION REGISTRY ASSOCIATION (AIRA)**

30/09/2012 from Carolina Danovaro, PAHO

Representatives from Brazil, Chile, the city of Bogotá-Colombia, Honduras and Uruguay presented their experience developing and using their computerized immunization registries at the first national meeting of the American Immunization Registry Association (AIRA) in St Paul, Minnesota on 19-20 September 2012. Also, a representative from the Immunization Programme of the Pan American Health Organization (PAHO) was invited to present an overview of the status of implementation of national immunization registries in Latin America.

Under the theme “Immunization Information Systems: connect, exchange, advance”, the AIRA meeting brought together over 250 members of the Immunization Information Systems (IIS) community from 44 states and six territories of the United States, as well as representatives from eight countries, and many partner organizations. The objectives of the meeting were to provide a venue for the IIS community to connect with peers and partners, exchange ideas on topics like data quality vaccine accountability, project management, and new IIS functionalities, and advance the collective best practices on IIS.

Several countries of the Americas are using, implementing or developing computerized national immunization registries. PAHO is providing support to Member States on immunization registries, in efforts to improve data quality, following the recommendation given by its Technical Advisory Group (TAG) on Vaccine-preventable Diseases. These recommendations call for PAHO to continue documenting and facilitating the exchange of experiences on the development and implementation of computerized immunization registries, while working in coordination with other sectors and initiatives related to e-government, information and communication technologies, birth registration, among others.
Country Information by Region

EASTERN MEDITERRANEAN REGION

TWENTY-SEVENTH INTER-COUNTRY MEETING OF NATIONAL MANAGERS OF THE EPI IN THE EASTERN MEDITERRANEAN REGION
30/09/2012 from the Vaccine Preventable Diseases and Immunization (VPI) Unit, EMRO

The 27th biennial inter-country meeting of national EPI managers of the Eastern Mediterranean Region was held in Sharm El Sheikh, Egypt from 16-19 September 2012. The meeting was attended by national EPI managers, chairpersons of NITAGS from member states and technical staff from partnering agencies including WHO, UNICEF, GAVI, Centers for Disease Control and Prevention (CDC), Network for Education and Support in Immunization (NESI), Agence de Médecine Préventive (AMP) and Sabin Vaccine Institute.

The objectives of the meeting were to review the situation of the EPI and progress towards achieving the targets; to discuss recent advances in new vaccines and technologies: progress, constraints and the challenges facing their use; to discuss progress towards polio eradication: achievements, constraints and way forward; to brief EPI managers on recent recommendations, tools and technologies for strengthening EPI; to discuss progress in the development and the function of the NITAG and its role for supporting EPI.

The meeting was opened by EMRO Regional Director (RD) Dr Ala Alwan’s address; as a comprehensive review of WHO EMRO’s support and important work areas on national EPIs. EMRO RD also announced that annual reporting on EPI activities will be a permanent item on the Eastern Mediterranean Regional Committee’s agenda starting from 2013.

INTER-COUNTRY MEETING ON MEASLES AND RUBELLA ELIMINATION IN THE EASTERN MEDITERRANEAN REGION
30/09/2012 from the Vaccine Preventable Diseases and Immunization (VPI) Unit, EMRO

The Regional Office for the Eastern Mediterranean (EMRO) held an inter-country meeting on measles and rubella elimination from 22-25 September 2012 in Sharm El Sheikh, Egypt. The invited participants were national EPI managers, national officers for measles surveillance and national officers responsible for lab surveillance of measles and rubella from all member states, as well as other representatives from partnering agencies.

The objectives of the meeting were to review progress towards achieving measles elimination; to review progress towards achieving measles and rubella surveillance performance indicators; to review measles elimination validation process in the countries near elimination; to update the laboratory and surveillance focal points on new advances in techniques and technology of lab-based measles and rubella surveillance; to brief the EPI managers on outcome of regional consultation on Rubella/CRS elimination; to update the national plans for achieving measles and rubella/CRS elimination.

MEETING OF THE CHAIRPERSONS OF THE NITAGS IN THE EASTERN MEDITERRANEAN REGION
30/09/2012 from the Vaccine Preventable Diseases and Immunization (VPI) Unit, EMRO

The meeting of the chairpersons of NITAGs in the Eastern Mediterranean Region was held in Sharm El Sheikh, Egypt on 20 September 2012. The invited participants were the NITAG chairpersons from all Member States and RTAG members, as well as other representatives from partnering agencies.

The objective of the meeting was to update the NITAG chairperson and Regional TAG members on the regional progress and constraints facing EPI and the expected role of NITAG for supporting EPI.
**Country Information by Region**

**EUROPEAN REGION**

**V3P MISSION TO LATVIA TO EXCHANGE INFORMATION ON VACCINE POOLED PROCUREMENT**

30/09/2012 from Sarah Schmitt, WHO Consultant

The V3P project is very interested in some of the innovative approaches being taken by MIC in relation to vaccine procurement. One such approach is the Baltic States pooled vaccine procurement activities which are currently being implemented in Estonia, Latvia and Lithuania. The Latvian government kindly invited the V3P project to conduct a mission to learn from their experiences and exchange information on vaccine product, price and procurement. The mission team included members from WHO HQ, UNICEF Supply Division and WHO EURO. The team benefited greatly from the support of the WHO country office.

The new pooled procurement activities in the Baltic states is currently in the development phase, agreement has been reached between the countries to proceed and they are now working through the technical details of the arrangement. The intention is to take small steps starting with a select few vaccines which are common across all three countries.

In terms of implementing pooled procurement the three countries face a number of challenges which they will address through various expert committees currently being established. The mission provided an opportunity to exchange information on some of the considerations made by other when embarking on pooled procurement activities.

Some of the key considerations included the harmonization of vaccines, presentations and characteristics utilized by the group; differing regulatory requirements and enhancing competition; differing tender methods, contracting terms and conditions; supply chain and point of delivery differences; financial requirements, Payment terms, Currency, Foreign Exchange and Tax; and many other technical aspects…

Pooled Procurement is not a short term activity, it requires strong commitment from all parties. It is a consultative process requiring considerable thought, debate, a willingness to change and be flexible to optimize opportunities. It also requires weighing up the benefits and risks and managing expectations of all the stakeholders. Latvian officials who are leading the activities of the pool in procurement are certainly addressing these.

GEORGIA: V3P PROJECT COUNTRY NEEDS ASSESSMENT, GAVI GRADUATING COUNTRY TRANSITION PLANNING AND VACCINE PROCUREMENT ASSESSMENT MISSION

30/09/2012 from Sarah Schmitt, WHO HQ Consultant

In July 2012 a team comprised of WHO HQ Consultants, WHO EURO, UNICEF Supply Division, GAVI Secretariat conducted a combined mission with support for the WHO and UNICEF country offices in Georgia. The mission had an ambitious three-fold objective to conduct a GAVI Graduating Country review and draft a country transition plan; a V3P country needs assessment with regards to use of vaccine data and information; and a review of current vaccine procurement arrangements providing advice on future plans.

The Georgia health system is engaged in a process of considerable reform implementing a new government Health Insurance system for target groups including all children under six years. The team noted the following strengths in the immunization system: Political commitment and prioritization of the national immunization programme to support the achievement of the MDG’s; Georgia is taking advantage of opportunities such as GAVI funding before graduation and access to the Advanced Market Commitments (AMC); funding for immunization is an explicit part of the new government financed insurance system; essential functions of the immunization programme are centralised.

The team also identified a number of challenges and recommendations for officials to consider including in relation to financial planning to ensure sustainability of the current and future plans in the EPI programme; procurement options through both UNICEF SD and self-procurement; monitoring of programmatic performance particularly during the period of transition and reform; perceived quality assurance issues and maintaining high public confidence in the EPI programme, particularly enhancing the activities of the NRA and advocacy; Co-ordination of activities clearly defining roles and responsibilities of stakeholders; the benefit of engaging stakeholders in the decision-making process in a broad and inclusive manner.
Country Information by Region

SOUTH EAST ASIA REGION

INDIA MAKES PROGRESS TOWARDS MNT ELIMINATION
30/09/2012 from Satish Kumar Gupta, UNICEF, India

India as one of the priority countries for Maternal and Neonatal Tetanus (MNT) elimination started its effort in 2003. As the country is geographically vast with heterogeneous and diversified culture and health seeking behaviour, it was decided to review the MNT status by individual states. A total of 15 out of 35 states/Union Territories (UTs) have been validated through data review and Lot Quality Assurance (LQA) survey between 2003 and 2008.

The Government of India has invested significantly on improving the clean and institutional delivery in the last few years – one of the core strategies to achieve and sustain MNT elimination. The initiative is further accelerated through various conditional cash programme such as Janani Suraksha Yojna (JSY) and Janani Shishu Suraksha Karyakram (JSSK) where all expenses related to hospital delivery including transportation from and to home are borne by the Government. These initiatives have improved deliveries in health centres and hospitals. Additionally, India continues to provide Tetanus Toxoid (TT) vaccine to all pregnant women and carries out school TT vaccination during adolescent age group.

In August 2012, Ministry of Health and Family Welfare (MoHFW), WHO, UNICEF and partners such as Maternal and Child Health Integrated Programme (MCHIP), Immunization Technical Support Unit (ITSU) and National Institute of Health and Family Welfare (NIHFW) reviewed data from four states – Delhi, Mizoram, Odhissa and Uttarakhand. The data included both reported and survey coverage of MNT high risk indicators. The main purposes of the exercise were to assess if the states are at low risk for MNT and to identify the districts to conduct surveys to validate MNT elimination in those states. The data review showed that two states Odissa and Uttarakhand will require field visit for final recommendation to conduct survey. It was decided that LQA surveys will be conducted in November 2012.

The participants acknowledged that few states have achieved elimination status few years ago, so it was decided to review data of those states to ensure that status is maintained.

REGIONAL EFFECTIVE VACCINE MANAGEMENT (EVM) AND COLD CHAIN & LOGISTICS (CCL) TRAINING WORKSHOP, KATHMANDU, NEPAL
30/09/2012 from Solo Kone, WHO HQ, Nurdin Kadyrov, Srihari Dutta, Dmitri Davydov, UNICEF NY and Yin Yin Aung, UNICEF ROSA

The regional EVM and CCL training was organized by UNICEF Regional Office for South Asia in collaboration with UNICEF and WHO HQ on 28 August-2 September 2012. A total of 27 participants from MoHs and UNICEF country offices from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka attended the training. The training was delivered over five days with a one half-day field assessment at national cold store, district cold stores and health facilities, and one day training on cold chain inventory.

The training was designed to provide an opportunity for senior MoH managers to learn from each other’s country experiences and appreciate the value of EVM and improvement planning process in terms of national health systems strengthening.

Encouraged by the positive feedback, WHO and UNICEF are planning to increase the number and frequency of regional training events with special emphasis on EVM improvement planning.

“Protecting more people in a changing world”

AEFI = Adverse Event following Immunization
CRS = Congenital Rubella Syndrome
EPI = Expanded programme on Immunization;
EVM = Effective Vaccine Management
HPV = Human Papillomavirus
HQ = Headquarters
IST = Inter Country Support Team;
MIC = Middle Income Countries
MNT = Maternal and Neonatal Tetanus
MoH = Ministry of Health;
NITAG = National Immunization Technical Advisory Group
NRA = National Regulatory Authority
WHO = World Health Organization
Country Information by Region

WESTERN PACIFIC REGION

EIGHTY-SIX PERCENT (86%) DECLINE IN MEASLES CASES BRINGS WESTERN PACIFIC REGION CLOSE TO MEASLES ELIMINATION

30/09/2012 from Hayatee Hasan, WHO HQ

Measles cases are at an historic low in the Western Pacific Region and it is making excellent progress towards eliminating the measles virus, according to the founding partners of the Measles & Rubella Initiative. Efforts to reach more children with measles vaccine have rapidly reduced measles cases in the Region by 86 percent between 2008 and 2011. China, which accounts for 75 percent of the region’s population, has reported a 92 percent drop in cases as a result of its nationwide measles immunization effort. These findings were confirmed at a recent meeting of the Western Pacific Region’s TAG for immunization. The TAG found that 32 of the 37 countries and areas in the region might already be free of endemic measles.

Countries that have made rapid progress against measles are Cambodia, China, Japan, Laos, Philippines and Viet Nam. Data presented to the TAG meeting showed how Cambodia, for example, made efforts to identify communities at highest risk of measles, prioritize them during measles campaigns in 2011, and improve their access to routine immunization services. These high-risk communities include ethnic minorities and people living in remote areas with limited access to regular health services. For more information, visit this link.

EXPAND THE NETWORK

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### Regional Meetings & Key Events Related to Immunization

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<td>Expert Committee on Biological Standardization</td>
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<td>GAVI Sub-Regional Working Group for East and Southern Africa</td>
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<td>AFRO Regional Committee</td>
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<td>Thirteenth Annual General Meeting of Developing Countries Vaccine Manufacturers Network (DCVMN)</td>
<td>31-Oct</td>
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<td>Strategic Advisory Group of Experts (SAGE) on immunization</td>
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<td>EMRO Global Action Plan for Prevention and Control of Pneumonia (GAPP)</td>
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<td>Global Vaccine Safety Initiative Meeting</td>
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<td>Global Vaccine Safety Initiative, planning group Meeting</td>
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<td>Pre-GACVS and Global Advisory Committee on Vaccine Safety (GACVS) meetings</td>
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<td>GAVI Partners' Forum</td>
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<td>07-Dec</td>
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<td>Annual Regional Conference on Immunization (ARCI) and the Annual African Regional Inter-Agency Coordination Committee</td>
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<td>13-Dec</td>
<td>Dar-es-Salaam, Tanzania</td>
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<td>Regional consultations on new vaccine introduction and the polio end game</td>
<td>11-Dec</td>
<td>14-Dec</td>
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<td>8th International Conference on Typhoid and Other Invasive Salmonelloses</td>
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## Links Relevant to Immunization

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

### 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

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

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

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