In this issue

You can click on the article you are interested in and access it directly!

News

- Eastern Mediterranean Region shows strong commitment to WIW
- Benin and Burkina Faso submit their polio certification reports to the Africa Regional Certification Commission for polio eradication
- An increasing number of countries are sharing vaccine price data
- Delegates discuss progress towards global immunization goals
- WHA68 Side Meeting on Immunization

Upcoming meeting

Past meetings / workshops

- 21st meeting of the Eastern Mediterranean Regional working group for Gavi, the Vaccine Alliance
- The Second Bi-regional Cross-border Meeting on Polio, Measles and other Vaccine-Preventable Diseases / World Health Organization
- Appreciative Inquiry training and Full Immunization Programme observation visit of Afghanistan team in Nepal
- The First Meeting of the Working Group on Immunization in West and Central Africa held in Abidjan (Côte d’Ivoire), West Africa
- Orientation Meeting of Countries in the African Region on National Immunization Technical Advisory Group (NITAG)
- Web Launch for the ProVac-EPIC Special Supplement to Vaccine: “Expanding the evidence base to inform vaccine introduction: program costing and CEA”
- Expert consultation to develop a manual for field investigation of AEs

Resources

Calendar

Links

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News

Protecting Girls from the Scourge of Cervical Cancer in the Solomon Islands – Human Papilloma Vaccine Pilot Rolled Out

Ibrahim Dadari, UNICEF Pacific

Cervical cancer is the leading cause of deaths due to cancer among women in the Solomon Islands. Most cases are caused by infection with Human Papilloma Virus (HPV), preventable by vaccination. With the support of Gavi, UNICEF, WHO and other partners such as PATH and the Australian Cervical Cancer Foundation (ACCF), an HPV vaccine demonstration project was launched in the Solomon Islands on 27 April 2015 in two provinces of Honiara city council and Isabel targeting about 8,000 girls aged nine to 12 years with an in-and-out-of-school delivery method.

As a Gavi-eligible country, the Solomon Islands was approved to receive support for the two-year HPV vaccine project in 2015-2016 in two provinces. Gavi supported the procurement of vaccines and devices, as well as the one-off vaccine introduction cash grant. UNICEF, WHO, PATH and ACCF provided technical support in drafting the proposal, pre-introduction preparations, planning and the eventual launch of the vaccine. UNICEF ensured timely procurement and delivery of about 18,000 doses of vaccines and injection devices, including on-the-ground support on vaccine distribution and handling.

UNICEF’s capabilities in vaccine security and logistics have been directed towards supporting the country to quantify their cold chain capacity, additional cold chain equipment requirements and installation costs, and facilitated the development of a vaccine introduction plan and training, capturing HPV, IPV and PCV introductions in 2015. PATH and the ACCF have provided both remote and in-country support on advocacy and technical assistance. With these multi-partner initiatives, the HPV pilot in Solomon Islands demonstrates the benefits of strong team collaboration.

This ushers in a new era in the Solomon Islands to protect girls from cervical cancer in the future. The pilot offers a great opportunity to implement effectively and efficiently. Following the demonstration project in two provinces, the country will have the benefit of nationwide HPV vaccine introduction to protect more girls from cervical cancer.
Eastern Mediterranean Region shows strong commitment to World Immunization Week

Vaccine Preventable Diseases and Immunization Unit, WHO EMRO

In the last week of April 2015, the region witnessed a remarkable achievement by Member States with a show of their strong commitment and leadership in observing World Immunization Week.

Under the patronage of high level decision-makers, 14 Member States organized launch ceremonies to mark this occasion, to support media engagement. Many countries developed successful media strategies targeting national newspapers and television networks. In at least 15 countries, advocacy materials were prepared, printed and distributed to the public during social mobilization events, seminars and trainings.

Eleven countries prepared customized trainings for healthcare workers. Moreover, at least 11 countries worked to expand their vaccination services during the week, with a focus on tracking unvaccinated individuals, and extending the operational hours of vaccination facilities. In Afghanistan and Syria, there were large-scale measles campaigns and polio campaigns in Egypt, Iraq and Jordan. In addition some countries put a specific emphasis on announcing the introduction of new vaccines and improvements to their national immunization programmes, for example, the Hepatitis B birth dose in Bahrain, injectable polio vaccine in Iran and Morocco, rotavirus in the Occupied Palestinian Territory and measles-mumps-rubella vaccine in Lebanon.

Despite prevailing security challenges Afghanistan, Iraq, Libya, Pakistan, occupied Palestinian territory, Somalia and Syria, planned activities were conducted successfully. In 2015, only Yemen was unable to observe the week extensively due to the deteriorating security situation.

The strong support of decision-makers, country ownership of national immunization programmes and the dedication of national programme staff and frontline health workers have been the main drivers contributing to the unprecedented success of this year’s World Immunization Week.

Benin and Burkina Faso submit their polio certification reports to the Africa Regional Certification Commission for polio eradication

Crépin Hilaire DADJO, WHO/Inter-Country Support Team for West Africa

The African Regional Certification Commission (ARCC) for polio eradication will convene a meeting from 1-5 June 2015 during which Benin and Burkina Faso from West Africa will submit their certification reports.

The last indigenous case of wild polio virus (WPV) was reported on 18 September 1998 in Burkina Faso, on 4 March 2000 in Benin, whereas the last imported case was notified on 16 April 2009 in Benin and 25 October 2009 in Burkina Faso. Both countries have good performance in Routine Immunization (OPV3 coverage) and Acute Flaccid Paralysis (AFP) surveillance. Neither of these countries has a national laboratory, but defer to the polio reference laboratory of Institute Pasteur in Côte d’Ivoire. Both have developed preparation and response plans in the case of WPV importation. They also both have an action plan for containment activities.

The ARCC members will review the evidence presented by each country, and if satisfactory, declare them free of polio. It should be recalled that polio is a preventable but incurable childhood disease.
Achieving Maternal and Neonatal Tetanus Elimination (MNTE) – May 2015

Azhar Abid Raza, Flint Zulu, UNICEF New York and Ahmadu Yakubu, WHO Headquarters

36 Countries eliminated MNT between 2000 & March 2015

Since 1999, 36 out of 59 countries at high-risk of Maternal and Neonatal Tetanus (MNT) have achieved MNT elimination. Mauritania and 16 out of 17 regions of the Philippines validated for MNTE in February 2015, while the six remaining states in India completed data review for validation in April 2015. This achievement was made possible through the commitment of national governments, and the technical and financial support of partners.

Currently, there are 23 countries remaining at risk of MNT and most have planned activities to eliminate this menace, with Cambodia scheduled for a validation survey in June 2015.

The challenge of reaching the remaining target women – predominately in conflict-affected areas - is possible with continued political commitment, sustained partnership and timely availability of funds. Innovations like Uniject devices and programmatic integration will be the key priorities for achieving and sustaining elimination.

An increasing number of countries are sharing vaccine price data

Tania Cernuschi and Stephanie Mariat, WHO Headquarters

Following frequent calls from several countries for greater vaccine price transparency at World Health Assemblies across the last decade, WHO has been actively working with partners and countries to promote vaccine price data sharing.

The WHO Vaccine Product, Price and Procurement (V3P) project collects and publishes data and analytics on vaccine prices and procurement practices, through an online platform.

The goal of V3P is to equip countries, particularly Middle Income Countries that self-procure their vaccines, with the information and tools they need to make informed and sustainable immunization-related decisions. Price information sharing offers a transparency that can promote a stronger understanding of the factors that influence prices, enabling meaningful comparisons and improved engagement in price-related discussions.

In 2014, about 1000 price data points from 25 countries were collected. The WHO European region is leading this effort, actively engaging with the great majority of countries currently providing information.

Countries are providing positive feedback on the V3P project and its ability to encourage debate and exchange. More and more countries are starting to contribute: this year, 30 countries from four regions have already shared price information and more are expected to do so by early summer. Partners are also actively collaborating in price transparency efforts: the PAHO Revolving Fund and UNICEF Supply Division share price information with V3P and through their own platforms, and MSF passionately advocates for country engagement.

Available price information and related analyses are not only disseminated through the V3P project, but also at the World Health Assembly through the yearly Global Vaccine Action Plan reporting process. Any country submitting information by June 2015 will be contributing to this year’s Vaccine Price report.

Data contributed to date demonstrates a wide variation in vaccine prices, and will allow for further analysis to inform policy- and decision-making at both the global and country level. In 2014, SAGE urged all countries to “change the rules of the game” and share their vaccine price information.

For more information, visit the following web link or send us an email.
Delegates discuss progress towards global immunization goals
Thomas Cherian, WHO Headquarters

Fifty-two speakers, including 46 delegates of Member States, one observer (Chinese Taipei), four civil society organizations and GAVI, the Vaccine Alliance, took the floor during the discussion on the Global Vaccine Action Plan (GVAP).

Delegates commended the WHO Strategic Advisory Group of Experts (SAGE) on immunization for an excellent assessment report and took note of the recommendations. A resolution was adopted that specifically addresses the issue of access to sustainable supplies of affordable vaccines for low and middle income countries.

Find out more about the GVAP session.

WHA68 Side Meeting on Immunization
“Achieving the Global Vaccine Action Plan Objective for Routine Coverage: What can be done to get back on track?”
Daniela Urfer, WHO Headquarters

During the WHA68, a side meeting on immunization with delegates from Member States with DTP3 coverage below 80% was convened by WHO. The objectives were to discuss the challenges faced by countries to reach global vaccination targets for 2015 and explore solutions to overcome them.

Lead agencies in the Decade of Vaccines Collaboration and other development partners were given the opportunity to reiterate their commitments to support countries to achieve this important goal.

Find out more about the WHA68 side meeting on immunization by visiting this link.

Upcoming Meeting

Global Immunization Meeting: Protect, Innovate, Accelerate (PIA)
Location: Sitges/Barcelona, Spain
Date: 23-25 June 2015
Purpose: To review and discuss among global, regional and country immunization partners, key issues related to strengthening routine immunization, implementation of new and under-utilized vaccines and to accelerated disease control efforts – notably for measles, rubella and maternal and neonatal tetanus – including alignment with polio eradication efforts.
Details: This year, particular consideration and review will be given to the following issues:
- Technical updates on new strategies for reaching unreached populations with routine vaccination, and discussions on major opportunities and challenges with new approaches.
- Review of activities and lessons learned from countries and regions in the implementation of new vaccines, and preparation of countries for the successful introductions of new vaccines in 2015.
- Discussion of innovative approaches for achieving measles, rubella and tetanus elimination including newly-developed guidance for supplementary immunization activities, and new vaccine delivery technologies.
- Exchange of information between WHO, UNICEF and other immunization partners - at all levels - on respective roles and responsibilities in the provision of technical assistance to countries.

A detailed agenda is available at this link.
Fifth Asian Vaccine Conference (ASVAC 2015): “Introducing More Vaccines and Reaching Everyone”

Lulu C. Bravo, Immunization Partners in Asia Pacific

Location: Hanoi, Vietnam
Date: 12-14 June 2015

Participants: Asia-Pacific Advisory Committee on Influenza (APACI), International Vaccine Access Center (IVAC), Como-Confederation of Meningitis Organizations, ROTA Council, IVI-International Vaccine Institute, Asian Strategic Alliance for Pneumococcal Disease Prevention (ASAP), Immunization Partners in Asia Pacific (IPAP), National Institute of Hygiene and Epidemiology (NIHE Vietnam)

Purpose: Designed for healthcare and medical professionals to share their knowledge, strategies and experience to tackle the challenge of introducing new vaccines and scaling up existing vaccines in National Immunisation Programmes.

Themed "Introducing More Vaccines and Reaching Everyone", the conference aims to address:
- New vaccine recommendations, schedules and justifications
- Target populations, implementation and delivery strategies
- Opportunities and challenges
- Coordination, partnerships and advocacy
- Costs and funding
- Key activities including expanding health worker capacity, reaching the hard-to-reach, and improving logistics

Details: The three-day Conference will feature important presentations by a wide range of expert speakers and opinion leaders from around the world who will assemble in Hanoi with the common objective of engaging stakeholders to expand and improve immunisation coverage in the region.

Past Meetings/Workshops

21st meeting of the Eastern Mediterranean Regional working group for Gavi, the Vaccine Alliance

Irtaza Chaudhri, WHO EMRO

Location: Djibouti
Date: 27-29 April 2015

Participants: Nationals from Gavi-supported countries in EMR namely Afghanistan, Djibouti, Pakistan, Somalia and Sudan. Due to the prevailing situation in Yemen, national participants were unable to join. In addition, the participants included representatives from partner agencies, i.e. WHO HQ, EMRO and the mentioned country offices, UNICEF HQ, MENA and the mentioned country offices, Bill and Melinda Gates Foundation, Global Fund to fight AIDS, Malaria and TB, and Gavi.

Purpose: To review country progress in implementing the Gavi process related to the different windows of support, identify weaknesses and gaps and recommend corrective measures; to brief the participants on the available Gavi support and updates on the Gavi policies, mainly co-financing of vaccines, Grant Application Monitoring and Reviews (GAMR) and the GAVI strategy 2016-2020; to agree on technical assistance for countries in order to adequately implement the GAVI process; and to enhance the collaborative approach of EPI and Health System Strengthening.

Details: The meeting was opened by Dr Nadia Teleb, Regional Advisor VPI/DCD WHO EMRO.

Deliberations were held within the ambit of the objectives of the meeting. The opportunity of the meeting was well utilized to update the participants on the latest Gavi policies, especially those related to Joint Appraisals. The participants developed country specific action plans until 2017 to strengthen the immunization programmes in their respective countries. The participants also developed a set of recommendations for countries as well as for partners.
The Second Bi-regional Cross-border Meeting on Polio, Measles and other Vaccine-Preventable Diseases / World Health Organization

Yoshihiro Takashima, Regional Office for the Western Pacific, World Health Organization

Location: Vientiane, Lao PDR
Date: 12-14 May 2015
Participants: 37 participants representing 17 countries in the WHO’s South-East Asian and Western Pacific Regions, WHO (WPRO, SEARO and 11 Country Offices), USAID, CDC

Purpose:
The meeting was held to (i) identify high-risk border areas and populations and define activities to mitigate the risk, starting with polio and measles; (ii) update the coordination mechanism for data sharing (with focus on surveillance for acute flaccid paralysis, measles and other vaccine-preventable diseases); and (iii) foster relationships and facilitate local information sharing on disease surveillance, prevention and control efforts of polio, measles and other VPDs

Details:
The Western Pacific and South-East Asia Regions of WHO were certified polio-free in 2000 and 2014, respectively, while several polio-free countries in both regions were seriously affected by imported wild poliovirus in the past (e.g. Indonesia in 2005 and China in 2011). The Western Pacific Regions experienced serious measles resurgence in 2013-2014. Countries approaching measles elimination and countries with low measles transmission before 2013 experienced multiple importations or large outbreaks of measles virus imported from countries with resurging endemic transmission. In the South-East Asia Region, genotype B3 measles virus, which has been endemic in the Western Pacific Region since early 2015, was detected for the first time in 2014.

Participants in the meeting identified (i) high-risk settings, geographical areas and populations (ii) major factors or causes contributing to, international or cross-border transmission, and subsequent domestic spread and circulation of WPV or measles virus.

Participants concluded the following area of actions should be enhanced by countries and partners to prevent, and minimize the impact of, international or cross-border transmission, and subsequent domestic spread and circulation of WPV or measles virus: (i) sustain and further strengthen the current EPI and disease-specific initiatives; (ii) strengthen immunization programmes along border areas; (iii) improve immunization rates among international travelers; (iv) advocate for the importance of preventing international VPD transmission and spread; and (v) use IHR mechanisms at cross-border points for VPDs.
Appreciative Inquiry training and Full Immunization Programme observation visit of Afghanistan team in Nepal

Rajendra Bohara, WHO Nepal

Location: Nepal

Date: 23-31 March 2015


Purpose: To obtain training on Appreciative Inquiry and Transformational Technologies and to observe how Nepal has used this unique and inventive tool to mobilize local community, resources and ownership to vaccinate every child in the community and achieve a declaration as fully immunized.

Details: About 3% of children are not reached with immunization services and around 13% of children do not receive the full schedule of immunization in Nepal. In order to reach every child and hold a public ceremony that their Village Development Committee (VDC) or municipality is fully immunized, Nepal has adopted an innovative approach in mobilizing local communities, resources and building ownership through Appreciative Inquiry (AI).

Appreciative Inquiry (AI) is a positive, vision-oriented, asset-based, inspirational approach that enables people to construct ‘dreams’ by revisiting past moments of excellence and life-giving experiences, then being driven by the attainment of new goals. It emphasizes looking at things that give life to the system, a journey towards local innovation, and provides a platform to each member of the community to actively participate in the process.

The outcome of this initiative has been remarkable in Nepal. To date, more than 800 VDCs, 30 municipalities and seven districts have been declared as fully immunized.

Three days of skill building participant-centered workshop were designed to coach the Afghani delegates in developing and practicing skills for adopting this innovative approach in Afghanistan. The workshop was facilitated by the AI consultant for the WHO/IPD, Mr Nara B. Karki.

Following the workshop, the Afghani team visited a fully immunized VDC and had the opportunity to be a part of their full immunization declaration ceremony in Myagdi district where the Hon. Minister of Health & Population was present as the chief guest.

Dr Safiquallah Hemat, on behalf of the Afghani team, expressed that their visit was very motivational and worthwhile and the skills learned here in Nepal will be adopted as a breakthrough for strengthening the health system in Afghanistan.
The First Meeting of the Working Group on Immunization in West and Central Africa held in Abidjan (Côte d'Ivoire), West Africa

Crépin Hilaire DADJO, WHO/Inter-Country Support Team for West Africa

Location: Abidjan, Côte d'Ivoire

Date: 21-22 April 2015

Participants: Twenty-five (25) participants from WHO, UNICEF/WCARO, Gavi Secretariat, Agence de Medicine Preventive (AMP), CEEAC (Economic Community of Central African States)

Purpose: To review the vaccination performance in West and Central Africa in 2014 and make appropriate recommendations.

Details: From the review of the performance of routine immunization in West and Central Africa, it appears that only five out of 26 countries reached the set targets of 90% of DTP3 coverage at national level and 80% at district level. Four low-performing countries are reported and require specific technical assistance. However, there is good news: no wild polio virus has been notified since July 2014.

With regard to measles eradication in the sub-region, it has been said that despite measles campaigns and the introduction of the rubella vaccine, the majority of countries are missing the elimination targets for measles. Innovative approaches are to be put in place in 2015 in order to correct the gaps encountered.

The Ebola disease outbreak was discussed, especially its impact on the health system and immunization programmes. The latest development on clinical trials and the Ebola candidate vaccines has been brought to the attention of participants.

Updates from vaccination partners has always been high on the agenda of the Working Group. The Gavi Secretariat thus presented its strategy for 2016-2020 called “Gavi 4.0” while AMP briefed the audience on its technical support in Cameroun, Côte d’ivoire, Guinea and Mauritania. The creation and functionality of NITAGs was also presented, with a focus on Côte d’Ivoire.

The final session of the meeting covered a potential review of the current Terms of Reference of the Group. After deliberations, all participants recognized the added value of the Working Group but agreed that some clarification was needed to be made on its nature and its institutional links with global and regional vaccination stakeholders.

At the end of the meeting, action points and recommendations were adopted. One action point calls for quarterly teleconferences to monitor activities planned by the Group. One key recommendation calls for a specific approach to help Guinea, Guinea Bissau and Equatorial Guinea with respect to their low vaccination performance.
Orientation Meeting of Countries in the African Region on National Immunization Technical Advisory Group (NITAG)

Blanche Anya and Richard Mihigo, WHO AFRO

Location: Brazzaville, Congo

Date: 07 - 08 May 2015

Participants: Participants from 11 African countries, (Benin, Cameroon, Congo, DRC, Ethiopia, Ghana, Ivory Coast, Malawi, Sierra Leone, and Zimbabwe).


Purpose: To provide countries with the necessary information on the creation/strengthening of NITAG; share experiences and lessons-learned from other countries with functional NITAG; discuss the opportunities of harmonizing NITAG work with other existing consultative/advisory committees; and agree on key activities and timeline from June to December 2015.

Details: Strategic objective one in the Global Vaccine Action Plan & Regional Vaccine Action Plan 2014-2020 recommends all countries commit to immunization as a priority, and the presence of a functional independent technical advisory group is one of the indicators of this objective.

During the workshop, an overview presentation was made on the NITAG situation globally and in the African region including the objectives, guidance on the composition, functionality and key challenges. Experiences of the functioning of NITAGs in the Pan American Health Organization (PAHO) region and Indonesia, as well as those of three African countries: Benin, Cote d'Ivoire, and Zimbabwe were shared. To date, 14 countries in AFRO have reported a functional NITAG in their 2014 Joint Reporting form (JRF). It is expected that by December 2015 and 2017, 20 and 40 countries will respectively established NITAGs as reported in the Regional Immunization Strategic Plan for Immunization 2014-2020. Lessons learned in establishing and strengthening NITAGs in West African countries were also shared by the West African Health Organization (WAHO) and the newly developed NITAG Resource Center was presented by SIVAC.

Participants were then divided into four working groups that deliberated on potential barriers to establishing/strengthening NITAGs in their countries and proposed concrete actions to address them. Barriers that were identified included insufficient resources, conflicts of interest, independence of NITAGs, motivation of NITAG members, inadequate information on the establishment of NITAGs, and financial dependence on partners.

All the 11 participating countries identified the main challenges to establish/strengthen their NITAG, as well as key activities to be conducted from June to December 2015 including support expected from partners. These challenges together with enabling factors should be taken into consideration to accelerate the pace of establishing/strengthening a NITAG. The NITAG Resource Center developed by SIVAC should be used to support the process.
Web Launch for the ProVac-EPIC Special Supplement to Vaccine: “Expanding the evidence base to inform vaccine introduction: program costing and CEA”

Ana Gabriela Felix Garcia and Cara Bess Janusz, Pan American Health Organization

Location: Washington DC, USA

Date: 12 May 2015

Participants: Francisco Becerra, PAHO AD; Cuauhtémoc Ruiz Matus, PAHO/FGL-IM Unit Chief; Jon K. Andrus, Sabin Executive Vice-President; Cara B. Janusz, PAHO/ProVac Technical Manager; Ana Gabriela Felix Garcia, PAHO/ProVac Project Officer and others (including over 80 online participants).

Purpose: To launch the ProVac-EPIC supplement to the journal Vaccine and to provide an open forum for discussion with the editorial team and authors.

Details: A WebEx event took place on 12 May 2015 to formally launch a series of new studies that appear in a special Vaccine supplement titled “Expanding the Evidence Base to Inform Vaccine Introduction: Program Costing and Cost-Effectiveness Analyses.” The series was coordinated by the Pan American Health Organization/World Health Organization (PAHO/WHO) as part of the ProVac initiative to provide evidence to support policy decisions on vaccine programmes.

The supplement includes 31 original research articles, nine of which are from the Americas (from Argentina, Belize, Brazil, Honduras, Paraguay and Peru), and four perspective articles by global experts in health economics and decision science. The original research includes 14 country-led cost-effectiveness analyses and nine country costing and financial flows analyses that incorporate new data collected from over 300 primary health care facilities in six countries.

ProVac partners who contributed to the Vaccine supplement include the ProVac International Working Group, the Bill and Melinda Gates Foundation-led Multi-country Costing and Financing of Routine Immunization and New Vaccines (EPIC) Initiative, and the Sabin Vaccine Institute.

The supplement is available online to Vaccine subscribers via the journal’s website. PDFs of the individual articles will be available to the public on the PAHO website.
Expert consultation to develop a manual for field investigation of AEFIs

Stephane Guichard, WHO Regional Office for South-East Asia

Location: Thimphu, Bhutan

Date: 21-24 April 2015

Participants: 22 participants including representatives from six countries (Bhutan, India, Indonesia, Nepal, Sri Lanka, and Thailand), WHO-SEARO, WHO-Bhutan, UNICEF Regional Office for South Asia, The INCLEN Trust and Dalhousie University, Canada.

Purpose: To develop a field investigation manual for serious Adverse Event following Immunization (AEFIs) that result in deaths or hospitalizations.

Details: The manual is intended to enable prompt and informed decision-making for serious AEFIs and appropriate communication.

More specifically, the manual facilitates prioritizing and rapidly collecting evidence-based information on vaccine quality, true/false serious AEFIs, programmatic errors and coincidental AEFIs. It also includes variables and tools for data collection on patient, product and immunization/care providers, enabling conclusive causality assessments. Finally, the manual supports identifying communication messages and enabling use of data to communicate actions and progress in all stages of the investigation.

AEFI experts from WHO’s South-East Asia Region shared country experiences with investigation of serious AEFIs and the preliminary results of a vaccine safety post-marketing study in India. Group and plenary discussions helped decide on the framework of the manual, prerequisites for high quality data and adaptation of Brighton Collaboration case definitions. The participants also identified and developed core and variables investigation forms, including for verbal autopsy, and developed methodologies for assessments at various levels; national/sub-national, immunization service and the patient, clinical and parent/community. The consultation also focused on the development of key communication messages for all stages of the investigation.
Resources

Data for Management: It’s Not Just Another Report
Wendy Prosser, VillageReach

To a large extent, the evaluation of this decade’s success will be based on the degree to which vaccines reach the people who need them. A strong end-to-end supply chain should adapt to the resource constraints of these communities to ensure that delivery is complete: from the point of production of the vaccine to the point of immunization. The policy paper series, Vaccine Supply Chains: Reaching The Final 20, published by VillageReach, considers the different components of the supply chain, addresses the challenges faced at the last mile for distribution, and presents examples of innovative approaches to address those challenges.

This latest installment of the series, Data for Management: It’s Not Just Another Report, focuses on the many challenges in data collection and quality, and discusses the global shift towards data visualization and utilization for improved decision making.

The paper presents an in-depth case study of the informed push system for vaccines in Mozambique as related to data for management tools and processes. The case study explains the role of dedicated logisticians for improved data collection; the introduction of an information system built on the OpenLMIS platform for improved data visualization and analytics, and systematized processes for better data utilization. These changes in data for management tools and processes are key components to an approach that has led to a more efficient supply chain and higher vaccine coverage rates.

In addition, the paper features case studies of other successful global innovations including Logistimo’s Bulletin Board system, PATH’s Better Immunization Data (BID) Initiative and eHealth Africa’s Geospatial Tracking for Polio Eradication.

Past papers in the series can be found here and explore topics covering system design, cold chain innovation, and human resource constraints in the vaccine supply chain.

One size does not fit all: The impact of primary vaccine container size on vaccine distribution and delivery

Vaccine vial size – the total number of doses a single vaccine vial contains – can have a significant impact on vaccine distribution, costs, and use, according to a paper recently published in the journal Vaccine.

In the study titled “One Size Does Not Fit All: The Impact of Primary Vaccine Container Size on Vaccine Distribution and Delivery,” researchers at the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health and the Pittsburgh Supercomputing Center (PSC), in collaboration with the LOGIVAC project with the Agence de Médecine Préventive (AMP), used the simulation modeling platform HERMES to estimate the impact of various vaccine vial sizes on the vaccine supply chain, including vaccine availability and costs. HERMES is a software platform created by the HERMES Logistics Modeling Team that allows users to generate a detailed discrete event simulation model of any health supply chain. This simulation model can serve as a “virtual laboratory” for decision makers to address a variety of questions.

To read the complete news story, click here. For the article in Vaccine, click here.
## Calendar

### June

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>9-12</td>
<td>WPRO Twenty-Fourth Meeting of the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases (TAG)</td>
<td>Manila, Philippines</td>
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<tr>
<td>10-11</td>
<td>Gavi Alliance Board Meeting</td>
<td>Geneva, Switzerland</td>
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<td>15-19</td>
<td>SEARO Technical Advisory Group Meeting</td>
<td>New Delhi, India (?)</td>
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<tr>
<td>23-25</td>
<td><strong>Global Immunization Meeting : Protect, Innovate, Accelerate (PIA) Meeting</strong></td>
<td>Sitges, Spain</td>
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<td>29-1</td>
<td>AFRO Task Force on Immunization (TFI)</td>
<td>Addis Ababa, Ethiopia</td>
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<tr>
<td>29-2</td>
<td>Global Measles and Rubella Laboratory Network Meeting</td>
<td>Geneva, Switzerland</td>
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### July

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<thead>
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<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tr>
<td>1-3</td>
<td>PAHO Technical Advisory Group Meeting</td>
<td>Varadero, Cuba</td>
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<tr>
<td>20-24</td>
<td>Gavi High Level Review Panel (HLRP)</td>
<td>Geneva, Switzerland</td>
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### September

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<thead>
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<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tr>
<td>1-2</td>
<td>EURO VPI Programme Managers’ Meeting</td>
<td>Antwerp, Belgium</td>
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<tr>
<td>3-4</td>
<td>EURO Polio EPI and Lab Managers’ Meeting</td>
<td>Antwerp, Belgium</td>
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<tr>
<td>30-2</td>
<td>European Technical Advisory Group of Experts on Immunization (ETAGE)</td>
<td>Copenhagen, Denmark</td>
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### October

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<thead>
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<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tr>
<td>6-7</td>
<td><strong>4th Measles-Rubella Mini Symposium</strong></td>
<td>Decatur, GA USA</td>
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<tr>
<td>7-8</td>
<td>Gavi Programme and Policy Committee</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>14-15</td>
<td>Immunization Practices Advisory Committee (IPAC) meeting</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>14-16</td>
<td>Gavi High Level Review Panel (HLRP)</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>20-22</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>26-30</td>
<td>EMRO Intercountry EPI Managers and Measles meeting</td>
<td>TBD</td>
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### November

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>6-20</td>
<td>Gavi Independent Review Committee (IRC) for new proposals</td>
<td>Geneva, Switzerland</td>
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### December

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>2-3</td>
<td>Gavi Board Meeting</td>
<td>Geneva, Switzerland</td>
</tr>
</tbody>
</table>
Links

Organizations and Initiatives

American Red Cross
Child Survival

Agence de Médecine Préventive
Africhol
EpiVacPlus
LOGIVAC Project
SIVAC

Centers for Disease Control and Prevention
Polio
Global Vaccines and Immunization

Johns Hopkins
International Vaccine Access Center
Vaccine Information Management System

JSI
Africa Routine Immunization Systems Essentials Project
IMMUNIZATIONbasics
Maternal and Child Health Integrated Program (MCHIP)

PAHO
ProVac Initiative

PATH
Vaccine Resource Library
Rotavirus Vaccine Access and Delivery
Malaria Vaccine Initiative
Meningitis Vaccine Project
RHO Cervical Cancer

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
European Vaccine Initiative
Gardasil Access Program
Gavi the Vaccine Alliance
International Association of Public Health Logisticians
International Vaccine Institute
Measles & Rubella Initiative
Multinational Influenza Seasonal Mortality Study
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 Monthly update in the African Region (AFRO)
Immunization Newsletter (PAHO)
The Civil Society Dose (GAVI CSO Constituency)
TechNet Digest
RotaFlash (PATH)
Gavi Programme Bulletin (Gavi)