In this issue

News
- SAGE recommends countries add a dose of IPV to routine immunization
- EVM Assessment in Yemen
- WHO supports Myanmar government delegation in Indonesia to learn about NR functions and experiences
- Comprehensive review of EPI in Yemen
- UNICEF supports EVM improvement plan implementation in Kyrgyzstan
- GAVI Alliance to fund membership dues for immunization managers in GAVI-supported countries in the IAIM
- PIE on Introduction of PCV13 and Rotavirus Vaccine in Tanzania
- Targeting next generation of malaria vaccines by 2030
- Validation of a Toolbox on Public Health Interventions among children <15 years in Nicaragua
- WHO and the Philippine Government launch mass vaccination campaign
- Member States endorse continued need to strengthen Evidence-based Policy-making for National Immunization Prog
- VIP project
- Update from GAVI Alliance Board Mtg
- Pneumonia still responsible for 1/5 of child deaths

Meetings / workshops
- Informal Consultation on WHO JE Laboratories in the WP Region
- Data Managers orientation mtg on RI and VPD Surveillance
- WHO NRA planning WS for GAVI graduating countries in AMR, EUR, SEAR, and WPR
- Mid-Level Management workshop
- Data Management Training
- Consultant Training Workshop On EVM Assessment
- Mid-Level Management workshop
- New vaccine introductions: decision-making & impact on health systems
- EURO Middle Income Country Vaccine Procurement Workshop
- VIP Project Steering Committee

Future Events

Resources

Calendar

Links

News

Post Introduction Evaluation (PIE) on Introduction of Pneumococcal Conjugate Vaccine (PCV 10) in Mozambique
Paul Bloem and Gill Mayers, WHO/HQ Geneva

The MOH Mozambique, in collaboration with WHO, UNICEF, PATH and USAID, conducted a PIE from 4-15 November 2013 to assess the impact of the introduction of PCV10 on the immunization programme, provide recommendations for corrective action as needed, and document best practices and lessons learned.

Sites to be evaluated were selected based on high/medium/low performance and included four provinces - Maputo Province, Inhambane, Tete, and Niassa - eight districts and 24 health facilities. The standardized questionnaires and observation checklists for a PIE were administered at national, provincial, district, health facility levels and caregiver level.

Key findings included: Introduction plan developed for the national level; Guidelines updated for PCV10; Training materials were available, and all service providers were trained; Social mobilization successful with good government and media participation resulting in good acceptance of new vaccine; Service providers had good knowledge on vaccine-preventable diseases (VPDs), and on the special requirements for storing and administering PCV10; PCV10 stickers were found on all the fridges and the cold chain had sufficient capacity; Few stock outs were observed.

Among the weaknesses: Information, education and communication (IEC) materials not available at all levels; Late availability of updated immunization registers, summary and tally sheets at service delivery level; Initial confusion about eligibility for vaccination resulted in high dropout rates; Problems with denominators at the health facility level resulting in coverage anomalies; Non-functioning cold rooms in provinces, and out-dated kerosene fridges still in use; Temperature monitoring and use of fridge tags not widely practiced; Wastage rates not routinely calculated: and absence of a functioning Adverse Event following Immunization (AEFI) system and reporting on cases.

The main lessons learned included: Good planning, training and social mobilization resulted in successful introduction of PCV10; Improvements were observed in many areas compared to findings of 2012 Penta PIE; All materials related to the new vaccine should be ready three months before introduction; Follow up on recommendations from previous assessments (PIE, EVM) to address weaknesses is key prior to the introduction of a new vaccine; Implement increased supportive supervision for two to three months after introduction to identify and correct system weaknesses.

A set of recommendations were formulated by the evaluation team to address the issues identified, together with identification of the institutions responsible and timelines for their completion. These will constitute the plan for corrective action to be monitored by the Inter-Agency Coordinating Committee (ICC).
SAGE recommends countries add a dose of IPV to routine immunization
Dalia Lourenco Levin, WHO HQ

In November 2013, WHO’s Strategic Advisory Group of Experts (SAGE) on Immunization recommended countries add a dose of Inactivated Polio Vaccine (IPV) in addition to the Oral Polio Vaccine (OPV) doses already in their routine immunization schedules.

Introducing IPV is a key objective in the Polio Eradication & Endgame Strategic Plan 2013-2018, endorsed by the World Health Assembly (WHA) in May 2013. It calls on countries to introduce at least one dose of IPV before the end of 2015. It also calls on them to replace all doses of trivalent OPV with bivalent OPV, withdrawing the type 2 component, during 2016.

Introducing IPV is a key element of the endgame plan to:
• reduce risks: immunization with IPV and OPV will improve population immunity and help prevent re-emergence of type 2 poliovirus once OPV type 2 is withdrawn;
• hasten eradication: IPV will boost immunity against type 1 and 3 polio, which will reduce vulnerability in polio-free areas and hasten eradication in infected areas; and
• interrupt any future type 2 outbreaks: should monovalent OPV type 2 be needed to control an outbreak, those vaccinated with IPV would have a faster and better immune response.

SAGE further recommended that polio endemic and high-risk countries develop plans for IPV introduction by mid-2014, and all OPV-only using countries by the end of 2014.

Countries are encouraged to initiate discussions on IPV introduction and switching from trivalent OPV to bivalent OPV (bOPV) in their routine immunization programme. This should take into account the timelines of the endgame plan as well as any action needed on key technical steps, such as licensure of IPV and bOPV and improvements to the cold chain and routine immunization programme.

Countries can direct specific requests for support to their local WHO or UNICEF offices. More information can be found at this link or requested by email.

EVM Assessment in Yemen 5-21 July 2013
Nasrin Musa Widaa Musa, WHO EMRO

The Ministry of Public Health and Population of Yemen conducted an effective vaccine management (EVM) assessment in July 2013 supported by an external team from WHO EMRO and the WHO Yemen country office. The objectives of the assessment were to identify the key strengths and weaknesses in the nine different areas of vaccine management at the four levels of the vaccine supply chain (primary, regional/provincial, district and service delivery levels), generate recommendations, and develop an improvement plan to address any weaknesses in the system.

The nine vaccine management criteria assessed were: pre-shipment and arrival procedures; storage temperatures; cold and dry storage and transport capacity; buildings, cold chain equipment and transport system; maintenance; stock management; distribution; vaccine management policies, information systems and supportive management functions.

A total random sample of 57 sites (23 districts, 11 provinces and 23 health facilities) plus the central store were selected using the EVM site selection tool. The selected sites were assessed for their vaccine management practices and 12 month-period records were reviewed using the EVM assessment tool.

The findings were presented in a meeting held on 20 July 2013 in Sana’a, chaired by H.E. Minister of Health, and attended by the Deputy Minister of Heath, senior staff from the Ministry of Public Health and Population, partner agencies, and the EPI team.

The overall score shows that all criteria were above the required score of 80% for all levels and for each of the supply chain components, which demonstrates that Yemen had a good vaccine management system with some areas for improvement. A set of recommendations were generated and an improvement plan was developed by the national team, with support from the WHO country office.
WHO supports Myanmar government delegation to undertake a study tour in Indonesia to learn about national regulatory functions and experiences

Stephane Guichard, WHO Thailand, L. Homero Hernandez, WHO SEARO

With the expected scale-up of future procurement of essential medicines as more bilateral and multi-lateral organizations increase their support to Myanmar, the government requested support from WHO to help assess its National Regulatory Authority (NRA). Following on from WHO’s recommendations made during the January 2013 mission to Myanmar, the government agreed to conduct a formal NRA self-assessment using WHO methodology and assessment tools.

WHO supported members of the Myanmar Department of Health, EPI, Department of Food and Drug Administration, Ministry of Finance and Ministry of Industry to undertake a the study tour from 9-12 September to Indonesia – a country with an assessed functional NRA system. The objectives of the study tour were to share experience with NADFC on the regulation of medicines and the NRA capacity strengthening programme in both countries; meet and discuss with manufacturers in Indonesia about their experience to produce vaccines of assured quality and the lessons learnt with HepB vaccine in UNIJECT; and formulate recommendations to the Government of Myanmar on priorities to upgrade its NRA functions.

The Indonesian National Agency for Drugs and Food Control (NADFC) agreed to host the delegation and shared their experiences and answered questions. As part of the visit, the delegation also visited Biofarma to learn about their production facilities, their prequalified portfolio and the process for meeting GMP certification. They also learned about Biofarma’s support to the AEFI systems in Indonesia.

Conclusions and recommendations from the study tour were:

- The NRA will need increased financial support and renewed government commitment to meet WHO/international standards to regulate safety, quality and efficacy of medicines.
- Long and short-term needs were identified to strengthen capacity building to maximize access to medicines of assured quality.
- A self-assessment followed by a formal one was proposed to regulate medicines in order to develop an Institutional Development Plan including a road map to address immediate needs.

A technical advisory body should be constituted to assess feasibility of different procurement policies for vaccines and medicines including supply from local market, importing directly or through UN procurement agencies.

Comprehensive review of the Expanded Programme on Immunization in Yemen, 5-16 July 2013

Irtaza Ahmed Chaudhri, WHO EMRO

The Ministry of Public Health and Population of Yemen, with the support of the WHO Regional Office and the WHO Yemen Country Office, conducted a comprehensive review of the EPI programme in July 2013. The review assessed different areas of the EPI programme systematically using the regional assessment protocol.

The review was conducted in five governorates by an external reviewer and an internal reviewer. The findings were presented in a meeting held on 20 July 2013 in Sana’a, chaired by H.E. Minister of Health, and attended by the Deputy Minister of Heath, senior staff from the Ministry of Public Health and Population, partner agencies and the EPI team.

The review revealed that the EPI programme in Yemen is generally strong. There is a strong political commitment at all levels and good EPI plans, including advocacy plans, concrete micro plans at the health facility level with sound plans for outreach activities. Human resources at various levels are generally adequate. Data accuracy is of high quality. Rotavirus vaccine was successfully introduced in August 2012. Polio supplementary immunization activities (SIA) had high coverage with good quality micro plans. Interviews with clients showed satisfaction with routine immunization services.

The review showed a need for the implementation of advocacy plans at governorate and district levels; timely release of adequate funding for operational activities to the districts; further strengthening of supervision activities; monitoring of surveillance performance indicators at all levels; and strengthening of the adverse events following immunization (AEFI) surveillance system.
UNICEF supports EVM improvement plan implementation in Kyrgyzstan

UNICEF Kyrgyzstan

The UNICEF Country Office in Kyrgyzstan has been providing technical and financial support to the MoH of Kyrgyzstan for the implementation of their Effective Vaccine Management (EVM) improvement plan (IP). Kyrgyzstan’s first EVM was conducted in 2012 by WHO/EURO with support from UNICEF and the resulting IP laid out 12 priority activities to be carried out for strengthening vaccine management and cold chain.

Since then, considerable progress has been made in addressing a number of IP activities, including refurbishment of the central cold store, procurement of cold chain equipment and devices through UNICEF, training of staff and preparation of contingency plans. Despite being a low-income country, the Ministry of Health (MoH) of Kyrgyzstan committed government funds and mobilized local expertise to renovate the central cold and dry store premises in Bishkek and to install the new cold room.

To facilitate the implementation of remaining IP recommendations, mainly requiring external technical assistance, UNICEF Kyrgyzstan has organized a two-phase consultancy at the request of the MoH to take place in November/December 2013 and the first quarter of 2014. The consultancy aims to address the implementation of the following activities: a temperature monitoring study; the installation of electronic temperature monitoring system in central store; the temperature mapping of central and district cold rooms; the development of new stock management tools; a workshop on developing standard operating procedures (SOP); and the training of staff on new tools and SOPs.

This consultancy is organized using GAVI funds made available to UNICEF, and being carried out in technical consultation with WHO. Upon completion of the second phase, the activities undertaken are expected to contribute considerably to the improvement of relevant EVM indicator scores, therefore demonstrating results before the follow-up EVM in Kyrgyzstan scheduled to take place in 2014.

For more information, please contact Cholpon Imanalieva, Health and Nutrition Specialist in UNICEF Kyrgyzstan.

GAVI Alliance to fund membership dues for immunization managers in GAVI-supported countries in the International Association of Immunization Managers (IAIM)

Peter Carrasco, International Association of Immunization Managers (IAIM) Secretariat, Sabin Vaccine Institute

The IAIM Secretariat is pleased to announce that the GAVI Alliance has generously offered to provide the membership fees for 73 immunization managers in GAVI-supported countries to join IAIM. IAIM, the first-ever international professional association for immunization managers, seeks to support the achievement of immunization goals by: establishing a forum from which immunization managers can exchange best practices; building and supporting international and regional networks of immunization managers; and providing immunization managers with opportunities to enhance their technical and leadership capacities in order to shape their immunization programmes for the future.

These new IAIM members will receive several benefits, including eligibility to apply for the IAIM Peer-to-Peer Exchange Programme. This programme will fund selected immunization managers to visit a fellow immunization manager in a different country to learn from their experiences and successes. This will ultimately build the capacity of recipient managers and strengthen immunization programme implementation.

Seth Berkley, GAVI CEO, writes, “We look forward to engaging in this process, working with the Sabin Vaccine Institute, and seeing the positive outcomes that this initiative is expected to achieve”.

Eligible members should write to the GAVI Alliance or the IAIM Secretariat for further information. More information on IAIM is available at this link.
Post Introduction Evaluation (PIE) on Introduction of Pneumococcal Conjugate Vaccine (PCV 13) and Rotavirus Vaccine in Tanzania
Dr Lyimo, Dr D. Manyanga, and W. Msimikale, Ministry of Health and Social Welfare

The MOHSW Tanzania, in collaboration with WHO, UNICEF, BMGF, CDC, CHAI, MCHIP, and USAID, conducted a PIE from 4-19 November 2013. The evaluation aimed at assessing the overall impact of a double new vaccine introduction on immunization programmes; identifying areas impacted by the introduction of PCV13 and Rotavirus (RV); provide recommendations for corrective action; and, documenting good practices and lessons learned.

The selected sites were based on high/medium/low performance and included three regions from Tanzania Mainland and one from Zanzibar and covered eight districts and 24 health facilities. The standardized questionnaires and observation checklists for a PIE were administered at National, regional, district, health facility levels and caregiver level.

Key findings included: Availability of a vaccine introduction plan, guidelines, training materials, information, education and communication (IEC) and timeline in the visited regions, districts, and health facilities; Integrated planning and delivery of services; PCV13 and RV introduction promotes diarrhoea and pneumonia prevention; collection and reporting tools were updated prior to introduction; service providers were knowledgeable on PCV13/RV, vaccine-preventable diseases (VPDs), targets and immunization data analysis and use.

Among the weaknesses: the late availability of updated immunization registers, vaccination cards, summary and tally sheets; high dropout rates; mismatching coverage of vaccines delivered with similar schedule; inadequate preventive maintenance/repairs for cold chain; inadequate transport for distribution/supervision; inadequate data interpretation skills; and absence of reported and investigated Adverse Event following Immunization (AEFI) cases.

The major recommendations reported were: ensure that all updated data collection and reporting tools be distributed prior to a new vaccine introduction; investigate and address reasons for mismatching coverage and high dropout rates; ensure standard ledger with batch number, expiry date, Vaccine Vial Monitor (VVM) status are available and used at all levels; and sensitize clinicians on AEFI.

The main lessons learned include; Robust comprehensive planning and training resulted in smooth introduction of PCV13 and RV; Implementation of recommendations from previous assessments addressed weaknesses prior to new vaccines introduction; Good stakeholders collaboration resulted in access to expertise, experience, and resources and; Intensive post introduction (two-three months) supportive supervision identified and corrected system weaknesses.

Targeting next generation of malaria vaccines by 2030
Hayatee Hasan, WHO HQ

The new roadmap, launched today at the annual conference of the American Society of Tropical Medicine & Hygiene in Washington DC and also announced in a letter published in "The Lancet", aims to identify where additional funding and activities will be particularly key in developing second generation malaria vaccines both for protection against malaria disease and for malaria elimination. These include next-generation vaccines that target both Plasmodium falciparum and Plasmodium vivax species of malaria.

“The new vaccines should show at least 75% efficacy against clinical malaria, be suitable for use in all malaria-endemic areas, and be licensed by 2030,” says Dr Jean-Marie Okwo Bele, Director of WHO’s Department of Immunization, Vaccines and Biologicals. “The roadmap also sets a target for malaria vaccines that reduce transmission of the parasite.”
Validation of a Toolbox for the Integrated Monitoring of Coverage of Vaccination, Preventive Chemotherapy for Soil-transmitted helminthiasis, Vitamin A Supplementation and Other Public Health Interventions among children <15 years in Nicaragua

Martha Reyes, Jazmina Umaña and Gustavo Murillo, Lenin Pérez MoH Nicaragua; Pamela Sabina Mbabazi WHO, Nancy Vásconez, PAHO-Nicaragua; Carolina Danovaro, Martha Saboyá and Martha Velandia PAHO; and Ana Morice, PAHO consultant

Between 28 October and 1 November 2013, representatives from Nicaragua’s Ministry of Health, PAHO and WHO conducted a first field testing exercise in Nicaragua to advance the development of PAHO’s toolbox for the integrated monitoring of vaccination coverage, preventive chemotherapy (PC) for soil-transmitted helminthiasis, vitamin A supplementation, and other public health interventions among children <15 years [Integrated Monitoring Toolbox].

The validation of the Integrated Monitoring Toolbox in Nicaragua included a participatory review of the document being developed jointly by PAHO’s Immunization and Tropical, Neglected and Vector-Borne Disease Units. It was done through participatory discussions; practicing the analyses proposed using real data; field testing of integrated tools for rapid coverage monitoring of vaccines, PC, and vitamin A supplementation in communities and in schools; and testing of the Data Quality Assessment (DQA) for a neglected tropical disease (NTD) tool being developed by WHO. For the latter, the indicators included were: mebendazole tablets distributed, PC in two age groups, one vaccine, and vitamin A supplementation. These interventions are provided during the health campaigns that take place in Nicaragua every year (Nicaragua: National Vaccination Campaigns and Community Participation Immunization. Immunization Newsletter. Aug 2008; 30(4):4-6. Available at this link.)

The results of the field testing were very favorable. Participants reported that the Integrated Monitoring Toolbox “systematizes common sense,” as it draws from, and organizes, various tools and experiences from countries of the Americas. The step-by-step approach was considered practical and easy to follow. PAHO is improving its Toolbox following the validation experience in Nicaragua. Required improvements include developing Excel tools to automate the generation of graphs and tables, providing clear guidance to countries on which analysis should be done according to level (national, sub-national and local) and making the tool flexible to the scope of the analyses and their frequency. The next steps include finalizing the Toolbox in Spanish and developing a thorough implementation strategy to facilitate its adoption by countries, as part of their routine monitoring and evaluation of public health interventions targeting children <15 years.

WHO and the Philippine Government launch mass vaccination campaign

Hayatee Hasan, WHO HQ

WHO and the Philippine Department of Health have launched a vaccination campaign to prevent outbreaks of measles and polio among survivors of Typhoon Haiyan (Yolanda). The campaign targets children in areas hardest hit by the disaster – starting with the evacuation centres in the city of Tacloban and at receiving centres in Cebu, where evacuated families are finding temporary shelter. Children under five years old are being vaccinated against polio and measles and given Vitamin A drops to boost their immune systems.

WHO is working with partners to arrange for the delivery of vaccines using gas-powered and generator-powered fridges, freezers, vaccine-cases, cold boxes and ice packs for affected areas that have lost power. This “cold chain” is necessary to keep the vaccines from being spoiled. USAID has sent six solar-powered refrigerators to Tacloban.

Read the news release on mass vaccination campaign
Member States endorse continued need to strengthen Evidence-based Policy-making for National Immunization Programs at the 52nd PAHO Directing Council (4 October 2013)
Gabriela Felix, Cara Janusz and Bárbara Jáuregui, PAHO-WDC

During the fourth day of the Pan American Health Organization’s (PAHO) 52nd Directing Council meeting, high-level health authorities of the Americas approved a resolution calling on the Region’s countries to consider the policy approaches described in the document Evidence-Based Policy-Making for National Immunization Programs. This resolution highlights the regional priority for strengthening national capacities for evidence-based immunization decision-making.

Delegates pledged to strengthen National Immunization Technical Advisory Groups (NITAGs) or sub-regional policy bodies that serve the same purpose. At the same time, Member States will work to ground immunization policy-making in a broad national evidence base comprising the technical, programmatic, financial, and social criteria necessary to make informed decisions. The document also captures the Member States’ request to incorporate specific considerations for equity into the decision making process.

Delegates also signed on to promoting the implementation of activities to harmonize the planning and costing processes of national immunization programs, forging strong links between the routine use of costing data to inform annual budgets and planning as well as strategic decision-making. Furthermore, they recognized the need for and committed to seeking measures that formalize these policy approaches by establishing administrative and legal frameworks to ensure political support and resources back these initiatives.

Through this resolution, PAHO Member States also urged the PAHO Director to continue providing institutional support to Member States to strengthen capacities for the generation and use of evidence in their national immunization decision-making processes through the regional immunization program’s ProVac Initiative.

VACCINE PRODUCT, PRICE AND PROCUREMENT (V3P) project
Michael Hinsch, Miloud Kaddar and Sarah Schmitt, WHO HQ

The V3P project has reached a critical milestone with the finalization of a comprehensive prototype mechanism that is currently being tested with selected countries and key stakeholders.

The V3P platform consists of three modules, including: a database for vaccine price data, taking into account detailed product characteristics and procurement features that will be shared by participating countries; a second module which will serve as a repository for V3P project documents (e.g. country background information and assessment reports, analyses conducted with V3P data, user guidelines and evaluations, etc.); and a third module that will serve as a web portal for links to existing partner and country web sources related to vaccine product, price and procurement information.

Presentation of V3P to WHO EURO Middle Income Countries
During the workshop the country teams had the opportunity to try out all functionalities of the V3P prototype mechanism, test the data sharing tools and functions and provide direct feedback to the V3P working team.

Countries provided very positive feedback regarding the ease of data entry and the usefulness of information provided by the V3P platform. Participants requested the speedy roll-out of the mechanism and quick access to the tool. During the course of the workshop, focal points were identified for each country to set up communication channels with V3P for further testing, data collection and interaction on the V3P project.
Update from the GAVI Alliance Board meeting
Lisa Menning, GAVI Alliance

The GAVI Alliance Board meeting took place in Cambodia from 21-22 November 2013 and was a very full event covering many aspects of GAVI strategies and policies. The meeting culminated a year in which the GAVI Alliance saw an accelerated scale up in vaccine introductions, a renewed emphasis on supporting the strengthening of routine immunization programmes and health systems, and improvements to vaccine market conditions with lower prices for developing countries.

In 2013, GAVI has begun playing a complementary role to the Global Polio Eradication Initiative (GPEI), coordinating closely to assist countries in considering the implications of the new Polio Eradication and Endgame Strategic Plan 2013-2018. The Endgame Plan calls on countries to strengthen routine immunization, to introduce at least one dose of Inactivated Polio Vaccine (IPV) before the end of 2015, and to replace all doses of trivalent Oral Polio Vaccine (OPV) with bivalent OPV, withdrawing the type 2 component during 2016.

In support of the Endgame Plan, the Board agreed to open a funding window for IPV. Application guidelines for all GAVI eligible and graduating countries are being finalised and will be made available imminently. The Board also established a number of policy exceptions for IPV support, i.e. even graduating countries and all countries with DTP3 coverage less than 70% are able to apply, and co-financing is encouraged but not required. For more information on how to apply for IPV.

At the same Board meeting, the Board also made decisions on the Vaccine Investment Strategy, opened a funding window for Japanese Encephalitis, and approved updates to the graduating, transparency and accountability, and gender policies. The application guidelines for JE are being developed and will be available for country applications in early 2014.

Application and review timelines in 2014 for GAVI support:

<table>
<thead>
<tr>
<th>Submission cut-off dates for applications</th>
<th>Independent Review Committee (IRC) meet to review applications</th>
<th>GAVI Executive Committee to decide on IRC recommendations</th>
<th>Guidelines and forms to be used for applications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For IPV only</strong></td>
<td></td>
<td></td>
<td>Please see the GAVI website for application materials</td>
</tr>
<tr>
<td>6 February</td>
<td>27 February – 7 March</td>
<td>CEO approval within six weeks of the IRC</td>
<td></td>
</tr>
<tr>
<td>30 March</td>
<td>28 – 30 April</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For all new vaccines, IPV and health systems strengthening</strong></td>
<td>23 June – 4 July</td>
<td>September 2014</td>
<td>Materials to be published in early 2014.</td>
</tr>
<tr>
<td>1 May</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 September</td>
<td>10 – 21 November</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pneumonia still responsible for one fifth of child deaths
Hayatee Hasan, WHO HQ

As countries marked World Pneumonia Day on 12 November, the GAVI Alliance, UNICEF and WHO highlighted essential actions that can help end child deaths from this disease. The theme of World Pneumonia Day 2013 is “Innovate to End Child Pneumonia”. Recognizing that child mortality cannot be addressed in a vacuum, but only through integrated efforts, in April 2013, WHO and UNICEF released an Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD).

To mark 5th World Pneumonia Day, Mauritania and Papua New Guinea are today introducing the pneumococcal vaccine, which protects against one of the leading causes of pneumonia. With support from the GAVI Alliance, more than 50 countries will introduce this vaccine by 2015.

Read the World Pneumonia Day 2013 news release

Highlights
GAVI Alliance to support introduction of inactivated polio vaccine in world’s 73 poorest countries
Summary of the SAGE November 2013 meeting
2012 Global routine vaccination coverage

Meetings / workshops

The Fifth Informal Consultation on WHO Regional Reference and Global Specialized Japanese Encephalitis (JE) Laboratories in the Western Pacific Region
Youngmee Jee, WHO/WPRO
Location: Tokyo, Japan
Date: 22 November 2013
Purpose: To discuss the future roles and plans of three laboratories to further strengthen the JE laboratory network.

Details: The Fifth Informal Meeting of WHO Global Specialized and Regional Reference Japanese encephalitis (JE) laboratories in the Region, China, Japan and Korea, was held on 22 November in the National Institute of Infectious Diseases in Tokyo, Japan. Three countries presented the surveillance, vaccination programme as well as the laboratory diagnosis of flaviviruses including JE and related research activities. Two prefectural laboratories from Nagoya and Osaka also attended this meeting and presented their role in JE laboratory diagnosis and surveillance and other vaccine -preventable diseases related activities. During the meeting, the future directions to support network JE laboratories were discussed. The next meeting will be hosted by Korea Centers for Diseases Control and Prevention in 2014 and inviting one of the network national JE laboratories to the 6th meeting was proposed.
Data Managers orientation meeting on routine immunization and VPD Surveillance

Crépin Hilaire Dadjo and Bernard Ntsama, WHO Inter-Country Support Team for West Africa

Location: Ouagadougou, Burkina Faso
Date: 09-13 September 2013
Participants: 25 participants representing 11 countries (Benin, Burkina, Cote d’Ivoire, Gambia, Liberia, Mali, Mauritania, Nigeria, Senegal, Sierra Leone and Togo)

Purpose: To strengthen the capacity of participants on the use of standard EPI data management modules, data capture, data cleaning, data analysis and the production of indicators as well as the production of relevant graphs

Details: Participants were trained on each of the components of EPI that include Routine Immunization and surveillance including the laboratory. Emphasis was made on the need to have high quality data that will guide managers to take appropriate decisions to drive the programme. Data Managers were also reminded and briefed on the minimum package of data expected from the different countries as well as the periodicity of sending these data to WHO/IST.

At the end of the workshop, all participants committed, among others, to:
- Apply all the ideas acquired as Best Practices (Cleaning, analysis, feedback and timely sharing of data with WHO) and ensuring its completeness.
- Organize regular data harmonization meetings at all levels (national, regional and district) including laboratory and new vaccine sentinel surveillance sites.
- Together with the EPI manager conduct a quarterly polio risk analysis and share the report with WHO.

On their part, Country EPI Managers were called on to facilitate the final classification of measles and AFP cases. This classification should regularly take place to avoid accumulation of unclassified cases.

New WHO immunization web site now live!
WHO NRA planning workshops targeting GAVI graduating countries in AMR, EUR, SEAR, and WPR

Claudia Alfonso, Khadem Alireza and Belgharbi Lahouari, WHO-HQ; Victoria de Urioste, WHO Bolivia; and Radmila Mirzayeva, Independent Consultant

Location: La Paz, Bolivia; Istanbul, Turkey; and Bali, Indonesia

Date: 10-12 September, 2-4 October and 9-11 December 2013, respectively

Participants: Senior officers from vaccine NRAs and Expanded Programme for Immunization (EPI) in GAVI countries in the Americas (AMR: Bolivia, Guyana and Honduras), and Europe (EUR: Armenia, Azerbaijan, Georgia, Kyrgyzstan, Moldova, Tajikistan and Uzbekistan). GAVI countries in South-East Asia (SEAR) and Western Pacific (WPR) Regions attending the workshop in Bali, Indonesia are yet to be confirmed.

Purpose: To implement Global Vaccine Action Plan (GVAP) recommendations via identifying gaps in vaccine regulatory functions, developing 2014-2015 country plans that address gaps, and identifying technical and financial support to strengthen regulatory functions in GAVI graduating and eligible countries.

Details: Within the context Millennium Development Goal (MDGs) is to reduce “child mortality rates” by 2015 and GVAP recommendation “to develop more effective ways for national regulatory agencies, health sector coordination committees, and interagency coordination committees to support immunization programmes as part of disease control programmes”, WHO HQ and Regional Offices (ROs) conducted NRA planning workshops targeting GAVI countries.

Participants were assisted by facilitators from WHO HQ, ROs and other NRAs in each region to self-assess their NRA status against WHO published indicators of regulatory functionality, elaborate their Institutional Development Plans (IDP) to address critical gaps, provide WHO with recommendations for technical and financial assistance for IDP implementation in 2014-2015, and build capacity to address regulatory challenges. Workshops were conducted paperless according to the “WHO NRA manual for assessment” with all background information and electronic tools made available at the WHO SharePoint workspace.

After IDP completion by the NRA and endorsement by the Ministries of Health, IDPs will be used for WHO to provide required technical support to the countries and monitor implementation of planned activities.

The 2014-2015 country work plans will be followed up by responsible officers in WHO/HQ, ROs and Country Offices.
Mid-Level Management workshop

Auguste Ambendet, Aboubakar Ndiaye and Omer Nganga, WHO Inter-Country Support Team for Central Africa

Location: Gitega, Burundi

Date: 30 September- 5 October 2013

Participants: Twenty six participants from the Ministry of Health and seven national trainers. Co-facilitators: WHO (3 IST Central, 1 Burundi), UNICEF Burundi (one), Ministry of health (two) EPI programme (three).

Purpose: To strengthen the capacity of participants to plan, implement, monitor and evaluate immunization activities for the development of human resources in EPI in order to improve immunization activities in Burundi.

Details: EPI Managers in Burundi had already participated in the MLM 2012 in Abidjan, Côte d’Ivoire. This training should be followed in each country by MLM training cascades at all levels of the national health system. The course began with an assessment of participants’ expectations which corresponded with the areas selected for the training.

The following methodological, technical and scenarios were used: short presentations, plenary debates, case studies in small groups, simulations. The course was regulated by a daily assessment of the objectives, the relevance of the content, the efficiency of the facilitation and participation as well as the physical and logistical organization of the training. On the last day, the overall assessment highlighted the efficiency of the pedagogical coordination, the facilitation, the learning strategies and the participation.

As reference, participants and facilitators received the following documents: a revised version of the Reaching Every District (RED) Approach, the Global Plan of Action for Vaccines (GVAP), the regional committee resolutions on the intensification of routine immunization, polio eradication and measles elimination; Immunization in practice and drafts of the revised MLM/AFRO modules.

The EPI training in 2014 plans to organize cascade training at district level using the newly trained trainers. The feedback was very positive.
Data Management Training

**Dalton AGOSTINHO, Jean Marie KIPELA and Victor LUTEGANYA**, WHO Country Office Angola

**Location:** Luanda, Angola

**Date:** 28 October – 7 November 2013

**Participants:** A total of 22 participants: Three, National EPI Data Managers; Two, National Public Health Laboratory (LNSP); One, Data Processing Centre – IDS; Eight MoH Provincial surveillance officers and eight WHO Provincial staff. (MoH and WHO; Benguela, Malange, Huambo, Kwanza Sul, Cunene, Kuando Kubango, Bié and Uíge).

**Purpose:** To strengthen EPI Data Management competence and skills of key MoH and WHO provincial personnel in order to improve data process and quality for better provincial and district programmatic decision making.

**Details:** There has been an improvement in the timeliness, completeness and the quality of EPI surveillance and routine immunization data since the last training done in March 2010 that involved all 18 provinces. However, data quality challenges to meet acceptable standards remained.

To capitalize on the gains already earned it was crucial to train provincial personnel by phase in order to have manageable groups for follow-up after the training since the objective is to create a pool of Provincial Data Managers with capacity to train others, and competence to conduct Data Quality Assessments (DQAs) in their districts as well as in other provinces. This will buffer the National team and help in the implementation of regular DQAs at all levels.

Hence, the training focused on four key aspects: the basics in computer operating systems, internet and data management best practices; Epi Info installation, functionalities (Questionnaire creation, Data Entry, Data Cleaning, Analysis, Mapping, data sharing and storage) and troubleshooting; Overall data processing using AFRO Routine Immunization and Measles modules; and lastly routine immunization and measles key performance indicators analysis.

The main outcomes were as follows: A total of 22 EPI Data Managers have been trained, tested and proved to have at least an intermediary level in Data Management; Routine Immunization and Measles Epi Info Data management modules have now been customized and installed across eight provinces; the eight provinces will start sharing routine immunization and Measles data in Epi Info module by December 2013; Malange and Uíge were added to the six provinces that had already been sharing provincial Measles data using Epi Info module; and the eight provinces will officially start analyzing and giving feedback to their respective districts and continue to perform data harmonization and monthly harmonization meetings.

The central team will implement its monthly supportive supervision plan to these provinces from...
Consultant Training Workshop On Effective Vaccine Management Assessment

Nasrin Musa Widaa Musa, WHO EMRO

Location: Luxor, Egypt

Date: 5-10 October 2013

Participants: Nineteen participants selected from different EMRO countries as well as EPI medical officers from WHO country offices of Afghanistan, Pakistan, Somalia, Sudan and UNICEF country offices of Afghanistan, Pakistan, and Sudan, it was facilitated by EMRO team, one WHO/ HQ consultant and 3 consultants from WHO/EMRO.

Purpose: To train a group of potential consultants on how to conduct a systematic review of immunization supply chain in EMR countries using the different EVM Tool kits and develop an evidence-based improvement plan for improving vaccine management and cold chain using the methodologies promoted by the EVM approach.

Details: The specific aims of the training course were to train the participants on: Understanding the EVM approach to the immunization supply chain; using the EVM offline and web-based applications effectively; accessing and using the other EVM resources; providing effective pre-assessment training for the field assessment team and manage a team of in country field assessors; conducting a systematic review of an immunization supply chain; the basics of an EVM assessment report and an evidence-based improvement plan development and lessons from past experiences conducting EVMs.

The methodology of the training workshop includes; pre and post training evaluation, presentation, discussions and group work exercise for the following areas in the EVM: questioners, hands-on the different EVM tool kits, and field visits to one district vaccine store and four health facilities, post visit hands-on data entry, analysis and presentation.

The pretest evaluation shows that there were weaknesses in certain areas which were addressed during the working group exercises and more time was allocated for exercise and discussion. In the post training evaluation, all participants showed their satisfaction regarding the contents of this training which they found relevant to their work areas and most of them expressed their willingness and readiness to participate in future EVM assessments for EMR countries using EVM tool kit. They also recommended some points for further improvement.
Mid-Level Management workshop

**Auguste Ambendet**, Marthe Falana Ndongo and Omer Nganga, WHO Inter-Country Support Team for Central Africa

**Location:** Bata, Equatorial Guinea

**Date:** 30 October – 14 November 2013

**Participants:** Twenty nine participants from the Ministry of Health and four national trainers. Co-facilitators: WHO (three IST Central, one Equatorial Guinea, one Democratic Republic of Congo), EPI programme (four).

**Purpose:** To strengthen the capacity of participants to plan, implement, monitor and evaluate immunization activities for the development of human resources in EPI in order to improve immunization activities in Equatorial Guinea.

**Details:** The course began with an assessment of participants’ expectations which corresponded with the areas selected for the training.

At the end of this course, 29 officers of the Ministry of Health were trained of which 10 were identified to form the core of national trainers which must be added the four national trainers who attended the MLM inter-country course in August 2012 in Abidjan, Côte d'Ivoire.

The format of the workshop consisted of short presentations, debates in plenary sessions, case studies in four small groups and simulations. The course was regulated by a daily assessment of the objectives, the relevance of the content, the effectiveness of the facilitation and participation as well as the physical and logistical aspects (training materials, schedule, rooms, meals). A general summative evaluation was conducted on the last day of the course.

As reference, participants and facilitators received the following documents: a revised version of the *Reaching Every District (RED) Approach*, the *Global Plan of Action for Vaccines* (GVAP), Resolutions from WHO Regional Committees on the intensification of routine immunization, polio eradication and measles elimination; *Immunization in Practice* and drafts of the revised AFRO MLM modules.

Between December 2013 and January 2014, the EPI training workplan plans to brief the EPI management teams of the health districts, and to organize cascade training at district level using the newly trained trainers, with the support of the EPI team and WHO. As a whole, the feedback was very positive.
New vaccine introductions: decision-making & impact on health systems

Sandra Mounier-Jack, London school of Hygiene and tropical medicine

Location: London, United Kingdom
Date: 13-14 November 2013
Participants: 43 participants from a range of countries and roles. Researchers and/or MoH officials (EPI and non EPI) participated from UK, Guatemala, Ghana, Bangladesh, Ethiopia, Cameroon, USA, Rwanda, Zambia, Mali, France, Botswana, Nigeria, Kenya and Armenia. In addition, there were representatives from GAVI, the Bill & Melinda Gates Foundation, DFID, CDC and WHO.

Purpose: The conference was organized by the London School of Hygiene and Tropical Medicine to present research results, explore lessons for future vaccine introductions with policy makers, programme implementers and donors and to facilitate discussion between EPI and non EPI sectors and between countries that have experience in introducing new vaccines and those that will introduce in the near future.

Details: This workshop included presentations of research results, country experiences of new vaccine introductions, new WHO guidelines for vaccine introductions and reflections on GAVI’s support to strengthening routine immunization, as well as workshops and lively discussions.

Research was presented on policy decision-making around new vaccine adoptions, the impact of new vaccine introductions on health systems, the cost of introducing new vaccines in Ghana, the impact of public health campaigns on the health system in Cameroon and a study of the effect and interactions between polio campaigns and the health system in six countries. The experience of introducing multiple vaccinations in Ghana was presented, as well as Zambia’s introduction of HPV vaccine. In addition, workshops were held to consider how GAVI and partners could support the strengthening of routine immunisation and primary care, and how countries could use new vaccines to strengthen EPI and the broader health system.

Discussion throughout the conference was rich, with extensive sharing of experiences, challenges, lessons learnt and recommendations.

New WHO immunization web site now live!
EURO Middle Income Country Vaccine Procurement Workshop
Sarah Schmitt, Michael Hinsch, Miloud Kaddar
Location: Dubrovnik, Croatia
Date: 11-15 November 2013
Participants: WHO EURO, WHO HQ, UNICEF SD, UNICEF EURO, GAVI Secretariat, Country teams from Albania, Armenia, Azerbaijan, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan

Purpose: Inter-country workshop on Vaccine Procurement, Regulation and Financing for GAVI graduating countries and selected Middle Income countries from the EURO region. The workshop provided an opportunity for representatives from EPI, finance, procurement and regulation to come together in a learning and group exchange environment and develop a plan of action for improving vaccine procurement in each country. Whether procuring through UNICEF supply division or self procuring vaccines the representatives benefited from the country experiences as well as the facilitators.

In addition to sessions on forecasting, planning, procurement principles and practices, performance monitoring, financing and regulation During the workshop the country teams had the opportunity to try out all functionalities of the V3P prototype mechanism, test the data sharing tools and functions and provide direct feedback to the V3P working team.

Countries provided very positive feedback regarding the ease of data entry and the usefulness of information provided by the V3P platform. Participants requested the speedy roll-out of the mechanism and quick access to the tool. During the course of the workshop, focal points were identified for each country to set up communication channels with V3P for further testing, data collection and interaction on the V3P project.

V3P Project Steering Committee
Sarah Schmitt, Michael Hinsch, Miloud Kaddar
Location: Geneva Switzerland
Date: 19-20 November 2013
Participants: V3P Steering Committee and Working Team

Purpose: The V3P Steering Committee met to review the current status of the project and provide advice on the activities proposed for 2014.

Details: The working team presented an update on the progress made with the development of the three components of the V3P platform and the involvement of countries. The V3P project has reached a critical milestone with the finalization of a comprehensive prototype mechanism that is currently being tested with selected countries and key stakeholders. The V3P platform consists of three modules, including a database for vaccine price data, taking into account detailed product characteristics and procurement features that will be shared by participating countries; a second module which will serve as a repository for V3P project documents (e.g. country background information and assessment reports, analyses conducted with V3P data, user guidelines and evaluations, etc.); and a third module that will serve as a web portal for links to existing partner and country web sources related to vaccine product, price and procurement information.

The V3P Steering Committee (SC) was impressed and encouraged with the work and the results achieved so far on the three modules of the V3P prototype mechanism, and the successful engagements with partners and stakeholders of the project. The V3P Steering Committee discussed and broadly supported the proposed 2014 work plan to continue and complete the key components of the V3P project, including the refinement and launch of the V3P platform, plus the pursuit of targeted country-focused work and broader capacity building, both of which are integral to the long-term success of V3P.
Future Events

Advance Vaccinology Course
Lisa Caviglia, Institute of Tropical Medicine and International Health, Charité – Universitätsmedizin,

Location: Berlin, Germany
Date: 6-17 January 2014 (Deadline for application, preferably 11 November 2013)
Participants: Charité - Universitätsmedizin, Berlin and University of Antwerp, Belgium

Purpose: The course covers state-of-the-art update on recent global developments in the field of vaccinology. It is run in partnership between the Institute of Tropical Medicine and International Health, Charité – Universitätsmedizin Berlin, and the University of Antwerp, Belgium. A wide range of lecturers contribute to the course teaching: these come from various institutions, from academia as well as the pharmaceutical industry, with specialists from a wide array of regional and thematic expertise.

Details: An introduction of new vaccines, new financing initiatives and related policy issues will be provided. Basic epidemiological, ethical and regulatory issues related to the assessment of vaccine efficacy and effectiveness in different world regions will be compared, while appraising issues of public confidence in vaccination programs. The course also provides an overview of economic aspects of vaccination programs and ways in which health professionals may be assisted in designing, planning, and implementing immunization programme (with a strong focus on developing countries).

Resources

Introduction du vaccin antipneumococcique PCV10, présenté en flacon de deux doses. Manuel à l’intention des personnels de district et des établissements de santé ((WHO/IVB/13.09F)

Ce manuel a été rédigé à l’intention des pays introduisant le Synflorix™, vaccin antipneumococcique (PCV10), présenté en flacon de deux doses et sans conservateur.

Il existe d’autres présentations de vaccins antipneumococciques et des documentations pour les produits spécifiques ont été élaborées. Le manuel est le plus utile pour les personnels travaillant au niveau des districts et des établissements de santé. Avant qu’il ne soit distribué, certaines adaptations devront être faites au niveau national (par le Directeur national du PEV, les partenaires dans les pays, et d’autres) pour s’assurer que certains aspects, comme le calendrier national de vaccination, l’élimination des déchets, ou le suivi des manifestations postvaccinales indésirables (MAPI) soient bien conformes à la politique nationale en la matière.
TechNet-21 gets a facelift
Dan Brigden, WHO Consultant

The TechNet-21.org website has been updated to make it more effective and easier to use. The TechNet Redesign Project, initiated in July 2013, released the first update to the website on 13 November and will release further updates over the next 12 months.

“We’re really excited about these improvements,” explained Patrick Lydon, manager of TechNet at the World Health Organization. “The new site is not just easier on the eye but also easier to use, even on an iPad or mobile phone. And many of the problems TechNet users have encountered in the past—such as problems logging in or finding documents using the search tool—have now been addressed.”

Other improvements have also been made. A new area of the website, known as the ICT Toolkit, offers guidance to public health managers planning to implement information and communications technology (ICT) in health information systems.

Another useful resource is the Project Optimize resources page, which will list in a single place every document published by the PATH-WHO collaboration. The list—which runs to almost one hundred entries—is a treasure trove of information on the latest developments in immunization supply chain innovation. Highlights include links to the seven new YouTube videos on immunization information systems, resources from the Optimize travelling exhibit, as well as evidence briefs, country reports and other technical documents.

These aren’t the only changes being made to the TechNet-21.org website. “Our focus has always been on making relevant content accessible to the widest possible audience,” explains Padmini Menon, moderator of the website. “In keeping with this goal, we’ve introduced a useful feature that enables you to instantly translate content on any page from English into Arabic, Chinese, French, Russian or Spanish.” The search and navigation on the site has also been improved, enabling users to quickly find what they are looking for.

To keep up to date with all the latest TechNet-21 developments, follow TechNet-21 on Twitter.

Guidance on the use of MenAfriVac outside the 2-8°C range during campaigns now available

Following rigorous regulatory reviews, MenAfriVac™ (meningitis A vaccine) has been pre-qualified for use at temperatures of up to 40°C for up to 4 days, in a Controlled Temperature Chain (CTC). In order to provide guidance to countries interested in taking advantage of this flexibility, and to facilitate implementation of the CTC approach during MenAfriVac™ campaigns, WHO’s Immunization Practices Advisory Committee has developed three modules on the use of MenAfriVac™ in a CTC during campaigns.

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

The documents are available in both English and French. They can be found online. Countries planning a Meningitis A campaign in 2014 should start their planning as early as possible, and should consider the use of the flexibility offered by the CTC approach. Further information on the potential cost savings from the CTC approach can be found in the following publication.

For more information on MenAfriVac and CTC, please contact Olivier Ronveaux or Mamoudou Djingarey.
New WHO immunization web site now live!

The WHO Department of Immunization, Vaccines and Biologicals has launched its new web-site which integrates seven WHO immunization-related web sites under a single domain. Users will have a centralized view of WHO’s global work in immunization with easy access to all relevant information and a variety of resources and news stories.

Please note that we are continuing to improve and update the new web site in the coming weeks.

If you have any questions, comments or suggestions, please send them to this email address.

HPV Vaccine Communication: Special considerations for a unique vaccine (WHO/IVB/13.12)

This report presents communication guidance and specific considerations for countries that plan to introduce human papillomavirus (HPV) vaccine into their national immunization programme. New vaccine introduction is a hallmark of the Decade of Vaccines, but HPV vaccine is unique for many reasons. This report aims to offer guidance in two main areas: The first is to offer advice on basic communication planning and implementation for immunization; the second is to discuss specific considerations for HPV vaccine.
<table>
<thead>
<tr>
<th>Calendar</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>December</strong></td>
<td></td>
</tr>
<tr>
<td>3-4</td>
<td>AFRO Task force on Immunization</td>
</tr>
<tr>
<td>10-12</td>
<td>Workshop on Integrated Approach in Preventing Pneumonias and Diarrhoeas</td>
</tr>
<tr>
<td>11-12</td>
<td>Global Advisory Committee on Vaccine Safety Meeting</td>
</tr>
<tr>
<td>12</td>
<td>GAVI EURO Regional Working Group Meeting</td>
</tr>
<tr>
<td>12-13</td>
<td>AFRO Measles Technical Advisory Group (TAG)</td>
</tr>
<tr>
<td><strong>2014</strong></td>
<td><strong>2014</strong></td>
</tr>
<tr>
<td><strong>January</strong></td>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>16-25</td>
<td>WHO Executive Board</td>
</tr>
<tr>
<td>27-28</td>
<td>SEARO GAVI Regional Working Group meeting</td>
</tr>
<tr>
<td><strong>February</strong></td>
<td></td>
</tr>
<tr>
<td>18-19</td>
<td>Next Generation Vaccine Delivery Technology Meeting</td>
</tr>
<tr>
<td>24-7Mar</td>
<td>AFRO IST Expanded Programme on Immunization Managers meeting</td>
</tr>
<tr>
<td><strong>March</strong></td>
<td></td>
</tr>
<tr>
<td>4-6</td>
<td>Global Vaccine Research and Immunization Research Forum (GVIRF)</td>
</tr>
<tr>
<td>18-21</td>
<td>WPRO Regional Verification Commission Meeting</td>
</tr>
<tr>
<td><strong>April</strong></td>
<td></td>
</tr>
<tr>
<td>7-11</td>
<td>Workshop on vaccine safety (AEFI) surveillance and communication capacity building</td>
</tr>
<tr>
<td>23-30</td>
<td>World Immunization Week</td>
</tr>
<tr>
<td>29-30</td>
<td>Global Measles and Rubella Management Meeting</td>
</tr>
</tbody>
</table>
## Calendar

### May 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>67th World Health Assembly</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>20-22</td>
<td>Expert consultation on accelerated control of Japanese encephalitis in the Western Pacific Region</td>
<td>Manila, Philippines</td>
</tr>
</tbody>
</table>

### June

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5</td>
<td>Third Workshop for NRAs for Vaccines in Western Pacific</td>
<td>Manila, Philippines</td>
</tr>
<tr>
<td>24-26</td>
<td>AFRO Ministerial Conference</td>
<td>Addis Ababa, Ethiopia</td>
</tr>
<tr>
<td>TBD</td>
<td>WPRO 23rd Expanded Programme on Immunization Technical Advisory Group Meeting</td>
<td>Manila, Philippines</td>
</tr>
</tbody>
</table>
Links

Organizations and Initiatives

American Red Cross
Child Survival

Agence de Médecine Préventive
Africhol

Johns Hopkins
International Vaccine Access Center
Vaccine Information Management System
PneumoACTION

JSI
Africa Routine Immunization Systems Essentials Project
IMMUNIZATIONbasics

PAHO
ProVac Initiative

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

Sabin Vaccine Institute
Sustainable Immunization Financing

UNICEF
Immunization
Supplies and Logistics

USAID
Maternal and Child Health Integrated Program

WHO
Department of Immunization, Vaccines & Biologicals
New and Under-utilized Vaccines Implementation
ICO Information Centre on HPV and Cancer
Immunization financing
Immunization service delivery
Immunization surveillance, assessment and monitoring
SIGN Alliance

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

WHO Regional Websites

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

UNICEF Regional Websites

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

Newsletters

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