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INTRODUCTION OF THE PNEUMOCOCCAL VACCINE IN THE DEMOCRATIC REPUBLIC OF SAO TOME & PRINCIPE
31/12/2012 from Auguste Ambendet, WHO IST AFRO Central

The official ceremony for the introduction of the Pneumococcal Vaccine was held on 30 November 2012, under the patronage of the Minister of Health and attended by representatives from WHO, UNICEF and UNFPA, as well as other personalities.

In preparation for the introduction, the cold chain was rehabilitated, and in order to improve immunization practices, training sessions of vaccinators were organized throughout the territory with the support of the WHO/AFRO Intercountry Support Team (IST) Central.

Sao Tome & Principe is one of the few Central African countries whose immunization coverage for all antigens is above 90%, both at the national and district levels.

Taking into account the strength of its immunization programme, the country has been approved for support from GAVI for the introduction of the Measles second dose in October 2013.

MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE) PROGRESS AS OF NOVEMBER 2012
31/12/2012 from Rownak Khan, Azhar Abid Raza and Flint Zulu, UNICEF New York

The year 2012 is ending on a highly successful note for the Maternal and Neonatal Tetanus Elimination (MNTE) programme, as China became the latest addition to the 28 out of 59 Maternal and Neonatal Tetanus (MNT) high risk countries to achieve elimination. As of November 2012, five countries; Burkina Faso, China, Guinea Bissau, Tanzania and Timor Leste have been validated for MNT elimination. Beside these countries, 15 out of 35 states in India, Ethiopia (all except Somali Region) and 29 out of 33 provinces in Indonesia have eliminated MNT, and results are awaited from the validation survey conducted in Cameroon last month. Pre-validation assessments have been completed in Cambodia, Cote d’Ivoire, Iraq, Mauritania, Sierra Leone, and 2 states of India in 2012 and these countries excluding Cambodia and Mauritania, will conduct MNTE validation surveys in 2013. Angola, Ethiopia, Guinea Conakry, Madagascar, Mali, Niger, the Philippines, Somalia and South Sudan conducted Tetanus Toxoid Supplementary Immunization Activities (TT SIAs) between February and November 2012, reaching approximately ten million women of reproductive age (WRA).

As of end November 2012, MNT still remains a public health problem in 31 countries, predominantly in the African and Asian regions. Funding for MNTE activities was made possible through the successful partnerships with National Committees for UNICEF, P&G Pampers and Kiwanis International.
**Global Immunization News**

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**DJIBOUTI CELEBRATES INTRODUCTION OF PNEUMOCOCCAL VACCINE IN THE NATIONAL IMMUNIZATION PROGRAMME**
31/12/2012 from Daher Daher Aden, WHO EMRO

On 6 December 2012, Djibouti officially launched the introduction of Pneumococcal vaccine in the Expanded Programme on Immunization. The official ceremony took place in a health center located in the peri-urban area of Djibouti named PK12.

The High level ceremony, in addition to WHO and UNICEF, was attended by the Minister of Health, the State Minister for National Solidarity, the Chair of the Women’s National Union of Djibouti, Non-Governmental Organizations, the community leaders and the population of PK12.

H.E. the Minister of Health thanked WHO, UNICEF and the GAVI Alliance for their technical and financial support in introducing this new and added that pneumococcal vaccine will help to protect more Djiboutian children and contribute to achieve MDG 4. Additionally, the Minister of Health expressed the commitment of the Government of Djibouti to fulfill their co-financing share and urged all families to benefit from the vaccine.

Pneumonia is a killer disease in Djibouti. Mortality rate from pneumonia is estimated to account for 19% in children under five years old. In addition pneumococcal disease with diarrhoea remain a leading cause of morbidity among children under five in Djibouti.

In their speeches, UNICEF Deputy Representative and WHO Representative thanked the Minister of Health for his engagement and expressed their appreciation to GAVI Alliance in renewing the promise to the Djiboutian children. They added that this vaccine will save the lives of thousands of children.

At the end of the launch the Minister of Health and other participants attended the immunization session and observed the first child to be immunized with pneumococcal vaccine in Djibouti.

The event has been broadcasted by the RTD (Radio Television de Djibouti) and national radio. Articles related to the launch of the Pneumococcal vaccine have been also published in the Newspapers.

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**GROWING CONSENSUS ON STRENGTHENING NATIONAL VACCINE DELIVERY SYSTEMS**
31/12/2012 from Dmitri Davydov, UNICEF New York, USA

Following the NUVI ‘Call for Action’ last May in Marrakesh and the September publication of Project Optimize Vision 2020 for Supply Chain and Logistics systems, the growing global consensus on how to strengthen national vaccine delivery systems is shifting gear. The areas to focus on – equipment and technology, optimizing supply chains, and effective use of vaccine stock and temperature data – are no longer disputed. Attention is now shifting to the mechanics, the economics, and the tactics of supporting countries as they undertake these activities.

At the end of November, UNICEF convened a three-day workshop for partners, donors, industry, independent experts and academics to unpack these ambitions and begin to detail exactly how countries can take these necessary steps. The workshop included a core team – the Cold Chain & Logistics Task Force – which has been meeting annually since 2007 as a self-selected group of technical experts committed to helping countries upgrade their national systems to reach the 20% of children who today are not adequately vaccinated.

This year, UNICEF looked beyond the core team to include a much larger and diverse team to address alternative business models and collaboration with the private sector, skills and human resources, measurement & evaluation, funding and governance, as well as suitable technologies and how to acquire and manage them. UNICEF and WHO shared a first look at some of these outcomes during the GAVI Partner’s Forum in Dar-es-Salaam in December.

Over the course of 2013, UNICEF and its partners will be working to align stakeholders around this emerging vision of what an effective national vaccine delivery system ought to look like and how it can become a reality in country contexts. This work will include modeling tools and processes which have proven their usefulness and the application of these tools, and processes to address pressing needs of national health systems.
**TIMOR-LESTE LAUNCHES INTRODUCTION OF NEW VACCINE AS PART OF INTENSIFICATION OF ROUTINE IMMUNIZATION**

31/12/2012 from [L. Homero Hernandez, WHO SEARO](mailto:lh2255@who.int)

25 October 2012 – Today a renewed effort to reduce child mortality by introducing a new vaccine into the routine immunization programme of Timor-Leste was launched in Dili.

The event was attended by the Minister of Health Dr Sergio Lobo; Secretary of State for Fisheries, Ministry of Agriculture and Fisheries (Representing HE President Taur Matan Ruak) Mr Raphael Pereira Goncalves; WHO Country Representative Dr Jorge Mario Luna; UNICEF Country Representative Hongwei Gao and GAVI Senior Country Officer Jacqueline Tong.

H.E. President Taur Matan Ruak was represented by the Minister of Health and said “This new vaccine is important for our children. All parents should bring their children who are below one year old to the clinic for their children’s complete immunization….It is our responsibility as parents to safeguard the health of our children.”

The new pentavalent vaccine will protect children from five major diseases – diphtheria, pertussis (whooping cough), tetanus, hepatitis b and *Haemophilus influenzae* type b (Hib) – all in one shot.

Initial training of health workers provided positive feedback as they see the benefits for the programme as well as the parents and children. The decrease in number of shots given to children helps with adherence to the immunization schedule, and the combination of multiple protection against vaccine preventable diseases in one means easier stock and cold chain management.

WHO and UNICEF along with other development partners will continue to provide technical assistance to ensure the Ministry of Health benefits from the financial support from the GAVI Alliance for the introduction. The Government has also committed to co-financing the cost of vaccine – increasing its share gradually until it is fully funded by the government.

**REVIEW OF NATIONAL IMMUNIZATION PROGRAMME IN TAJIKISTAN, 19-28 NOVEMBER 2012**

31/12/2012 from Oya Zeren Afsar, UNICEF Central and Eastern Europe and the Commonwealth of Independent States (CEECIS)

UNICEF Country Office in Tajikistan coordinated a comprehensive review of the national immunization programme from 19-28 November 2012. UNICEF CEECIS, UNICEF Kosovo, WHO/EURO, USAID Maternal and Child Health Integrated Programme (MCHIP) and Quality Health Care Project and Japan International Cooperation Agency (JICA) participated in the review together with national counterparts from the Ministry of Health. Following a standard evaluation, framework, the review analysed strengths and weaknesses in nine programmatic areas at national, subnational and health facility levels.

Key findings from the review revealed that although the Ministry of Health attributes high priority to immunization in achieving child health outcomes and Millennium Development Goals (MDGs), the programme suffers from various health system weaknesses, e.g. inadequate financing, fragmented programme management, eroding health work force, and aging infrastructure. Vaccine supply has mostly been financed by donors, but the government is planning to increase its share in the coming years in line with the improving economy. Since Tajikistan has quite a number of agencies and Civil Society Organizations (CSOs) supporting immunization on the ground, and it will continue to receive Health Systems Funding Platform (HSFP), Immunization Services Support (ISS) and New Vaccines Introduction (NVI) support from GAVI, there is a need to better use the ICC platform to coordinate activities aligned with the National Comprehensive Health Strategy and to channel available funding to address critical bottlenecks.

The review emphasized the need to improve technical and management capacity at Primary Health Care (PHC) and district level. It also recommended the establishment of regular independent verification mechanisms for administrative data, and strengthening the quality of Vaccine Preventable Diseases (VPD) surveillance to avoid the recurrence of wide-scale immunity gaps revealed by the 2010 polio outbreak and 2011 serosurvey. Establishing continuous electronic temperature monitoring at all levels would be another priority due to ongoing energy shortages in the country.

For more information, please contact [Ayadil Saparbekov, Chief of Health in UNICEF Tajikistan](mailto:asaparbekov@unicef.org).
**EASTERN MEDITERRANEAN IS THE FIRST WHO REGION LAUNCHING VACCINE SAFETY E-LEARNING COURSE CD**

31/12/2012 from Houda Langar, WHO EMRO, Philipp Lambach and Ahmed Bellah, WHO HQ

On 12 December, the *E-learning course on Vaccine Safety* CD-ROM was launched by the Eastern Mediterranean Regional Office in Cairo. Eastern Mediterranean countries attending the meeting showed great commitment to promote the E-course.

Three weeks before, the E-course had been introduced globally at the Global Vaccine Safety Initiative (GVSI) meeting in Hurghada, Egypt. The E-course is an integral component of the GVSI portfolio - a key instrument to establish minimal and advanced vaccine safety capacity in countries and to align international vaccine safety stakeholders.

The E-course CD is for users without access to the online course. It offers modules on vaccine safety definitions, types of adverse events following immunization, surveillance mechanisms and structures, and access to international products and services. The new communication module empowers its users to communicate effectively on vaccine safety issues. A modular structure enables the targeting of a broad range of learners from national health officials to vaccinators.

Dr Jaouad Mahjour, Director of Communicable Diseases Department in EMRO, recommends the course as an accountable tool with the potential to become a powerful resource to strengthen vaccine pharmacovigilance systems in the region, in particular as countries have a solid IT infrastructure enabling effective outreach to target groups. The E-course may be used as stand-alone training tool e.g. in national training or academic curricula, or to prepare prospective participants for WHO training workshops.

The outlook for a further distribution in Eastern Mediterranean looks promising with delegates offering at the launch to promote the course in their countries. The E-course is available online and as downloadable CD ROM at this [link](http://www.who.int).

**NEW TECHNOLOGY FOR PRODUCING THERMOSTABLE INFLUENZA VACCINES**

28/11/2012 from Amy M. Wales, PATH

Bend Research Inc., PATH, and Fraunhofer USA Center for Molecular Biotechnology (FhCMB) announce the development of a new technology for the production of thermostable vaccines. Utilizing novel formulation and spray-drying processing methods, the technology has enabled scientists at Bend Research, PATH, and FhCMB to develop a spray-dried influenza vaccine product that is stable at 50°C for over 2 months. The technology can also be applied to emerging influenza and other vaccines.

Thermostable influenza vaccines hold promise for improving the pandemic preparedness of national immunization programs by extending product shelf life, decreasing the cost of vaccine stockpiling, and easing the deployment of vaccines against pandemic influenza strains in the United States or developing countries. Thermostable vaccines can also help to ensure vaccine potency in remote areas of the world with limited to no electricity for cold chain refrigeration.

“As an industry leader in spray-drying and the formulation of biotherapeutics, we are excited to work with PATH and FhCMB to address the unmet need for thermostable flu vaccines in developing countries,” said Rod Ray, CEO of Bend Research Inc. “This work aligns with our mission to advance the best new medicines to patients.”

Spray-drying processing methods are well-established for the development and manufacture of pharmaceuticals and dry food products but have rarely been applied to vaccines—until now. The next phase of technical work for the Bend Research Inc., PATH, and FhCMB partnership includes developing a commercially viable process for producing thermostable influenza vaccines using this breakthrough technology.

All research activities under the partnership are supported with a grant from the Defense Threat Reduction Agency of the United States Department of Defense and leverages earlier proof-of-concept work advanced by PATH.
Meetings/Workshops

THE SECOND HANDS-ON TRAINING COURSE TO IMPLEMENT REAL-TIME POLYMERASE CHAIN REACTION (PCR) TECHNIQUE FOR RAPID DETECTION AND CHARACTERIZATION OF POLIOVIRUSES IN THE WESTERN PACIFIC REGION
31/12/2012 from Youngmee Jee, WHO WPRO

Location: Alabang, Philippines  Dates: 3-7 December 2012
Participants: Seven country participants from six laboratories in five countries (Hong Kong, New Zealand, the Philippines, Republic of Korea, and Viet Nam) and temporary advisers from the US Centers for Disease Control and Prevention (CDC) and the Victorian Infectious Diseases Reference Laboratory (VIDRL) Australia participated in the training.
Purpose: The participants were trained to perform the new real-time PCR technique for rapid detection and characterization of polioviruses using dual stage real time PCR techniques for intratypic differentiation (ITD) and polioviruses and vaccine derived poliovirus (VDPV) screening developed by US CDC.

Details: Four implementation steps to introduce real time PCR techniques including the timeline of each step were discussed. It is expected that most polio network laboratories in this Region will conduct real time PCR for ITD and VDPV screening by mid-2013. This training will contribute to reducing the time needed for ITD and the frequency of shipping of virus isolates from national laboratories to the regional reference laboratories or global specialized laboratory for ITD and sequencing which consequently help to have earlier availability of ITD results of polioviruses for appropriate programme actions.

18TH MEETING OF THE REGIONAL COMMISSION FOR THE CERTIFICATION OF POLIOMYELITIS ERADICATION IN THE WESTERN PACIFIC REGION
31/12/2012 from Sigrun Roesel, WHO WPRO

Location: Beijing, China  Dates: 28-29 November 2012

Details: The 18th meeting of the Regional Commission for the Certification of Poliomyelitis Eradication (RCC) was held in Beijing 28-29 November 2013 and concluded with two very positive assertions: that the 2011 polio outbreak in China following wild virus importation from Pakistan was controlled in an exemplary way; and that China and the whole Western Pacific Region have retained their polio-free certification status.

The RCC noted that China’s outbreak response held up to the stringent criteria set by the 2006 World Health Assembly (WHA) resolution on wild poliovirus outbreaks in polio-free countries and recommended that the outbreak investigation and response actions undertaken in China in 2011 shall serve as model for any outbreak following virus importation. The response also beat the six months outbreak containment milestone of the Global Polio Eradication Initiative (GPEI) Strategic Plan 2010–2012 and China’s efforts completely fulfilled the requirements of timely reporting by the International Health Regulations.

Fundamental factors of success of the outbreak response have been the extensive collaboration between health authorities and other sectors of the Chinese Government and the highly commendable intercountry and interregional coordination and collaboration with GPEI partners.

To safeguard its polio-free certification status, China has requested continued technical support from WHO, particularly to strengthen immunization and surveillance in border areas of Sichuan, Yunnan, Sichuan, Tibet and Xinjiang provinces.

The RCC also commended national certification committees (NCCs) throughout the Region on their high quality reporting and continued active oversight and recognized their conclusions and recommendations as critical to efforts in keeping the Region polio-free and the greater goal of global polio eradication.
FIRST MEETING ON SEASONAL INFLUENZA VACCINES IN WESTERN PACIFIC REGION
31/12/2012 from Md. Shafiqul Hossain, Jeff Partridge and Sergey Diorditsa, WHO WPRO

**Location:** Manila, Philippines   
**Dates:** 22-23 October 2012  
**Participants:** 25 participants from the epidemiology, national immunization and national regulatory authority departments from 13 WHO Member States attended the meeting. Three representatives from the WHO Collaborating Center for references and research on influenza, three experts from USA, Hong Kong, Japan, nine observers from partner’s organizations also attended the meeting.

**Purpose:** To increase capacity on the technical aspects of seasonal influenza vaccines for the control of seasonal epidemics and pandemic preparedness; update countries on the new SAGE recommendations and WHO position paper on influenza vaccines; review the lessons learnt from the 2009 influenza pandemic as regards immunization; and develop a plan for addressing national regulatory issues associated with seasonal influenza vaccines.

**Details:** Immunization against influenza is considered among the most important interventions in reducing the public health impact of seasonal and pandemic influenza. However, despite Global Influenza Surveillance and Response System (GISRS) members in the Western Pacific contributing more than 76% of the virus isolates for the global vaccine composition effort from 1998 to date, seasonal influenza vaccination programmes have been limited to a few countries and areas in this Region.

The 2009 influenza pandemic provided an opportunity for countries and areas to develop and execute plans for influenza immunization. While overall pandemic vaccine deployment and use in the Region was successful, many challenges were faced given the lack of influenza vaccine experience in many countries and areas and the targeting of “non-traditional” populations, and other programmatic challenges, including vaccine licensing and other national regulatory issues within Member States. Lessons learnt from the pandemic experience are a valuable asset for informing seasonal influenza immunization.

IPV RECOMMENDED FOR COUNTRIES TO MITIGATE RISKS AND CONSEQUENCES ASSOCIATED WITH OPV2 WITHDRAWAL
31/12/2012 from Hayatee Hasan, WHO HQ

**Location:** Geneva, Switzerland   
**Dates:** 06-08 November 2012

**Purpose:** In May 2012, the World Health Assembly declared the completion of polio eradication a programmatic emergency for global public health and requested the Director-General to rapidly finalize a comprehensive eradication and endgame strategy for the period 2013-2018. The draft strategic plan and current status of the global polio eradication programme were presented at the Strategic Advisory Group of Experts (SAGE) on Immunization meeting.

**Details:** Noting the substantive progress made in implementing polio emergency action plans in the remaining polio infected countries, detailed attention to oral polio vaccine (OPV) campaign planning in the field, and new evidence in improving performance, SAGE was alarmed by the considerable funding shortfalls at a time when eradication is in sight, with OPV campaigns already cancelled or scaled back in over 25 high risk countries in 2012. SAGE endorsed the four major objectives and milestones in the new strategic plan. SAGE also recommended that all countries should introduce at least one dose of inactivated polio vaccine (IPV) in their routine immunization programmes to mitigate the risks and consequences associated with the eventual withdrawal of the type 2 component of OPV (OPV2). SAGE will review progress on achieving the pre-requisites for OPV2 withdrawal, including the availability of affordable IPV products, every six months to ensure the earliest possible date for OPV2 withdrawal but with sufficient advance notification to ensure programmatic readiness and vaccine availability.

**Summary** of the SAGE meeting.  
The meeting documents, including presentations and background readings can be found at this [link](#).
GLOBAL INVASIVE BACTERIAL VACCINE PREVENTABLE DISEASES SURVEILLANCE MEETING
31/12/2012 from Mary Agocs, WHO HQ

Location: Washington DC, USA  Dates: 09-11 October 2012
Participants: Meeting participants included Ministries of Health, sentinel hospital surveillance coordinators, all of the WHO IB-VPD global and regional reference laboratories, technical partners such as US Centers for Disease Control and Prevention and Johns Hopkins University, donors, and representatives from all WHO Regional Offices.
Purpose: Critically review the status of the IB-VPD surveillance network; evaluate the impact of the recommendations from the 2012 meeting, as outlined above, in improving data quality; and review countries that do not meet the established funding criteria and discuss and agree on the methods to notify countries.

Details: Improvement in the IB-VPD surveillance network was evidenced by the increasing number of countries identifying at least 20 pneumococcal meningitis cases annually with an increase from three (6%) of 46 countries that reported data in 2008 to 16 (28%) of 57 countries that reported data in 2011. Additionally, 29 (88%) of the 33 recommendations made during the 2011 meeting to improve the network were successfully implemented. However, participants agreed that the quality of the network must be further improved to generate data needed by countries that will be useful to help monitor the impact of PCV introduction on pneumococcal meningitis in children <five years of age.

Recommendations to further improve the network included further enhancing Ministry of Health (MoH) supportive supervision activities, continuation of standardized assessment of sentinel hospitals with recommendations provided to MoH, finalization of the protocol to estimate a denominator population for a Tier 1 meningitis sentinel hospital, enhanced data management capacity, and further improving the laboratory network by ensuring the external quality assessment programme reached all sentinel hospitals, refining the global WHO standard operating procedures for diagnostic testing on cerebrospinal fluid specimens at the sentinel hospital laboratory, and further harmonization of laboratory practices at reference laboratories.

SOUTH EAST ASIA COUNTRIES SHARE EXPERIENCES ON INTENSIFICATION OF ROUTINE IMMUNIZATION AT GAVI PARTNERS’ FORUM
31/12/2012 from L. Homero Hernandez, WHO SEARO and Vinod Bura, WHO Myanmar

Location: New Delhi, India  Date: 5 December 2012
Participants: Ministry of Health representatives from Bangladesh, Bhutan and Myanmar, Representatives from PATH.
Purpose: The panel session highlighted efforts being made in South-East Asia countries to implement intensification of routine immunization activities for reaching more children with immunization services.

Details: As more countries are now introducing new and underutilized vaccines, the session discussed progress and challenges for countries to address issues around mobile populations, access to services, shortage of workforce and community mobilization. Panelists showcased how GAVI and other partners, including WHO and UNICEF, are supporting countries to address some of these issues.

The panel had Ministry of Health representatives from Bangladesh, Bhutan and Myanmar sharing their experiences, challenges and progress made while implementing their plans of action. Participants highlighted the importance of advocacy work to ensure continued political will to support immunization programmes. The importance of streamlining advocacy into strategies and programme planning was also emphasized.

An interactive session of questions and answers with the audience drew suggestions to share the experiences of the region and its progress on intensifying routine immunization as a unique initiative which could benefit other regions. A need to increase south to south collaboration, as done in polio eradication, was agreed to be a good example of how countries should share lessons learned.
NATIONAL POLIO COMMITTEES DEVELOP ACTION PLANS FOR 2013 IN OUAGADOUGOU, BURKINA FASO
31/12/2012 from Crepin Hilaire Dadjo, WHO/IST West Africa

Location: Ouagadougou, Burkina Faso  Dates: 26-30 November 2012
Participants: Two orientation meetings for the National Committees on Polio eradication were organized consecutively by the WHO Inter-Country Support Team for West Africa. The first meeting was organized for Guinea Bissau and four Francophone countries, i.e. Algeria, Burkina Faso, Guinea, and Niger, while the second meeting was attended by participants from the five Anglophone countries, i.e. Gambia, Ghana, Liberia, Nigeria and Sierra Leone. Participants from each country were the chairmen of the National Polio Experts, and Certification Committees, the Task Force for containment of wild poliovirus (WPV) and the national officers in charge of Acute Flaccid Paralysis (AFP) surveillance in the Ministry of Health.
Purpose: to strengthen the capacity of these national committees to more effectively support eradication efforts at the country level, with specific emphasis on advocacy for improved programme performance in order to attain and maintain certification standards.

Details: The last meeting of certification committees was held in 2003. Since then, the epidemiological situation of polio has evolved with only one endemic country in West Africa and zero WPV importation for one year. “We hope that from now on, committees will advocate for stronger ownership of their programme and help “finish the job””, said Dr Fenella Avokye, Focal Point for IVD, WHO/AFRO/IST West.
One of the key achievements of the meeting was the development by the country representatives of action plans for the period from December 2012 to December 2013.

IMMUNIZATIONS SYSTEMS AND TECHNOLOGIES FOR TOMORROW
31/12/2012 from Joanie Robertson, Programme for Appropriate Technology in Health (PATH)

Location: Hanoi, Vietnam  Date: 29 October 2012
Participants: Vietnam’s National Institute of Hygiene and Epidemiology (NIHE); Vietnam’s National Expanded Program on Immunization (NEPI); Pasteur Institutes in Ho Chi Minh City and Nha Trang; representatives from Phu Tho, Quang Tri, and Ben Tre provinces; UNICEF; True Energy refrigerator manufacturer; and several representatives from international NGOs
Purpose: To share lessons learned from using new technology for keeping vaccines cool and for managing immunization information.

Details: After three years of implementation, Project Optimize in Vietnam brought together 50 guests in Hanoi for an end-of-project workshop, “Immunizations Systems and Technologies for Tomorrow”. PATH staff and partners shared lessons learned from using new technologies for keeping vaccines cool and for managing immunization information. Technologies discussed included:
• Software for vaccine stock tracking and immunization reporting
• Mobile-phone and PC application for tracking the immunization records of individual children
• Solar refrigerator for vaccine storage at district level
• Non-electric cooling device for vaccine storage at commune level

Participants from project provinces shared their knowledge and experience gained during implementation, and we discussed successes achieved and challenges to meet. Overall, vaccine management software was the most discussed, having been well-received in all project sites, and participants request continued technical assistance from the international community to maintain quality control, ensure sustainability, and expand software use within their respective provinces.

An additional workshop was held in November 2012 to debrief the software reporting system implemented by project Optimize with the General Department of Preventive Medicine (GDPM) to capture immunizations provided using a fee-for-service model. This software was created to give both public- and private-sector providers who administer fee-based immunization a means of reporting these services to the Ministry of Health through GDPM. Workshop attendees from the four participating provinces/cities discussed the performance and acceptability of the software and made recommendations for next steps.
Global Immunization News

New Resources

TECHNET21.ORG SHARES IMMUNIZATION VIDEOS ON YOUTUBE
31/12/2012 from Jhilmil Bahl, WHO HQ

The TechNet21.org website now has a YouTube channel that features videos on immunization.

The new channel links to a wide range of short films on immunization services, delivery, and advocacy. These include films by WHO, UNICEF, PATH, the BBC, and others on various topics like cold chain management, immunization personnel training, and immunization waste management. Some of these have also been posted on the TechNet21 forum.

If you would like to share a video on the new channel, please send an email with a link to the video. You can also subscribe to the channel to watch new videos as they are added.

TechNet21.org provides a platform for people working in logistics and immunization services. For almost two decades, it has provided a unique venue for immunization personnel to network, share information, and discuss issues with immunization cold chain policymakers. The subscribers to the forum include experts from pharmaceutical companies, doctors, students, cold chain logisticians and academicians. Positive dialogue, global participation, and the timely dissemination of reliable, scientific information have been the mainstay of the website and forum.

IMMUNIZATION PRACTICES ADVISORY MEETING REPORT
The report from the Immunization Practices Advisory (IPAC) meeting held on 2-3 October 2012 in Geneva, Switzerland is now available. For more information on the IPAC, click on this link.

THE AFRICA ROUTINE IMMUNIZATION SYSTEM ESSENTIALS (ARISE) PROJECT
31/12/012 from Rebecca Fields, John Snow, Inc (JSI) Research and Training

Over the past three years, the Africa Routine Immunization System Essentials (ARISE) project, supported by the Bill & Melinda Gates Foundation and managed by JSI Research & Training Institute, Inc., worked to build the evidence based on what drives improvements in routine immunization in Africa. The findings from ARISE complement the more typical assessment findings on deficiencies in programme performance and suggest ways in which the assets already available within health systems and communities can be used to best advantage routine immunization.

While ARISE ended in November 2012, a range of technical resources are now available on its legacy website. These include two new, brief documents:

1. Notes from the Field - Regular Review of Programme and Health Worker Performance: Using Data to Make a Difference, available at this link. This seven-page document briefly describes one common driver of improvements in routine immunization, namely, the use of data by health workers to answer questions and address management issues with information readily available to them. This document provides examples of how this driver was made to function effectively in the different settings of the ARISE case studies.

2. Notes from the Field - Bringing Immunization Closer to Communities: Community-centered Health Workers," available at this link.

This seven-page document briefly describes another common driver of improvements in routine immunization, namely, health workers who actively and directly focus on community needs. The document gives examples of how this driver was instrumental in improving coverage and how it operated in the different contexts studied in the ARISE case studies.


This document is now available online. The main purpose of the modules of the series - which are published as separate/vaccine specific modules - is to give immunization managers and vaccination professionals a brief and easily-understood overview of the scientific basis of vaccination. This module focuses on Hepatitis B.
Future Meetings

THE 2013 TECHNET CONSULTATION DAKAR, SENEGAL FROM 5-7 FEBRUARY 2013

The Department of Immunization, Vaccines and Biologicals (IVB) is organizing the 2013 TechNet Consultation which will be held in Dakar, Senegal from 5-7 February 2013. TechNet is a unique forum where experts in the field of immunization technology, cold chain, injection safety, and health logistics share their experience, coordinate activities and discuss major global policy issues.

Draft agenda can be found at this link.

If you are planning to attend please register soon. For further queries.

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# Regional Meetings and Key Events Related to Immunization

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<td>11-14</td>
<td>Regional consultations on new vaccine introduction and the polio end game</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>16-20</td>
<td>Surveillance and Monitoring Workshop</td>
<td>Cairo, Egypt</td>
</tr>
<tr>
<td><strong>2013 Meetings</strong></td>
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<tr>
<td><strong>JANUARY</strong></td>
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<tr>
<td>29-30</td>
<td>Joint WHO/European Centre for Disease Prevention and Control meeting with member states on Measles Rubella verification process</td>
<td>Copenhagen</td>
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<tr>
<td><strong>FEBRUARY</strong></td>
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<tr>
<td>05-11</td>
<td>TechNet21 meeting</td>
<td>Dakar, Senegal</td>
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<tr>
<td>12-13</td>
<td>Joint WHO/European Centre for Disease Prevention and Control meeting with member states on Measles Rubella verification process</td>
<td>Rome, Italy (TBC)</td>
</tr>
<tr>
<td>25-1 Mar</td>
<td>EPI Managers meeting for Central Africa</td>
<td>TBD</td>
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<tr>
<td>26-28</td>
<td>Global Measles &amp; Rubella Management Meeting</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>27-28</td>
<td>Joint WHO/European Centre for Disease Prevention and Control meeting with member states on Measles Rubella verification process</td>
<td>Sofia, Bulgaria (TBC)</td>
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<tr>
<td><strong>MARCH</strong></td>
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<tr>
<td>01-02</td>
<td>8th International Conference on Typhoid and Other Invasive Salmonelloses</td>
<td>Dhaka, Bangladesh</td>
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<tr>
<td>04-08</td>
<td>EPI Managers meeting for West Africa</td>
<td>TBD</td>
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<tr>
<td>11-15</td>
<td>EPI Managers meeting for East and South Africa</td>
<td>TBD</td>
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<tr>
<td>20-21</td>
<td>V3P Consultation Meeting</td>
<td>Geneva, Switzerland</td>
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</tbody>
</table>
## Regional Meetings and Key Events Related to Immunization

<table>
<thead>
<tr>
<th>Dates</th>
<th>Title of Meeting</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 Meetings</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>APRIL</strong></td>
<td></td>
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<tr>
<td>04-05</td>
<td>Immunization Practices Advisory Committee (IPAC)</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>09-10</td>
<td>Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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<tr>
<td></td>
<td>GAVI East &amp; South Africa Sub-Regional Working group meeting</td>
<td>Lusaka, Zambia</td>
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<tr>
<td><strong>JUNE</strong></td>
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<tr>
<td>04-05</td>
<td>EURO Regional Polio Certification Commission</td>
<td>Copenhagen, Denmark</td>
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<tr>
<td>12-13</td>
<td>Global Advisory Committee on Vaccine Safety Meeting</td>
<td>Geneva, Switzerland</td>
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<tr>
<td><strong>JULY</strong></td>
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<tr>
<td></td>
<td>PAHO Technical Advisory Group</td>
<td>TBD</td>
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<tr>
<td><strong>SEPTEMBER</strong></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>30-4 Oct</td>
<td>65th session of the Regional Committee for the Americas</td>
<td>Washington D.C, USA</td>
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<tr>
<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>
</tr>
<tr>
<td>26-31</td>
<td>60th session of the Regional Committee for the Eastern Mediterranean</td>
<td>Tunisia</td>
</tr>
<tr>
<td><strong>NOVEMBER</strong></td>
<td></td>
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<tr>
<td>05-06</td>
<td>Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td><strong>DECEMBER</strong></td>
<td></td>
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</tr>
<tr>
<td>04-05</td>
<td>Global Advisory Committee on Vaccine Safety Meeting</td>
<td>Geneva, Switzerland</td>
</tr>
</tbody>
</table>
## Links Relevant to Immunization

### Global Websites

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

### Regional Websites

- [New Vaccines in AFRO](#)
- [PAHO’s website for Immunization](#)
- [Vaccine Preventable Diseases in EURO](#)
- [New Vaccines in SEARO](#)
- [Immunization in WPRO](#)

### Global Websites

- [International Vaccine Access Center](#)
- [American Red Cross Child Survival](#)
- [PAHO ProVac Initiative](#)
- [NUVI Website](#)
- [Gardasil Access Program](#)
- [Maternal and Child Health Integrated Program (MCHIP)](#)
- [LOGIVAC Project](#)
- [Africhol](#)
- [Coalition Against Typhoid](#)
- [Immunization Service Delivery](#)

### Newsletters

- [PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter](#)
- [The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency](#)
- [Optimize Newsletter](#)
- [Technet Digest](#)
- [PATH’s RotaFlash – breaking news on rotavirus disease and vaccines](#)