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Telling and inspiring Images: Vaccination in Haiti, a protective Shield for infancy
31/08/2013 from Harold Ruiz, Sebastian Oliel and Pamela Bravo, PAHO

Photographic reports are an extremely useful tool for sharing information about immunization — or any health matter — in a quick, concrete and aesthetically pleasing way. The photos bring a sense of life to facts, putting faces and images to the successes and actions taken by public health, as well as the challenges faced. They ease information absorption and are an effective vehicle for promotion and advocacy.

To this end, the Pan-American Health Organization/World Health Organization (PAHO/WHO) created a photographic report illustrating the efforts recently made to strengthen the immunization programme in Haiti. Among other successes, the images express how the immunization services have been reorganized, health personnel enabled, the pentavalent vaccine introduced, coordination among strategic partners strengthened. The report was introduced earlier this year during the festivities surrounding “Vaccination Week in the Americas” in Haiti, and has been shared on websites, social networks and other media platforms, becoming a powerful voice for vaccination promotion and advocacy in Haiti.

Creating a photographic report is relatively easy. The author needs several pictures that can be related to one another in a story line, that show variety and different perspectives, and a text rich in information and data that can provide the photos the context they need to be understood.

This photographic report is available in English and Spanish at this link.

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Project Optimize wraps up
31/08/2013 from Michel Zaffran, WHO HQ

Project Optimize was a unique five-year collaboration between the World Health Organization and PATH to identify ways in which supply chains can be optimized to meet the demands of an increasingly large and costly portfolio of vaccines. The overarching goal was to generate momentum to move the immunization world closer to an ideal vaccine supply chain that supports stronger, more adaptable, and more efficient logistics systems, extending the reach of lifesaving health technologies to people around the world. Optimize organized its work around three objectives:

1. Innovate—create an environment more conducive to innovation in both products and processes.
2. Demonstrate—generate more evidence on new ideas about supply chains and how they work.
3. Facilitate—inspire partner organizations and governments to invest in supply chain improvements over the long term.

Because the work conducted in each area is sometimes hidden from view, GIN readers can click links below to learn more about each activity, results, and future work in that area.

Innovate

In the area of innovation, Optimize helped re-establish the Vaccine Presentation and Packaging Advisory Group, which created the first generic Preferred Product Profile for vaccines. This work informed WHO’s Programmatic Suitability for Prequalification guidance on vaccine products. Following an assessment of gaps in types of cold chain equipment available, Optimize challenged cold chain companies to develop battery free solar refrigerators, long-life cold boxes, and large-capacity cold boxes. WHO now has new specifications for the prequalification of these new types of products and countries have started to field-test new products.

Demonstrate

In collaboration with countries, Optimize documented experiences with new supply chain processes and systems including integrated supply chains, mobile warehouse delivery systems, use of MenAfriVac™ in a controlled-temperature chain during a campaign, carbon-neutral supply systems, and several different types of immunization information systems.

Facilitate

Immunization partners have agreed on a vision for vaccine supply and logistics systems in 2020 and developed a plan of action for its implementation. These efforts have generated momentum toward longer-term commitments from partner agencies and governments to invest in supply chain system improvements and product innovations over a longer time horizon. For example, the GAVI Alliance is working on an end-to-end supply chain strategy to complement new vaccine introductions. The World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) have also started working together on a major project to help countries make informed operational and strategic decisions about their supply chain systems following Effective Vaccine Management assessments. Nonprofit, government, academic, and industry partners, including PATH, Agence de Médecine Préventive, People that Deliver, the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, John Snow Inc., the University of Pittsburgh, VillageReach, Logistimo, OpenLMIS, the Developing Countries Manufacturers Network, as well as UNICEF, and WHO have on-going programmes to tackle issues related to vaccine products, supply system design, information systems, human resources, and equipment.

As Optimize closes its books this month, we are happy to see that work in these areas will continue and that countries will be supported as they strive to manage larger and more complex immunization programmes.

To learn more about lessons learned through the Optimize effort and resources available, please visit our PATH and WHO websites.
PAHO partners with Vaccine Ambassadors to increase the availability of life saving vaccines in Haiti
31/08/2013 from Elizabeth (Liz) Thrush, PAHO

The Pan American Health Organization (PAHO) recently partnered with Vaccine Ambassadors to mobilize resources to fund routine immunization needs in Haiti.

Vaccine Ambassadors LLC, under the Fund for Children and Youth, a nonprofit organization, is an innovative partnership between parents and healthcare providers in the United States. Parents visiting their paediatricians’ office are offered the opportunity for their children to become a Vaccine Ambassador. A small contribution is collected during their visit to purchase vaccines for children. Therefore every time their child receives health care another child in the world can benefit as well.

Jackie Kaufman, RN, MN, the co-founder and Executive Director of Vaccine Ambassadors, states, “By engaging both parents and their children, we hope that the Vaccine Ambassadors programme will not only fill an important healthcare need, but will also help parents to teach their children the value of global giving at every age.”

Dr Jon Andrus, Deputy Director, PAHO adds, “From an individual family basis, each donation may be small but in total they add up to enormous lifesaving opportunities. In that context the old African proverb is actually quite fitting, something to the effect of, ‘One strand of a spider’s web is weak, but woven together can trap a lion’”.

The vaccines will be purchased through PAHO’s Revolving Fund (RF) for Vaccine Procurement. To find out more about Vaccine Ambassadors.

Strengthening immunization communication: Formative research, national strategy and plan of action
31/08/2013 from Galina Solodunova, UNICEF Kyrgyzstan

UNICEF Kyrgyzstan conducted formative research to analyze the behavior of parents towards immunization. The objective was to identify the reasons behind the approximately 5% of the country’s target population remaining unimmunized. Groups targeted by the research included pregnant women, mothers or caregivers of newborns, mothers resisting immunization, mothers in difficult life situations, members of religious denominations, mass media representatives and health workers.

It was found that mothers who regularly visited health facilities, received satisfactory and reliable information from health staff, and reached credible information through printed material and TV were more likely to get their children vaccinated. The following reasons for vaccination refusal have been noted by respondents: Lack of complete information on vaccination; Religious beliefs; Incompetence of doctors when providing information; Ban by the relatives; Strong conviction that the vaccine is simply a means used by pharmaceutical companies to make profit; Belief that vaccination is a medical experiment on children; Firm opinion that an example of a healthy generation of ancestors who did not use vaccines should be followed; Negative experience of vaccination; Belief that vaccination is not an effective way of protecting children from infectious diseases; Change of the place of residence; Barriers to obtaining vaccinations; and Enjoying the right to choose after a long period of compulsory vaccination.

The results formed the basis for the development of a communication strategy to raise awareness in the population about the importance and necessity of immunization. The National Strategy on Immunization Communication and the associated Plan of Action have been developed in collaboration with the Republican Center of Immunoprophylaxis and the Republican Center of Health Promotion. Efforts to mobilize funds for specific activities are ongoing, including integrating the plan with the upcoming GAVI Health System Strengthening (HSS) proposal.

For further information, please contact Galina Solodunova, Communication Officer, UNICEF Kyrgyzstan.
The Gambia introduces rotavirus vaccine into routine immunization services
31/08/2013 from Crépin Hilaire Dadjo, WHO Inter-Country Support Team for West Africa and Momodou Gassama, WHO Gambia

Nearly 300 Gambian children under five years die every year of Rotavirus, the leading cause of moderate to severe diarrhoea in children in the country. In effect, Rotavirus accounts for about 1/3 of all under five diarrhoeal deaths and diarrhoeal disease hospitalizations in The Gambia (WHO, 2008 rotavirus deaths, under 5 years of age, as of 31 January 2012). The burden of this child killer was recently confirmed by the Global Enteric Multicenter Study, a comprehensive three-year global study conducted in seven study sites around the world including sites in Basse, The Gambia (Cf. Kotloff K. et al, The Lancet, 2013).

In a bid to fight against the diarrhoeal diseases in the country, the Ministry of Health and Social Welfare (MoHSW) of the Gambia formally introduced on 14 Aug 2013 the Rotavirus vaccine into the national immunization programme. Deputizing the Minister of Health at the launching ceremony held at the Kanifing Municipal Council Headquarters, the Permanent Secretary in the MoHSW, Mrs Matilda Buoy, described the event as historic and a demonstration of the Gambia’s commitment to fostering child survival initiatives. At the end of the ceremony some children were vaccinated, marking the official introduction of the new vaccine into the EPI.

The introduction of the 11th antigen into the Gambia’s routine immunization schedule was done thanks to the financial support from GAVI, and technical assistance from WHO and UNICEF.

Piloting the Vaccine Adverse Events Information Management System’ (VAEIMS) software in Sri Lanka
31/08/2013 from Ananda Amarasinghe, Ministry of Health, Sri Lanka

The Global Vaccine Safety Initiative (GVSI) is the implementation mechanism for the Global Vaccine Safety Blueprint. One of the strategic objectives of the Blueprint is to develop internationally harmonized tools and methods to support country vaccine safety activities.

The Vaccine Adverse Events Information Management System (VAEIMS) is a software tool developed by the International Vaccine Institute (IVI) with technical guidance from WHO to transfer data on adverse events following immunization (AEFI) from the periphery of the health care system, efficiently and accurately into a central database for processing and conversion of raw data to information for action. VAEIMS has been ingeniously designed to incorporate the 22 core variables that are required for AEFI reporting and made user friendly so that countries can integrate it into their own existing health information systems with minimal changes.

When VAEIMS was demonstrated in Sri Lanka by a team from IVI/WHO in July 2013, Sri Lanka expressed interest in piloting VAEIMS and incorporating some of its features into its own Web Based Immunization Information System (WEBIIS) which is currently being piloted. VAEIMS appears to be tailor-made to the Sri Lanka context and ready to be deployed immediately with minimum training. The country has decided that during the interim period until WEBIIS becomes full-fledged, VAEIMS will be used at the national level to pilot national data entry, data analysis and conversion of information for action.

VAEIMS will also be piloted to transfer data from the national database to Vigibase. The potential for WEBIIS being made E2B compatible soon for global sharing of AEFI data was a feature that was considered important by the MoH. Sri Lanka is the first country to test the beta version of VAEMIS and pilot testing has commenced in August 2013.
Supporting communication for pneumococcal vaccine introduction
31/08/2013 from Ayna Mollazade, UNICEF Azerbaijan

UNICEF Azerbaijan has provided technical assistance on communication to the Ministry of Health (MoH) for the upcoming PCV10 introduction. The first phase of the support included a consultancy to conduct small-scale formative research and a series of in-depth interviews to identify knowledge, attitudes and practices about immunization in general and PCV in particular. Key informants of the research were mothers of children less than two years of age, mothers refusing vaccination for their children, mothers-in-law, health providers from state run and private clinics, representatives of media and Non-governmental Organizations. Findings revealed a growing number of parents questioning the necessity or safety of vaccines, the traditional role of grandmothers in decision-making in the family, lack of information about PCV among the public, the role health workers as the key source of information, the increasing role of the private health sector, and the tendency of media to focus mainly on the negative news about vaccines as key issues contributing to children remaining unimmunized.

Based on the research findings, a communication strategy for the smooth introduction of PCV as part of the routine immunization programme was developed with the national focal persons, as well as key messages for each target group. Informational materials for parents, doctors and journalists have been prepared for printing and dissemination.

The strategy also includes longer-term activities aiming to strengthen the health communication capacity of the government institutions, such as the establishment of a communication unit and regular communication mechanisms with the public and media. Also based on the high internet access in the country, MoH will be supported to improve its website providing credible information sources to the public on vaccines and immunization.

For further information, please contact Ayna Mollazade, Communication Officer, UNICEF Azerbaijan.

New case studies on Viscerotropic Disease following Yellow Fever Vaccination
31/08/2013 from Pamela Bravo, Hannah Kurtis, Alba Maria Ropero, and Martha Velandia, PAHO

PAHO has recently launched a set of case studies on viscerotropic disease (VTD) following immunization against yellow fever, in order to familiarize health personnel with case definitions and with the epidemiological investigation of VTD. The case studies were built based on the experiences surrounding a cluster of VTD cases that occurred in Peru in 2007, following a yellow fever vaccination campaign. These case studies are meant to be used during training workshops with countries under the supervision of experts in immunization, epidemiological surveillance, laboratory and clinicians familiar with yellow fever.

The case studies review all the main steps needed for a prompt notification and high-quality investigation of a suspect VTD case, including crisis prevention and management. The case studies also include the revised Brighton Collaboration’s definitions for VDT, which distinguish between the clinical diagnosis of VTD and its association with yellow fever vaccination. As a result, the diagnosis of VTD must first be made and then a causality algorithm is employed to evaluate the case’s relationship to vaccination.

The methodology employed in going over the case studies allows participants to assume a protagonist role in a complex real-world situation, simulating the day-to-day activities carried out during the notification and investigation of events supposedly attributable to vaccination and immunization (ESAVI), in addition to crisis management. By discussing the case studies, participants will be able to confront many challenging issues firsthand, while also learning from the viewpoints of fellow participants.

The case studies were extensively reviewed during a yellow fever workshop held in 2012, attended by representatives from 12 of the 13 countries considered at high risk for this disease in the Americas (See “Meeting on the Current Status of Yellow Fever in the Region of the Americas” page 9, GIN September 2012).

The case studies are available in Spanish and English and include manuals for both a facilitator and participants. They can be accessed at this link.
**Vaccine Product, Price and Procurement Project (V3P) supports Thailand**

31/08/2013 from Sarah Schmitt, WHO Consultant and L. Homero Hernandez, WHO SEARO

Thailand, along with other countries, has agreed to pilot the development of three platforms within the V3P project: (1) A database with country price and procurement data; (2) An information platform with new information produced by the V3P project; and (3) A links hub to other sources of information on vaccine product, price and procurement. The pilot countries will be part of an effort to test and ensure the end products address country needs. Following a country needs assessment conducted in 2012, a visit to Thailand was organized during the last week of July 2013 to clarify the context around vaccine procurement and to ensure specific country interests were understood as part of developing the platforms to better meet country needs. Discussions and interviews were held with various stakeholders including the EPI management team, Food and Drug Administration (FDA), National Health Security Office (NHSO), Government Procurement Office (GPO) and the Faculty of Pharmacy.

Feedback on many of the discussion points raised by the Thai counterparts repeatedly emphasized the lack of vaccine market and pricing information as a source of major concern and contributor to slow introduction of new vaccines. EPI staff as well as other stakeholders were optimistic V3P would help understand the complexity of such dimensions and overcome some of these concerns through access to more reliable information and the new tools presented. Follow up actions agreed at the conclusion of the visit are: (1) Finalize data collection and clean up through continued electronic communications; (2) Inviting Thailand to nominate key participants for a workshop to present the tools and information platforms for future utilization; and (3) Continued high-level advocacy to highlight middle-income country pricing and supply concerns through various opportunities.

**WHO annual accreditation visit to national and subnational (provincial) polio and measles/rubella laboratories and national Japanese encephalitis (JE) laboratory in China**

31/08/2013 from Youngmee Jee, WHO Western Pacific Regional Office

In August, in collaboration with the US CDC and China CDC, WHO conducted the on-site review for annual accreditation of WHO regional reference laboratories for poliomyelitis, measles/rubella and JE in the Chinese Center for Disease Control and Prevention (China CDC), and of eight provincial polio and measles/rubella laboratories in Beijing, Guangdong, Guangxi, Hebei, Heilongjiang, Ningxia, Sichuan and Xinjiang provincial CDCs. Of the eight provincial polio laboratories visited, seven laboratories passed the proficiency test for polio intratypic differentiation (ITD) after the real-time polymerase chain reaction (PCR) training in March 2012. This review provided an opportunity to evaluate the implementation status of the new algorithm for virus isolation and ITD which began in January 2013. Steps to further strengthen the quality of China measles laboratory network including 31 provincial and 331 prefectural laboratories and challenges of expansion of real-time PCR among prefectural laboratories were among the topics discussed during this visit. All polio and measles/rubella laboratories in eight provincial CDCs and WHO regional reference laboratories for poliomyelitis, measles and JE in China CDC were fully accredited by the review teams. The findings and recommendations from the accreditation review were discussed with the Ministry of Health China and China CDC.
**Indonesia introduces Pentavalent vaccine**  
31/08/2013 from Michael S. Friedman, WHO Indonesia

Indonesia introduced Hib vaccine as a combined pentavalent vaccine in four provinces (20% of the population) at the end of August 2013. The remaining 29 provinces (80% of the population) will introduce the vaccine in 2014 in two phases.

The vaccine was developed and manufactured by Biofarma. The GAVI Alliance is supporting approximately 50-60% as co-finance costs in the first four years (2013-2016) after which Indonesia will fully fund this as part of their routine immunization budget.

With the introduction, the Indonesian Ministry of Health is using this opportunity to revise its routine childhood schedule. The country is adding an 18-month booster dose of DPT (will use Pentavalent for this) and a 24-month second dose of measles. A second dose of measles vaccine will continue to be given in school each year at least until the 2013 birth cohort reaches school age.

This is the first new vaccine introduced in Indonesia’s immunization programme since Hepatitis B vaccine was introduced in 1999. Biofarma, the Indonesian state-owned vaccine manufacturer, is developing other new vaccines such as Rubella, Rotavirus, IPV, and seasonal influenza vaccines and hopes to bring these to the global market and the government funded national immunization programme over the next two to five years.

**Use of information technology and mobile communication tools for immunization programme management in Sri Lanka**  
31/08/2013 from Sudath Peiris, Ministry of Health, Sri Lanka

The current information system of the National Immunization Programme (NIP) Sri Lanka is paper and postal based. Such a system is less efficient and known to produce its own data quality, completeness and timeliness issues. The Government of Sri Lanka promotes ‘e-governance policy’ aiming at better productivity in all sectors including health. The Epidemiology Unit of the Ministry of Health has initiated a Web-based Immunization Management Information System (WEBIIS) to further strengthen NIP.

WEBIIS was built on the foundation of a blue print of the medical information system. A private software developer was hired and the Epidemiology Unit guided the development of WEBIIS. Mobile ‘Netbook’ computers with an internet dongle run on Linux operating system connect the WEBIIS to Health Care Workers. It functions in both on and off-line modes and is currently being piloted in one district and rolled out to other districts over a five-year period.

**Objectives and key features of the WEBIIS**

- Register births at their place of occurrence in government and private sectors and track every vaccine encounter in both sectors. This task is becoming increasingly difficult due to increasing private sector involvement in immunization services and non-availability of parents at home during the day time. WEBIIS provides defaulter tracking and an SMS-based alerting system.
- Provide access to the immunization history of an individual and generate the immunization certificate when required.
- Maintain a web-based supply chain and inventory management system leading to more efficient management of resources.
- Maintain a database of human resources involved in the Expanded Programme on Immunization, to enable the best use of human resources through efficient planning.
- Make available real time data and information of the immunization programme including vaccine safety data and data for research.
Update from the Cold Chain & Logistics Taskforce (CCLT)
31/08/2013 from Osman Mansoor, UNICEF NewYork

Data balances the flow of goods in a supply chain - more data allows greater efficiency and reach. To facilitate this, three supply systems performance measures (availability, quality, and cost) can be routinely collected by establishing end-to-end tracking of vaccine stocks and temperatures; transport and storage costs; and human resource needs.

The 30-day temperature recorders (30DTRs) are the new minimum standard for temperature monitoring for vaccine fridges, given that simple thermometers will often miss freeze and heat events. Temperature data provides a crucial link in the data system because it links to both vaccines in their journey through the cold chain, as well as to each piece of equipment (fridges and ancillary items such as 30DTRs). The 30DTR alarms provide an efficient conversion of one month's temperature performance data into two digits, and the potential to develop new data systems. The 30DTR alarms convert complex temperature data into two digits per month: number of heat and freeze alarms. These alarm data can provide not only a way to track fridge performance in different settings, but also to map managerial performance, and develop a new kind of data-driven management that uses machine intelligence to convert data into 'action tweets'. These machine-recommended actions need to be designed by the users of the system and then assessed based on whether completing the recommended action achieved the expected result. With the CCLT, UNICEF is developing a [site to help implement 30DTRs], noting three distinct challenges: (1) devices into fridges; (2) health workers able to read, report, and respond to alarms; (3) data system.

Progress made on the Vaccine Product, Price and Procurement Project (V3P)
31/08/2013 from Miloud Kaddar, WHO HQ

The development of the V3P mechanism is progressing well and is on target with the project work plan. Vaccine price and procurement information has been collected from several countries and is being included in the V3P database component which is currently undergoing testing. The working team is finalizing the structure for the modular online platform containing additional links and resources pertaining to vaccine product, price and procurement information, which will be housed on WHO's immunization website.

The V3P working team has visited Armenia, Azerbaijan, South Africa and Thailand to discuss the project and country involvement, and a pilot version of the database component has been tested to identify and address potential data collection, collation and reporting issues. Countries expressed their support of the project and acknowledged the importance of the V3P mechanism to optimize their vaccine procurement.

In June and July 2013, the V3P working team engaged with Euripid, an initiative funded by the European Commission that is collating pricing and procurement information for pharmaceutical products of EU and other European countries, to exchange lessons learned and collaborate on specific technical aspects.

The V3P working team is exploring ways in which the V3P mechanism can provide additional value to existing initiatives of WHO and GAVI Alliance partners. For example, the team contributed to the preparation and coordination of the Global Vaccine Action Plan (GVAP) price indicator report to be reviewed in the coming weeks by the SAGE working group. While compiling the report, it became clear that major data gaps remain for countries that neither benefit from GAVI support nor fully participate in PAHO or UNICEF pooled procurement. The V3P project could contribute to filling these gaps by providing detailed vaccine price information to GVAP.

The website describing the V3P project has been updated to provide information to countries and partners of the progress and expectations of the project. Please click this [link] to find out more.

For more information about this process, please contact Mr Miloud Kaddar at +41.22.791.1436.
Meetings/Workshops

National workshop on Vaccine-preventable Diseases, Peru 2013
31/07/2013 from Fabiana Michel, PAHO Peru

Location: Lima, Peru Dates: 20-23 August 2013
Participants: 93 participants. Vaccine-preventable disease (VPD) surveillance officers from all regions in the country and from selected health networks, as well as rotavirus and pneumococcal surveillance officers from sentinel hospitals.
Purpose: To provide an update on the status of VPD surveillance in Peru and the Americas and to review the recommendations issued by PAHO’s Technical Advisory Group (TAG) on VPDs in July 2013.

Details: During the meeting, updates on measles, rubella, congenital rubella syndrome (CRS) and polio elimination/eradication in the Americas and Peru were given. Emphasis was placed on the risks to maintaining the Region of the Americas free of these VPDs and the need to ensure that surveillance indicators are met. Other topics covered in the meeting included surveillance and investigation of events supposedly attributable to vaccines and immunization (ESAVIs); the national pertussis situation; sentinel surveillance of invasive bacterial diseases; current changes to the national immunization schedule (particularly introduction of the Inactivated Polio Vaccine) and their implications for surveillance; and an analysis of risk indicators. Also, the most recent recommendations of PAHO’s TAG were presented and discussed (see GIN July 2013). As a result of this meeting, all regions and the national level of the MOH reaffirmed their commitment to strengthen VPD surveillance in Peru.

Second Colloquium on Sustainable Immunization Financing (SIF)
31/08/2013 from Caitlin Garlow, Sabin Vaccine Institute

Location: Dakar, Senegal Dates: 5-6 August 2013
Participants: More than 100 officials and parliamentarians representing 17 SIF countries and partner organizations (BMGF, GAVI, UNICEF, WHO).
Purpose: To share and assess experiences and best practices in the area of sustainable immunization financing, by presenting and peer reviewing the work, and focusing on institutional innovations in the areas of financing, budgeting, budget execution, advocacy and legislation.

Details: During the Second SIF Colloquium participants shared and evaluated some of the many steps they are taking to increase the sustainability of immunization programmes, notably:

Creating new immunization laws or regulations. Showing progress on action items from the first Colloquium in 2011 - most countries have drafted immunization-related bills. Colloquium participants discussed strategies for moving the bills from draft phase into law.

Participants discussed efforts and strategies to create budget line items including better communication between the Ministries of Health and Finance, a strong case for investment on immunization and, in some cases, identifying new taxes or immunization funds to support the budgetary line item.

Accurate data and accounting were major challenges for many countries attending the Colloquium. Their discussion reflected difficulties in determining the amount of funding needed to run their programmes as well as ensuring that budget allocations were distributed to the EPI. Delegates discussed potential solutions including audits, accounting tools, personnel and training.

Learn more.
Training of trainers workshop on new vaccines and EPI
31/08/2013 from Jean Marie Kipela, WHO AFRO IST Central Africa and Fekadu Lemma, WCO Angola

Location: Luanda, Angola
Dates: 21-23 May 2013
Participants: 34 participants including: National EPI and health promotion supervisors, members of paediatric societies, experienced clinicians working in hospitals and other MOH partners for routine immunization (MOH, WHO, UNICEF, CORE group).

Purpose: To create national level resource persons for the current new vaccine introduction trainings and for future capacity building activities. It was also used as an opportunity to harmonize all the orientations in relation to the basics of EPI and the national EPI policy in the country.

Details: In preparation for the introduction of pneumo-13 vaccine in July 2013 and Rotavirus vaccine in February 2014, a national level training of trainers was conducted from 21-23 May 2013.

The training focused on the basics of immunization and national EPI policy issues. Communication & social mobilization for routine immunization and EPI information system were also well emphasized during the training.

Brief power point presentations, reading of the national EPI manual, group work, dramatization and discussion panels were among the methodologies used for the training.

The training came out to be an important forum not only to build the capacity of the participants but also to clarify some of the existing ambiguities and misunderstandings about routine immunization and related issues. Comments received from the participants also helped in refining the draft national EPI manual prior to submitting for printing.

Appreciative Workshop for Fully Immunized Village Development Committee (VDC)
31/08/2013 from Nara Bahadur Karki, WHO Nepal

Location: Ilam (Eastern Nepal); Kanchanpur (Far-Western Nepal); Palpa (Central Nepal)
Dates: Ilam (19-21 July 2013); Kanchanpur (4-6 August 2013); Palpa (17-19 August 2013).
Participants: Around 150 people participated in each of the three-day workshops which saw representation from District Public Health Officer (DPHO), Village Development Committee (VDC) Secretaries, Health Facility In-charges, Health Workers, representatives from different political parties, INGOs, local NGOs, teachers, journalists, and Female Community Health Volunteers among others.

Purpose: AI as an intervention in immunization through increased community participation is a combined package of strength-based transformational technologies and tools. It is implemented through a workshop between district level stakeholders (from community to district level decision makers) whose commitment and willingness is likely to make a difference in the life of children’s health in Nepal. Key assumptions of the process are: a) our ways of action and understanding are re-designable, b) stories and results we have created are re-writable and c) no realities are permanent; hence they are all changeable truths.

Details: The workshop is inspiring individuals to work towards their goal because of the environment created in their respective communities to carry out the activities for achieving “fully immunized VDC” in a declaration ceremony. The process results in a strengthened tracking and monitoring system with emphasis given to maintaining quality data and services. Team management is emphasized and mid-level managers become problem solvers and local resources are mobilized in the process. The whole process ultimately focuses on increasing the number of fully immunized VDCs while maintaining quality services. The whole process is generating attention from senior officials and policy makers as a sustainable advocacy tool to deliver quality immunization services to every child in Nepal.

Since the first pilot workshop in June 2012, 17 workshops have already been conducted, and another 22 are in the pipeline. As many as 45 VDCs have declared themselves fully immunized and another 50 are slated to do so in the coming months. The declaration event is substantial as it brings the district stakeholders into a VDC which in turn gives the community a sense of accomplishment and boosts their morale in the long run. The declaration is also a strategy to create a sense of healthy competition among the VDCs, which can result in more VDCs being declared as fully immunized. These events create visibility for the community, where the VDC secretaries receive public accolades, the health facility in-charge get recognized for their outstanding performance and Female Community Health Volunteers (FCHVs) are honoured for their hard work.
Training Workshop for National Regulatory Authorities of French-speaking countries on the expedited review procedure for the registration of WHO prequalified vaccines
31/07/2013 from Bartholomew Akanmori, WHO AFRO and Crépin Hilaire Dadjo, WHO Inter-Country Support Team for West Africa

Location: Ouagadougou, Burkina Faso Dates: 8-13 July 2013
Participants: 11 participants representing six Francophone countries in the WHO African Region.
Purpose: To build capacity of representatives of National Regulatory Authorities (NRAs) on marketing authorization as well as post marketing surveillance of WHO prequalified vaccines.

Details: Following a similar workshop held in 2012 for English-speaking countries, the Ouagadougou meeting aimed at familiarizing Francophone representatives of NRAs with the expedited procedure designed to license additional prequalified vaccines in use by the immunization programmes.

The workshop was organized by WHO Regional Office for Africa (AFRO) and Inter-Country Support Team for West Africa (IST West). It was co-facilitated by experts from WHO/AFRO, WHO/HQ, GSK and the Health Products and Food Branch (HPFB) of Health Canada.

At the conclusion of the training, participants developed implementation plans for registration of vaccines in their countries and recommended, among others, that WHO assists countries in the translation of key documentation for the registration of vaccines into French. It is also expected that WHO will support sub-regional bodies in West Africa in the harmonization of their regulatory procedures.

The official launching and closing of the workshop was addressed on behalf of WHO Representative to Burkina Faso by Dr Oladapo WALKER, IST-West Africa Coordinator.

Technical support workshop : Costs and financing of immunization programme at provincial level in DRC
31/08/2013 from Aristide Aplogan, Anaïs Colombini, and Jean-Bernard Le Gargasson, Agence de Médecine Préventive

Location: Kinshasa, Democratic Republic of the Congo Dates: 29-31 July 2013
Participants: Provincial-level staff from the Expanded Programme on Immunization (EPI), and representatives from the Ministry of Finance, Ministry of Budget, WHO country office, UNICEF country office and Sabin Vaccine Institute. Staff from AMP, central EPI, WHO/inter-country support team, and Sabin Vaccine Institute facilitated the workshop, while SANRU served as the secretariat.

Purpose: The Ministry of Health of the Democratic Republic of the Congo (DRC) and AMP organized a technical support workshop on economic and financial components of the comprehensive Multi-Year Plan (cMYP) at provincial level. The workshop was held in collaboration with partners (WHO, UNICEF, Sabin Vaccine Institute). The objectives of the workshop were, at provincial level to: identify activities and resources for the immunization programme and assess costs and financing through the use of the cMYP costing tool.

Details: During the workshop, provincial level participants received training on the use of the cMYP costing tool. At the end of the workshop representatives from the provinces designed tentative roadmaps to implement the use of the costing tool in their province, including potential challenges and solutions regarding data collection. This workshop initiated a process which will eventually improve the completeness and accuracy of costs and financing data for the next updates of the cMYP in DRC.

This workshop was the final phase of the Rotavirus Vaccine Policy Project implemented by AMP in DRC. Launched in 2011, the project involved the analysis of GAVI support and rotavirus epidemiology, as well as an anthropological literature review in Phase I. Phase II included an assessment of financial challenges to immunization and decision-making on new vaccines.

Future Events

SAGE Decade of Vaccines Working Group first annual meeting 2013
31/08/2013 from Kamel Senouci, WHO HQ

Location: Geneva, Switzerland
Dates: 9-11 September 2013
Participants: 13 members of the SAGE Decade of Vaccines (DoV) Working Group, technical staff and the DoV Secretariat.
Purpose: The SAGE Decade of Vaccines Working Group will meet to discuss and develop the DoV / Global Vaccine Action Plan 2013 annual progress report.

Details: The working group’s report and recommendations will be discussed during the SAGE 5-7 November meeting and inform the DoV / GVAP update to the 2014 WHO Executive Board and World Health Assembly.

New Resources

A Guide to Introducing a 2nd Dose of Measles Vaccine into Routine Immunization Schedules (WHO/IVB/13.03)

This document is for national immunization programme managers and immunization partners involved in operational support. Its objectives are to guide the policy discussions and operational aspects of the introduction of a second dose of measles vaccine into the routine immunization schedule, and to provide up-to-date references on the global policy, the technical justification, and the strategic issues relating to the introduction and provision of a second dose of measles vaccine in the routine immunization programme.

Three modules on use of MenAfriVac™ (meningitis A vaccine) in a controlled temperature chain (CTC) during campaigns

The need to keep vaccines in a 2°C to 8°C cold chain is a constraining factor for many immunization campaigns due to limited storage capacity and/or limited ice pack freezing capacity. Supplementary immunization activities planned across sub-Saharan Africa to introduce MenAfriVac™ are a good example of this. In 2012, the license for the Serum Institute of India’s meningitis A vaccine, MenAfriVac®, was changed based on a thorough review of scientific data by regulatory authorities and the World Health Organization (WHO) to allow for the use of the vaccine for a period of up to 4 days at temperatures of up to 40°C in a controlled temperature chain (CTC). The following three modules are now available online that provide countries with guidance on when and how to take advantage of this flexibility.

1. Guidance for immunization programme decision-makers and managers (WHO/IVB/13.04)
2. Training module for organizing immunization sessions (WHO/IVB/13.05)
3. Adaptation guide and Facilitators guide (WHO/IVB/13.06)
### Calendar

<table>
<thead>
<tr>
<th>Dates</th>
<th>Title of Meeting</th>
<th>Location</th>
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<td><strong>2013</strong></td>
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<tr>
<td><strong>SEPTEMBER</strong></td>
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<tr>
<td>9-10</td>
<td>Measles Virus Mini-symposium</td>
<td>Annecy, France</td>
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<tr>
<td>10-11</td>
<td>Measles Rubella Partners’ Meeting</td>
<td>Washington DC, USA</td>
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<tr>
<td>11-14</td>
<td>5th European Congress of Virology 2013</td>
<td>Lyon, France</td>
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<tr>
<td>16-19</td>
<td>63rd session of the Regional Committee for Europe</td>
<td>Portugal</td>
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<tr>
<td>16-20</td>
<td>Global New and Under-utilized Vaccines Surveillance Management Meeting</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>30-4 Oct</td>
<td>65th session of the Regional Committee for the Americas</td>
<td>Washington DC, USA</td>
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<td><strong>OCTOBER</strong></td>
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<tr>
<td>10-11</td>
<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
<td>Copenhagen, Denmark</td>
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<td>14</td>
<td>The best shot: reaching 22 million missed children. A seminar on accelerating access to vaccination</td>
<td>Oslo, Norway</td>
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<td>15</td>
<td>Inauguration of the WHO collaborating centre for evidence-informed immunization policymaking of AMP’s health policy and institutional development unit</td>
<td>Paris, France</td>
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<td>16-17</td>
<td>Immunization Practices Advisory Committee</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>20-22</td>
<td>World Health Summit</td>
<td>Berlin, Germany</td>
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<td>26-31</td>
<td>60th session of the Regional Committee for the Eastern Mediterranean</td>
<td>Tunisia</td>
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<tr>
<td>28-30</td>
<td>2nd meeting of the European Regional Verification Commission (RVC) for Measles and Rubella Elimination</td>
<td>Copenhagen, Denmark</td>
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<tr>
<td><strong>NOVEMBER</strong></td>
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<tr>
<td>5-6</td>
<td>Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>19-20</td>
<td>PAHO Second Workshop to Share Lessons Learned in the Development and Implementation of Computerized National Immunization Registries</td>
<td>Brasilia, Brazil</td>
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<tr>
<td>22-23</td>
<td>EMRO/GAVI Twentieth Regional Working Group Meeting</td>
<td>Tunisia</td>
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<td>25-30</td>
<td>EURO Vaccine management workshop</td>
<td>Copenhagen, Denmark</td>
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<td>27-29</td>
<td>Measles and Rubella/CRS Elimination in the African Region</td>
<td>TBD</td>
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<tr>
<td><strong>DECEMBER</strong></td>
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<tr>
<td>04-05</td>
<td>Global Advisory Committee on Vaccine Safety Meeting</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>12-13</td>
<td>AFRO Measles Technical Advisory Group (TAG)</td>
<td>TBD</td>
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</tbody>
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# Links

### Organizations and Initiatives

- **American Red Cross**
  - Child Survival
- **Agence de Médecine Préventive**
  - Africhol
- **Johns Hopkins**
  - International Vaccine Access Center
  - Vaccine Information Management System
  - PneumoACTION
- **JSI**
  - Africa Routine Immunization Systems Essentials Project
  - IMMUNIZATIONbasics
- **PAHO**
  - ProVac Initiative
- **PATH**
  - Vaccine Resource Library
  - Rotavirus Vaccine Access and Delivery
  - Malaria Vaccine Initiative
  - Meningitis Vaccine Project
  - RHO Cervical Cancer
  - Sabin Vaccine Institute
  - Sustainable Immunization Financing
- **UNICEF**
  - Immunization
  - Supplies and Logistics
- **USAID**
  - Maternal and Child Health Integrated Program
- **WHO**
  - Department of Immunization, Vaccines & Biologicals
  - New and Under-utilized Vaccines Implementation
  - ICO Information Centre on HPV and Cancer
  - Immunization financing
  - Immunization service delivery
  - Immunization surveillance, assessment and monitoring
  - SIGN Alliance

### Other

- **Coalition Against Typhoid**
- **Dengue Vaccine Initiative**
- **EpiVacPlus**
- **European Vaccine Initiative**
- **Gardasil Access Program**
- **GAVI Alliance**
- **International Association of Public Health Logisticians**
- **International Vaccine Institute**
- **LOGIVAC Project**
- **Measles & Rubella Initiative**
- **Multinational Influenza Seasonal Mortality Study**
- **SIVAC**
- **TechNet-21**
- **Vaccines Today**

### WHO Regional Websites

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

### UNICEF Regional Websites

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

### Newsletters

- **Immunization Newsletter** (PAHO)
- **The Civil Society Dose** (GAVI CSO Constituency)
- **TechNet Digest**
- **RotaFlash** (PATH)