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News

Historic Commitment from African Heads of State to Advance Immunization in Africa

On Tuesday 31 January 2017, Heads of State from across Africa endorsed the Addis Declaration on Immunization (ADI), also known as the Ministerial Declaration on Universal Access to Immunization, a historic and timely pledge to ensure that everyone in Africa – regardless of who they are or where they live – receives the full benefits of immunization. The endorsement was issued during the 28th African Union (AU) Summit in Addis Ababa, Ethiopia.

While Africa has made impressive gains over the last 15 years toward increasing access to immunization, progress has stagnated, and the continent is falling behind on meeting global immunization targets. One in five children in Africa still does not receive basic life-saving vaccines and, as a result, vaccine-preventable diseases continue to claim too many lives. Measles alone accounts for approximately 61,000 preventable deaths in the African region every year.

The Addis Declaration on Immunization calls for countries to increase political and financial investments in their immunization programmes. It includes 10 commitments, including increasing vaccine-related funding, strengthening supply chains and delivery systems, and making universal access to vaccines a cornerstone of health and development efforts.

“Vaccines are among the most effective public health tools available,” said Dr Matshidiso Moeti, World Health Organization (WHO) Regional Director for Africa. “When children are given a healthy start, communities thrive and economies grow stronger. This show of support from Heads of State is a significant step forward in our efforts to achieve universal access to immunization and, ultimately, improve child health and drive sustainable development across Africa.”

Fewer than 15 African countries fund more than 50% of their national immunization programmes. As Africa nears polio eradication, critical funding for immunization through the polio eradication programme is expected to ramp down. Additionally, countries approaching middle-income status will transition away from Gavi support for immunization in the coming years. Consequently, governments must redouble their efforts to make universal immunization coverage a national priority.

To guide the implementation of the ADI, a roadmap is being developed in close collaboration with the WHO offices in the African Region and Eastern Mediterranean Region, the African Union Commission and immunization partners.

The full declaration can be found here.
World Immunization Week 2017: Vaccines Work

Hayatee Hasan, WHO Headquarters

World Immunization Week (WIW) – celebrated in the last week of April – aims to promote the use of vaccines to protect people of all ages against disease. Immunization saves millions of lives and is widely recognized as one of the world’s most successful and cost-effective health interventions. Today, there are still 19.4 million unvaccinated and under-vaccinated children in the world.

The main goal of the WIW 2017 campaign is to raise awareness about the critical importance of full immunization throughout life, and its role in achieving the 2030 Sustainable Development Goals. As part of the 2017 campaign, WHO and partners aim to:

- Highlight the importance of immunization as a top global health investment priority.
- Promote understanding of the action steps required to achieve the Global Vaccine Action Plan.
- Showcase immunization’s role in sustainable development and global health security.

2017: Marking five years into the Decade of Vaccines

2017 marks the halfway point in the Global Vaccine Action Plan (GVAP) – endorsed by 194 Member States of the World Health Assembly in May 2012 – which aims to prevent millions of deaths from vaccine-preventable diseases by 2020 through universal access to immunization. Despite improvements in individual countries and a strong global rate of new vaccine introduction, all of the targets for disease elimination—including measles, rubella, and maternal and neonatal tetanus—are behind schedule.

In order for everyone, everywhere to survive and thrive, countries must make more concerted efforts to reach GVAP goals by 2020. Additionally, those countries that have achieved or made forward progress towards achieving the goals must work to sustain those efforts over time.

For more information on WIW, visit this link.

Millions of children to receive measles vaccine in north-eastern Nigeria

Hayatee Hasan, WHO Headquarters

A mass vaccination campaign to protect more than 4 million children against a measles outbreak in conflict-affected states in north-eastern Nigeria started on 13 January 2017. The two-week campaign will target all children aged from 6 months to 10 years in accessible areas in Borno, Yobe and Adamawa States.

"This measles vaccination campaign is an emergency intervention to protect more than 4 million children against a highly contagious and sometimes deadly disease," says Dr Wondimagegnehu Alemu, WHO Representative in Nigeria. "Massive disruption to health services in conflict-affected areas for many years has deprived these children of essential childhood vaccinations. In addition, many of them have severe malnutrition, making them extremely vulnerable to serious complications and death from measles."

The vaccination teams for this campaign are made up of seven people including a supervisor, vaccinators (health workers), record keepers, community mobilizers and town criers. The teams will also give children deworming medication and vitamin A supplements at the same time as the measles vaccination.

To prevent double vaccinations especially in schools and camps for displaced people, vaccination cards will be issued to all vaccinated children as well as the use of pen markers to mark their thumbs.

Read the feature story
New Chair of SAGE takes office
Hayatee Hasan, WHO Headquarters

Dr Alejandro Cravioto, internationally-recognized expert in vaccination took over in January 2017 as the Chair of WHO’s leading advisory group on immunization, the Strategic Advisory Group of Experts (SAGE) on Immunization.

Dr Cravioto took over from Professor Jon Abramson who had served as Chair from 2013 to 2016 and had reached the end of his term.

Currently, Dr Cravioto is affiliated with the Faculty of Medicine of the Universidad Nacional Autónoma de México.

Read more about Dr Cravioto
More information about SAGE

WHO’s Year in Review for 2016
Hayatee Hasan, WHO Headquarters

2016 has been a turbulent year, in which WHO has tackled disease outbreaks and humanitarian crises and championed efforts to combat antimicrobial resistance and move towards universal health coverage.

WHO has helped countries eliminate infectious diseases through immunization and implement programmes to beat cancer and other noncommunicable diseases.

Read the 2016 year in review: key health issues

A productive 2016 on Immunization Monitoring and Data Quality
Carolina Danovaro, WHO Headquarters

Last year, we saw great data visualisations, including an animated map showing the reduction in the number of unvaccinated children over time, and the report of the Global Vaccine Action Plan (GVAP) was more interactive than ever (see: dynamic graphs of GVAP indicators in TechNet-21). WHO country profiles and the app were revamped to include more information and graphs. In October 2016, partners gathered in Kigali, Rwanda, at the “Meeting on Improving the Availability, Quality and Use of Immunization Data at all levels” to agree on the WHO/UNICEF Join Reporting Form and to jointly discuss strategies for improving the quality and use of immunization data, and to discuss ways to collaborate across partners to reach common data quality objectives. A framework to think about Systems and Data Quality was proposed and presented in meetings organized by the African and the Eastern Mediterranean Regions, it is illustrated here.

In 2016, the Health Data Collaborative was also launched, representing an important opportunity to coordinate our work on immunization data with the broader health data and M&E agenda.

From WHO/HQ, draft guidance on information systems assessment and data desk review, field data quality reviews and data quality improvement plan (DQIP) was drafted and circulated for feedback, and should be ready in 2017. Also, work on vaccination coverage surveys took place with a training for statisticians and several surveys starting to use the new WHO Vaccination Coverage Survey Manual. Vaccination survey tools, resources and guidance were also added to TechNet-21. Along with implementing quality surveys, dialog is ongoing on defining when is worth investing in a survey and when other methods can be used to inform decision-making.

Finally, the working group on home-based records (HBR) continued to work towards ensuring that HBRs are of quality and available in the right place, at the right time and in the right quantity in countries. JSI was engaged in the redesign and promotion of HBRs in Ethiopia and Madagascar; and those experiences and lesson learned are highlighted in two case studies. An updated map with the estimated prevalence of home-based vaccination cards – from DHS and MICS surveys – was produced and an article on reported HBR stock-outs was just published.

The WHO webpage on HBRs with all available resources is here.
The cost of surveillance
Adam Cohen, Minal Patel and Claudio Politi, WHO Headquarters

Vaccine-preventable disease (VPD) surveillance is critical to guide policy decisions on vaccine introduction, monitoring VPD after vaccines are in use, documenting elimination and eradication of VPDs, and guiding vaccination response during outbreaks. WHO recommends that countries conduct VPD surveillance for all vaccines in the Expanded Programme on Immunization (EPI). Despite support for EPI VPD surveillance from partners and funders, and interest from individual countries, little is known about the cost of conducting surveillance in countries or globally. Understanding the costs of conducting VPD surveillance will allow to better plan for EPI VPD surveillance activities, such as within comprehensive multi-year plans (cMYPs). In addition, as the polio surveillance infrastructure is leveraged for other EPI VPD surveillance, the potential costs of transitioning polio surveillance to surveillance for other VPDs have not been well explored. On December 7-8, costing experts attended the ‘Meeting on Costing of Vaccine-Preventable Disease Surveillance as part of the Expanded Programme on Immunization’ in Geneva to explore methods to estimate costs of EPI VPD surveillance, describe current knowledge of costs of EPI VPD surveillance, and outline the priorities going forward. Top priorities in the near future included 1) conducting a thorough literature review of the cost of surveillance and the methods used, 2) costing studies at the country level to understand the cost of both surveillance platforms as well as disease-specific add-ons, and 3) working to integrate components of the SurvCost tool aligned with the cMYP.

First multi-dose vial presentation of a pneumococcal conjugate vaccine launched for Gavi countries
Rehana Wolfe, Pfizer

In an effort to advance innovation in immunization to address the challenges of cold chain storage and costs, Pfizer has developed the first ever four-dose vial of its pneumococcal conjugate vaccine, PCV13 specifically for Gavi countries. This new four-dose presentation began shipping to Gavi countries in January 2017.

The new preserved four-dose vial is prequalified by WHO and with usage for a 28-day period. Pfizer has also lowered the cost per dose for the new multi-dose vial (MDV) presentation by 13% to $3.05 per dose.

While Gavi eligible countries can now purchase the MDV presentation at a lower-per-dose cost, they also stand to gain in a number of other ways including:

- 75% reduction in storage capacity at all distribution levels.
- 75% reduction in UNICEF shipping fees and materials.

As part of its support for the introduction of the new four-dose PCV 13 vial, Pfizer has partnered with Agence de Medecine Preventive (AMP) to conduct refresher Train-the-Trainer sessions on handling of MDV with preservative as well as preparing and managing immunization sessions in all countries switching from the single dose to the multi-dose vial presentation.
Call for consultants

Call for consultants (one position): Country Regulatory Strengthening Group in EMP/RHT/RSS

Alireza Khadem Broojerdi, WHO Headquarters

The successful candidate will need to demonstrate the following qualifications/expertise/skills:

- bachelor’s degree in Pharmacy or related field;
- in-depth knowledge of the WHO five-step capacity building model, the WHO national regulatory authority (NRA) assessment tools and institutional development plan (IDP) elaboration;
- extensive experience in working with the WHO Global Benchmarking Tool;
- experience in working with WHO and in developing countries is essential;
- good knowledge of quality management principles and practice;
- effective in organizing, facilitating and conducting country visits, NRA benchmarking, workshops, trainings, and other regulatory capacity building activities;
- experience in assisting the NRA and manufacturers to conduct GMP inspections in developing countries;
- minimum three years of experience in regulatory good manufacturing practices (GMP) inspection;
- advanced ability to prepare written reports, terms of reference, and other documents (in English);
- excellent ability to communicate and work in diverse cultural settings;
- computer proficiency beyond the basics, particularly office environment (Excel, Word, PowerPoint);
- knowledge of electronic information management applications such as SharePoint and database; and,
- proficiency in Access is highly desirable.

To access the terms of reference, please click here.

Only selected candidates will be contacted (individually) by the WHO Secretariat.
Curriculum vitae should be submitted to WHO/EMP/RHT/RSS by electronic mail only, with the following title: ‘Call for consultant RSS/CRS’.

The deadline is 8 February 2017.
Past Meetings/Workshops

Regional high level partners consultation meeting on integration of EPI information systems and integrated HIS, WHO AFRO

Blanche Anya, Jethro Chakauya, Aboubacar Ndiaye, Bernard Ntsama and Alain Poy, WHO Regional Office for Africa; Chung-won Lee (Gavi, the Vaccine Alliance)

Location: Kampala, Uganda
Date: 14 November 2016
Participants: Around 39 experts in the area of immunization, information management, academics and health system from the following institutions: WHO Headquarters (Immunization, Health System strengthening / Information, Evidence and Research-IER), WHO /AFRO and the three Inter country Support teams (ISTs), GAVI, CDC Atlanta, USAID, Oslo University, PATH, Global Fund and country representatives from Ghana and Nigeria.

Purpose:
• Discuss the challenges in the rollout of integrated Health Information Systems (HIS) software in the African Region and implications for the EPI monitoring system
• Agree on EPI data requirements for integrated HIS software
• Agree on the approaches to fully harmonize and successfully integrate EPI within integrated HIS tools in the African Region and mechanisms to follow up on this issue.

Details:
• Challenges in the rollout of the integrated HIS software in the African Region were discussed and ways to better link the HIS to EPI information systems explored.
• The Data Exchange tool being developed in collaboration between WHO HQ and WHO AFRO with support from Oslo University was demonstrated. The tool provides the possibility to link EPI variables and Demographic Health Survey 2 (DHS2) data, avoiding double entry.
• Ghana demonstrated the data exchange tool supported by WHO AFRO, WHO HQ and Oslo University linking DHS2 and EPI's District Vaccination Data Management Tool (DVDMT).
• Action points to reinforce the links and collaboration between EPI and HIS teams were also adopted.
• Agreement on five key requirements to best include immunization data within integrated HIS software.
• Key action points:
  ◊ Reinforce coordination between Health Systems Strengthening (HSS) and EPI in countries in terms of HIS.
  ◊ Global technical partners to develop recommendations on procedures for countries to follow in order to coordinate a meaningful integration of EPI data within HIS tools.
  ◊ Establish a global and regional HSS/EPI group within a framework for information sharing, coordination on planning for HIS establishment, alignment of technical support, etc.
  ◊ While supporting countries on establishing an integrated HIS management software, partners to remind countries and developers to take into account the five minimum requirements agreed upon this meeting.
First regional capacity building workshop on immunization and health system data quality improvement and implementation of vaccination cluster coverage survey, WHO AFRO

Blanche Anya, Jethro Chakauya, Aboubacar Ndiaye, Bernard Ntsama and Alain Poy, WHO Regional Office for Africa; Chung-won Lee (Gavi, the Vaccine Alliance (Gavi))

Location: Kampala, Uganda
Date: 15-18 November 2016
Participants: 97 participants and facilitators drawn among EPI and Health Information System data specialists in MOH and WHO, Data managers and EPI focal points from Benin, Cameroon, Central Africa Republic, Chad, Cote d’Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Liberia, Mali, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda and Zimbabwe. Facilitators were from WHO Headquarters (Immunization, Health System strengthening / Information, Evidence and Research), WHO AFRO and the three Inter country Support teams (ISTs), GAVI, CDC Atlanta, USAID, Oslo University, PATH, Global Fund and four consultants.

Group and working session photos of the capacity building workshop:
Speke resort Munyonyo, Kampala Uganda 15-18 November 2016

Purpose:
• Reinforce the participants’ capacity to conduct data quality reviews, information system assessments and to develop data quality improvement plans with clear monitoring and evaluation mechanisms.
• Present data quality review (DQR) metrics and the methodology through tracer indicators across different programmes, including immunization, and demonstrate the links between the new WHO guidelines and tools on the immunization DQR and integrated DQR.
• Brainstorm and learn from countries what processes and practices can promote harmonization and/or alignment of data quality assessments and improvement efforts.
• Reinforce participants’ capacity on planning and implementation of vaccination coverage cluster surveys using the revised WHO guidelines.

Details:
• Participants were trained on data quality reviews, and information system assessments using methodologies recently developed by WHO EPI and the integrated DQR method.
• Countries conducted a data desk review using their own immunization data with time series analysis using selected data quality metrics. They also used existing reports to identify additional system gaps.
• Each country developed a comprehensive draft document highlighting data quality and system issues and root cause analyses and proposed concrete potential solutions in a draft data quality improvement plan. Also, all countries developed a one-page document with next steps listing the key actions to be implemented upon return to their specific countries.
• Participants actively discussed harmonization and/or alignment of data quality assessments and improvement plans for both immunization and health systems.
• Seventeen action points were adopted around the following areas:
  ◊ Finalizing the analysis and development of both strategic and annual improvement plans (to be integrated into existing cMYP or annual EPI plans of actions, as appropriate), and including the use of a standard regional template for annual planning and monitoring
  ◊ Creating of a multidisciplinary national Data Quality Team (DQT) composed of diverse experts
  ◊ Conducting a quarterly assessment of the plan’s implementation
  ◊ Providing technical support to countries for assessments and improvement plan development as well as use of the revised vaccination coverage survey methodology
  ◊ Mobilizing resources for implementation of plans.
Strengthening HPV vaccination and adolescent health programmes in Africa

Carine Dochez, Network for Education and Support in Immunisation (NESI)/University of Antwerp, Belgium; Rosemary J. Burnett and Andrew Musyoki, South African Vaccination and Immunisation Centre (SAVIC)/Sefako Makgatho Health Sciences University (SMU), South Africa; Daisy Trovoada, WHO IST Central Africa; Jeffrey Mphahlele, South African Medical Research Council (SA-MRC).

Location: Johannesburg, South Africa
Date: 21-22 November 2016
Participants: A total of 87 delegates attended the Symposium; including representatives from 16 countries of the Eastern and Southern African Region: Angola, Botswana, Ethiopia, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Soudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

Facilitators were from: WHO/AFRO, WHO/South Africa, WHO/IARC, Gavi, South African Medical Research Council (SA-MRC), Centre for Infectious Disease Research in Zambia (CIDRZ) and academia (University of the Free State, Sefako Makgatho Health Sciences University, University of Cape Town, University of Witwatersrand, Stellenbosch University, NESI/University of Antwerp). Additional delegates were from industry.

Purpose:
(a) Discuss recent advances in HPV vaccines and their use;
(b) Discuss adolescent health interventions to be delivered alongside HPV vaccination;
(c) Exchange lessons learnt and best practices regarding HPV vaccination and adolescent health services among participating countries; and
(d) Strengthen a multi-disciplinary team of experts to support and advocate for the introduction of HPV vaccination and other adolescent health interventions in the African Region.

Details: The Symposium was organized by SAVIC/SMU, SA-MRC and NESI/University of Antwerp.
Of the 16 countries present, six had introduced the HPV vaccine nationwide. Seychelles and South Africa shared their overall experience, best practices and challenges with the introduction of the HPV vaccine; while Botswana, Rwanda and Uganda focused on monitoring and evaluation of their HPV vaccination programmes. Mauritius gave an update on their recent HPV vaccine introduction.

Three countries (Malawi, Mozambique and Tanzania) gave updates on their respective HPV vaccine demonstration projects. Zimbabwe gave a comprehensive overview focusing on integrating other adolescent health interventions alongside HPV vaccination; while Zambia and Ethiopia shared their experiences and best practices regarding information, education and communication for building public trust in HPV vaccination.

Namibia and Swaziland are planning for HPV vaccine introduction in 2017 and shared their respective introduction plans.

The Symposium hosted two round table discussions: (1) “Overcoming hurdles for HPV vaccination introduction and cervical cancer screening”, and (2) “Research opportunities on HPV vaccination and adolescent health”. These round table discussions generated lively discussions between the expert panel and the participants.

Providing a forum for sharing experiences among countries was highly appreciated by all delegates.
Americas Regional workshop on strengthening laboratory capacity for invasive bacterial vaccine preventable diseases (IB-VPD) surveillance

Tomoka Nakamura and Fatima Serhan, WHO Headquarters and Gloria Rey, Pan American Health Organization (PAHO)

Location: Mexico City, Mexico
Date: 28 November – 2 December 2016
Participants: Facilitators from the global reference laboratory at the US Centers for Disease Control and Prevention (CDC) provided a week-long training for participants from Argentina, Brazil, Colombia, Ecuador, Mexico, Nicaragua, Paraguay and Peru.

Purpose: As part of WHO efforts to improve surveillance in invasive bacterial diseases, this workshop was organized by PAHO to reinforce laboratory capacities for diagnosis and molecular typing.

Details: The training facilities were kindly provided by the Instituto de Diagnóstico y Referencia Epidemiológicos (InDRE) at Mexico City, Mexico.

The workshop included a scientific programme that focused particularly on the molecular diagnostic techniques using direct real-time polymerase chain reaction (PCR) that allows detection and serotyping/serogrouping of S. pneumoniae, H. influenzae and N. meningitidis directly from clinical samples (e.g. cerebrospinal fluid) collected in suspected bacterial meningitis cases. This new method does not require DNA extraction which saves time, costs, and resources, and yields consistent results that ultimately improve the overall diagnosis of invasive disease-causing pathogens.

In addition to the hands-on workshop at the lab bench, the participants gave a series of global, regional and national presentations. This was an excellent opportunity to create a platform for sharing experiences and lessons learned among the PAHO countries as well as to strengthen the coordination between WHO/PAHO, global (CDC), regional (Instituto Adolfo Lutz in Brazil and Instituto Nacional de Salud in Colombia), and national reference laboratories.
Workshop to review the manual on rapid responses to imported cases of Measles, Rubella and congenital rubella syndrome (CRS)

**Desiree Pastor**, PAHO-Washington, DC

**Location:** Bogota, Colombia

**Date:** 4-6 December 2016

**Participants:** Delegates from the ministries of health from ten countries (BRA, CHI, COL, COR, DOR, ECU, ELS, HON, MEX, VEN) representing National Immunization Programmes, the General Directorate of Epidemiology and National Laboratory for Measles and Rubella and PAHO immunization focal points from eleven countries (ARG, BRA, COL, DOR, ECU, HON, MEX, NIC, PAN, PER, VEN) attended the workshop.

**Purpose:** To create a regional tool that guides rapid response actions when facing imported cases of measles, rubella, and CRS, with the goal of maintaining the elimination of endemic measles and rubella viruses in the Americas.

**Details:** During the workshop, master lectures were given to update the participants on the measles and rubella situation at the regional and global level, as well as an analysis of the strengths, weaknesses, opportunities and threats that present challenges to sustaining measles and rubella elimination in the Americas. Three countries were also invited to present on their experiences in controlling and closing outbreaks, as well as on the methodology used in risk analysis before and after outbreaks. These countries were Brazil, Chile and Colombia.

The methodology for risk analysis and case studies on the measles outbreak, which were developed by the Health Secretariat in Ceará, Brazil with support from PAHO, were presented in this workshop and will be adapted to be included as annexes in the Manual on Rapid Responses to Imported Cases, which PAHO will publish in 2017.

Chile also presented on their experience in managing the 2015 outbreak and the methodology they developed for both outbreak control and risk analysis, both of which will work to enrich the experiences shared in the Manual on Rapid Responses to Imported Cases from PAHO/WHO.

The workshop ended with a presentation of recommendations from five plenary working groups. These recommendations created a very rich discussion about the agreements that should be achieved from all countries in the Region to sustain elimination, responding in a quick, effective and homogeneous way to any importation of measles and rubella viruses from any region in the world.

On the third and last day of the workshop, the proposed strategic lines of action and indicators for the Regional Plan of Action for the Sustainability of Measles and Rubella Elimination, 2017-2022, were presented.
Training workshop on strengthening the technical capacity of the NITAG in Viet Nam

Nyambat Batmunkh (EPI/DCD, WPRO) and Makiko Iijima (WHO Country Office, Viet Nam)

Location: Hanoi, Viet Nam
Date: 15-16 December 2016

Participants: Thirty participants including the members and secretariat of the NITAG and representatives from the National EPI, the General Department of Preventive Medicine/Ministry of Health (MOH), regional institutes, and selected provincial preventive medicine centers.

Purpose: To review the role, function and procedures of the NITAG; to review an evidence-based decision making process; to discuss the NITAG’s future directions and workplan; and to discuss challenges to successful NITAG functioning and potential support.

Details: The training workshop was facilitated by Dr Philippe Duclos (WHO HQ), Dr Abigail Shefer (US CDC) and Dr Nyambat Batmunkh (WPRO). The workshop consisted of a series of experts and country presentations and case studies. Topics covered the global perspectives and regional status of NITAGs, the evidence-based decision making process, stakeholder analysis, SAGE review process and examples on dengue and rotavirus vaccines. Overall, the workshop was quite successful and appreciated by the participants.

Several potential challenges for the NITAG in Viet Nam were actively discussed, including 1) resources necessary to create in-country evidence and implement a successful evidence-based review process and 2) the need to ensure that prominence be given to NITAG recommendations by MOH and other stakeholders. It was noted that these are challenges faced by many if not all NITAGs, and not specific to Viet Nam. Potential activities to address these areas were discussed.

Recommendations and follow up related to the workshop:
- Continue providing technical support to the NITAG as necessary;
- The NITAG secretariat to complete a stakeholder analysis and see how to adjust the NITAGs meetings attendance; and
- The NITAG to explore how to better leverage existing resources to gather important local information on disease burden and economic considerations.
Resources

New immunization e-learning courses now available to all

The joint WHO and UNICEF e-Learning Initiative is pleased to announce the launch of a new range of online courses. All modules are free to access, and available through a user-friendly interface that also allows mobile and offline capabilities.

The modules are available to Ministry of Health staff at national and sub-national levels, all Gavi partners at all levels, as well as NGOs, CSOs, and other immunization stakeholders.

e-Learning modules are available on the following topics, with most in English and French:
- Immunization Supply Chain Management
- Communication for Immunization
- Immunization Coverage Data
- Planning for Immunization
- Multi-Dose Vial Policy
- Vaccine Vial Monitors
- Microplanning for Immunization

To access the e-learning modules, visit the online learning portal, hosted by UNICEF.

If not already registered, select "Come in" and register. The courses can then be reached by entering "immunization" in the search window, or any course topic. For convenience, each can be stopped and started without losing progress. After successful course completion, a certificate is provided.

Advances on Electronic Immunization Registries in Latin America are highlighted in the Global eHealth Report
Marcela Contreras, Gabriela Felix Martha Velandia, – PAHO, Washington, DC

The recently released Global eHealth report includes a case study on Electronic Immunization Registries (EIR) in Latin America. This case study highlights the fact that Latin America is home to some of the oldest computerized immunization registers in the world. Additionally, it mentions that, to date, many countries in Latin America have been working toward implementing electronic immunization registries, seeking to improve immunization data quality and facilitate better data availability at all levels of the immunization program. The study also mentions that EIRs are considered useful tools to reach the goals stated in the Regional Immunization Action Plan [of the Americas].

The eHealth Report highlights the “Improving Data Quality for Immunization (IDQi)” Project, a PAHO initiative to help countries decide whether, when and how to introduce and/or expand EIRs. Best practices on EIR development and implementation, identified from various countries in the context of the IDQi initiative, include the following:

- Objectives and the scope of the EIR should be clearly established before development;
- Implementation of the EIR should be monitored in order to address problems as soon as possible;
- Data flow and processes should be clearly identified at the start of the project;
- An unique identifier should be used or created, as well as capturing the entire target population;
- EIRs need to be flexible enough to accommodate new vaccines, new schedules, etc.; and
- EIRs require investments in time and financial commitments during their entire life cycle.

Report “State of inequality: childhood immunization”  
Carolina Danovaro, WHO Headquarters

In December 2016, the State of inequality: childhood immunization report was released. It addresses two overarching questions: What inequalities in childhood immunization coverage exist in low- and middle-income countries? And how have childhood immunization inequalities changed over the last 10 years? In answering these questions, this report draws on data from five childhood immunization indicators, disaggregated by four dimensions of inequality, and covering 69 countries.

The findings of this report indicate that there is less inequality now compared to 10 years ago. Global improvements have been achieved with variable patterns of change across countries and by indicator and dimension of inequality. The current situation in many countries shows that further improvement is needed to lessen inequalities; in particular, inequalities related to household economic status and mother’s education were the most prominent. The report is accompanied by electronic interactive visuals, facilitating thorough and customizable exploration of the data.

I-Learning Module on monitoring immunization coverage  
Carolina Danovaro, WHO Headquarters

An e-learning module describes how to monitor immunization coverage, how to assess data quality, and how to interpret and use data for action can be found here. The course takes about two hours and provides a refresher on important concepts.

Updated TechNet Resource Library and new survey page  
Carolina Danovaro, WHO Headquarters

A WHO webpage resource on HBRs is now available here. You can also find information on the prevalence of home-based records and a repository of the vaccination cards used in several countries.

Please send any missing or updated HBRs to keep this site up-to-date.
## Calendar

### 2017

#### February

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<th>Event</th>
<th>Location</th>
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<tr>
<td>1-2</td>
<td>Immunization and Vaccines-related Implementation Research (IVIR) Advisory Committee (AC) Meeting</td>
<td>Annecy, France</td>
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<td>20-24</td>
<td>Practical training on survey analysis</td>
<td>TBD, Thailand</td>
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<tr>
<td>23-24</td>
<td>Consultation with Member States in Europe on WHO/UNICEF Joint Reporting Form (JRF)</td>
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#### March

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<tr>
<td>22-23</td>
<td>Immunization in the elderly meeting</td>
<td>Geneva, Switzerland</td>
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<td>29-30</td>
<td>HSV Vaccine Preferred Product Characteristics Global Stakeholder Consultation</td>
<td>Geneva, Switzerland</td>
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#### April

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<tr>
<td>18-21</td>
<td>Sharing lessons learned on Vaccination Coverage Surveys and defining a survey-related Research agenda</td>
<td>Geneva, Switzerland</td>
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<td>20-23</td>
<td>EPI Managers’ Meeting for East &amp; Southern Africa</td>
<td>Kampala, Uganda</td>
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<td>24-30</td>
<td>Fifth World Immunization Week</td>
<td>Worldwide</td>
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<td>25-27</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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#### May

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>15-31</td>
<td>70th World Health Assembly</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>16-18</td>
<td>AFRO East and South Regional Working Group</td>
<td>Maputo, Mozambique</td>
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#### June

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>23-24</td>
<td>Fifth Measles Virus mini symposium</td>
<td>Rochester, MN USA</td>
</tr>
<tr>
<td>26-30</td>
<td>Accelerating Progress towards Measles and Rubella goals</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>27-29</td>
<td>Fifteenth Global Measles and Rubella Laboratory Network Meeting</td>
<td>TBD</td>
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#### October

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>16-20</td>
<td>Fifteenth TechNet Conference</td>
<td>Portugal</td>
</tr>
<tr>
<td>17-19</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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</table>

#### November

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>13-17</td>
<td>Global Rotavirus and IB-VPD Surveillance Network Meetings</td>
<td>Geneva, Switzerland</td>
</tr>
</tbody>
</table>
## Links

### Organizations and Initiatives

**American Red Cross**
- [Child Survival](https://www.redcross.org)

**Agence de Médecine Préventive**
- [Africhol](https://www.medecinesante.com)
- [LOGIVAC Project](https://www.logivac.org)
- [National Immunization Technical Advisory Groups Resource Center](https://www.nitag.org)
- [SIVAC](https://www.sivac.org)

**Centers for Disease Control and Prevention**
- [Polio](https://www.cdc.gov)
- [Global Vaccines and Immunization](https://www.cdc.gov)

**Johns Hopkins**
- [International Vaccine Access Center](https://www.jhsph.edu)
- [VIEW-hub](https://www.view.org)

**JSI**
- [IMMUNIZATIONbasics](https://www.jsi.com)
- [Immunization Center](https://www.jsiglobal.com)
- [Maternal and Child Health Integrated Program (MCHIP)](https://www.jsiglobal.com)
- [Publications and Resources](https://www.jsi.com)
- [Universal Immunization through Improving Family Health Services (UI-FHS) Project in Ethiopia](https://www.jsi.com)

**PAHO**
- [ProVac Initiative](https://www.paho.org)

**PATH**
- [Vaccine Resource Library](https://www.path.org)
- [Rotavirus Vaccine Access and Delivery](https://www.path.org)
- [Malaria Vaccine Initiative](https://www.path.org)
- [Meningitis Vaccine Project](https://www.path.org)
- [RHO Cervical Cancer](https://www.path.org)

### WHO Regional Websites

**Routine Immunization and New Vaccines (AFRO)**
- [Immunization (PAHO)](https://www.afro.who.int)
- [Vaccine-preventable diseases and immunization (EMRO)](https://www.emro.who.int)
- [Vaccines and immunization (SEARO)](https://www.searo.who.int)
- [Immunization (WPRO)](https://www.wpro.who.int)

**UNICEF Regional Websites**
- [Immunization (Central and Eastern Europe)](https://www.unicef.org)
- [Immunization (Eastern and Southern Africa)](https://www.unicef.org)
- [Immunization (South Asia)](https://www.unicef.org)
- [Immunization (West and Central Africa)](https://www.unicef.org)
- [Child survival (Middle East and Northern Africa)](https://www.unicef.org)
- [Health and nutrition (East Asia and Pacific)](https://www.unicef.org)
- [Health and nutrition (Americas)](https://www.unicef.org)

### Newsletters

- [Immunization Monthly update in the African Region](https://afro.who.int)
- [Immunization Newsletter](https://www.paho.org)
- [The Civil Society Dose](https://covid19.gavi.org)
- [TechNet Digest](https://www.technet21.org)
- [RotaFlash](https://www.path.org)
- [Vaccine Delivery Research Digest](https://www.path.org)
- [Gavi Programme Bulletin](https://www.gavi.org)
- [The Pneumonia Newsletter](https://www.jhsph.edu)

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**January 2017**