News

Measles vaccination has saved an estimated 17.1 million lives since 2000

Hayatee Hasan, WHO Headquarters

The number of measles-related deaths has decreased 79%, from 546,800 at the beginning of the century to 114,900 in 2014. New data released by WHO estimates that 17.1 million lives have been saved since 2000, largely due to increased vaccination coverage against this highly contagious viral disease. Measles vaccination has played a key role in reducing child mortality and in progress towards Millennium Development Goal 4.

However, the new data published in this week's edition of the Centers for Disease Control and Prevention's (CDC), "Morbidity and Mortality Weekly Report" and WHO's "Weekly Epidemiological Record", shows that overall progress towards increasing global immunization coverage has recently stagnated. While coverage with the first dose of the measles vaccine increased globally from 72% to 85% between 2000 and 2010, it has remained unchanged the past four years.

"We cannot afford to drop our guard," says Dr Jean-Marie Okwo-Bele, Director of WHO's Department of Immunization, Vaccines and Biologicals. "If children miss routine vaccination and are not reached by national immunization campaigns, we will not close the immunization gap."

Read the news release.

Read the article on measles elimination progress 2000–2014.

Read the WHO measles fact sheet.

More on the Measles & Rubella Initiative.
Stunning success of vaccine in virtually ridding Africa of meningitis A
Hayatee Hasan, WHO Headquarters

Five years after the introduction of an affordable conjugate meningitis A vaccine, immunization has led to the control and near elimination of deadly meningitis A disease in the African “meningitis belt.” In 2013, only four laboratory-confirmed cases of meningitis A were reported by the 26 countries in the meningitis belt.

The findings are part of a special collection of 29 articles in the journal Clinical Infectious Diseases—with guest editors from Public Health England and the former Meningitis Vaccine Project, a partnership between the World Health Organization (WHO) and the international health nonprofit PATH—about the steps taken for the development, introduction, and evaluation of the PsA-TT conjugate meningitis A vaccine for Africa, better known as MenAfriVac.

But scientists are now warning that unless countries within the belt incorporate the meningitis A vaccine in routine immunization schedules for infants, there is a risk that the disease could rebound in 15 years’ time. One of the journal studies found that a childhood vaccination strategy will be much cheaper than reacting to future epidemics with disruptive and costly case management and mass vaccination campaigns.

“We have nearly eliminated meningitis A epidemics from Africa, but the fact is the job is not yet done,” said Dr Jean-Marie Okwo-Bele, Director of Immunization, Vaccines and Biologicals at WHO. “Our dramatic gains against meningitis A through mass vaccination campaigns will be jeopardized unless countries maintain a high level of protection by incorporating the meningitis A vaccine into their routine childhood immunization schedules.”

Read the news release.
Read the Clinical Infectious Diseases special supplement.
Watch the video: Meningitis - a shot of hope.
Read the feature story.

African Parliamentarians Emerge as Immunization Financing Advocates
Mike McQuestion, The Sabin Vaccine Institute

As countries around the world develop their 2016 budgets, leaders in several African nations are keeping a keen eye on immunization. Since the Sabin Vaccine Institute’s Sustainable Immunization Financing (SIF) team began its work in the Democratic Republic of Congo in 2009, the country has increased its national immunization budget by 650 percent, even in the face of political instability and internal conflict. This astronomical accomplishment is due in large part to the Parliamentary Network for Immunization Support, an advocacy coalition of 50 parliamentarians, as well as ministerial officials and immunization experts, who have made it their mission to defend the immunization budget and track actual disbursement and use of immunization funds.

To measurably improve immunization funding it requires engagement at every level of the government. Parliamentarians representing the coalition regularly conduct visits to provinces, briefing governors and urging provincial officials to join the coalition as advocates for immunization financing. SIF initially played a coordinating role between government and parliament but now the visits have been institutionalized. The coalition has secured commitments from the majority of provinces to increase their immunization spending, growing the network of immunization advocates and bringing the country closer to immunization programme ownership.

Success in the DRC has motivated other countries in the region to undertake similar efforts. Following a SIF-organized regional workshop in Cameroon in late 2014, Senegalese Members of Parliament created their own advocacy coalition, which currently numbers approximately 60 members. The Senegalese Parliamentary Network for Immunization regularly meets with the immunization team and is advocating with the Prime Minister for an increased 2016 immunization budget. This exemplifies the SIF model in action; convening national counterparts to exchange practices that they can implement in their own countries.

To learn more about SIF’s work in 22 countries across Africa, Asia and Europe, visit the website.
Preparing for the OPV switch in April 2016: planning considerations for coming weeks
Lisa Menning, WHO Headquarters

Countdown to the switch: from 26 November 2015 to 17 April 2016, 143 days to go!
At this stage, the timing is ideal to consider the following planning activities:

- Secure any additional funding requirements, based on any gaps determined by the national switch planning process
- Continue to closely monitor trivalent OPV stocks, with an overall inventory to be calculated in December 2015
- Finalize procurement plans for bivalent OPV, to ensure its arrival in country with sufficient time for distribution before the national switch day.

Early planning for stakeholder engagement and communication activities related to the switch will be essential. This may include a “situation analysis”, to help identify specific audiences (e.g. local medical experts, associations, implementing CSOs, and journalists), as well as their existing levels of knowledge and attitudes towards such a transition in vaccines used against polio. Early engagement with key immunization partners and stakeholders will help to keep these groups well informed, resolve any concerns that they might have, and support their ability to accurately respond to questions from within their communities.

The training of health workers and logisticians about the OPV switch is another critical success factor for success. Adaptable training materials and job aids are already available (please see link below) and efforts should soon be underway to tailor these according to national requirements.

Lastly, for any countries with upcoming IPV introductions, there may be the opportunity to integrate information about the coming OPV switch into any preparatory activities, whether related to communications, training or logistics. Depending on the context, this may be useful in situations where the same staff or audiences are targeted and can potentially contribute to savings in time and costs.

For more information on the OPV switch and materials to guide implementation, communications, training, and monitoring, please consult the section on the OPV switch in the Polio Endgame objective 2 website.

Drop the price! MSF launches global petition for Pfizer and GSK to reduce pneumonia vaccine price to $5 per child
Joanna Keenan, Médecins sans Frontières (MSF) Access campaign

PLEASE SIGN AND SHARE: afairshot.org

On 12 November 2015, World Pneumonia Day, MSF launched a global petition calling on pharma companies Pfizer and GSK to reduce the price of the pneumonia vaccine to US$5 per child (inclusive of the three doses) for developing countries and for humanitarian organizations, including MSF.

Pneumonia is the leading global cause of childhood death, killing nearly one million children each year. After years of negotiation, MSF remains unable to access the current lowest global price (US$ 10 per child; price paid by Gavi, the Vaccine Alliance).

To launch the petition, MSF brought $17 million in fake money – the amount Pfizer makes in just one day from sales of its pneumonia vaccine – to Pfizer’s global headquarters in New York and requested to speak to Pfizer CEO Ian Read about the need to lower the price. Read declined to meet MSF, so the $17 million was left outside Pfizer’s HQ. The petition was also launched with series of short comedic videos on the lack of transparency around vaccine prices, which can be seen online at the MSF “A Fair Shot” website.

MSF delivers US$ 17 million in fake money to Pfizer’s World Headquarters to appeal for the company to drop the price of its pneumonia vaccine.

We ask for your help in lowering the price of life-saving pneumococcal conjugate vaccines! Please SIGN and SHARE the petition and videos at afairshot.org with as many of your family, friends and colleagues as possible. Thanks!

Each year, MSF teams vaccinate millions of people, both as outbreak response as well as routine immunization activities in projects where it provides health care to mothers and children. In 2014, MSF delivered more than 3.9 million doses of vaccines and immunological products. MSF has purchased the pneumococcal conjugate vaccine (PCV) in the past for use in its emergency operations and is scaling up its PCV use. MSF has vaccinated children caught in emergencies with PCV in Central African Republic, Ethiopia, South Sudan, and Uganda.
Global Immunization News (GIN)
November 2015

First round of Ukraine’s polio vaccination campaign reaches over 1 million children
Olha Izhyk, WHO Country Office, Ukraine

Ukraine completed the first round of a polio vaccination campaign, responding to the recent outbreak of poliovirus in the country. As of 7 November 2015, over one million children received their first dose of the polio vaccine, according to figures released by the Ministry of Health. The three-week first round campaign targeted more than two million children under six years of age.

“At WHO, we would like to commend the Ministry of Health, the local health authorities, health workers and all those parents who had children vaccinated with the first dose in most areas of Ukraine,” said Dennis King, Polio Outbreak Manager, WHO Country Office in Ukraine. “However, we have to work together more, much more, to reach the remaining children and to immunize all eligible infants with three doses of the vaccine.”

Two additional rounds, with the final one targeting 4.75 million children up to ten years of age, are expected to follow. The vaccine is free for all children in the designated age groups.

Ukraine’s polio outbreak
On 1 September 2015, Ukraine’s Minister of Health announced that polio had been identified as the cause of paralysis in two children, aged ten months and four years. The children live in Zakarpatskaya oblast in the south-western part of Ukraine. So far, no additional cases have been detected, but millions of under-immunized children in the country are at acute risk.

Vaccines for the outbreak response were procured by UNICEF with funds donated by the Government of Canada.

Request for nominations for the WHO Strategic Advisory Group of Experts (SAGE) on immunization
Hayatee Hasan, WHO Headquarters

WHO is soliciting proposals for nominations to its Strategic Advisory Group of Experts (SAGE) on immunization. Nominations are solicited from all regions and are required to be submitted no later than 15 January 2016. All nominations will be carefully reviewed by the SAGE membership selection panel and propose the selection of nominees to the WHO Director-General for appointment.

Please submit your nominations by e-mail to the SAGE Executive Secretary. Self-nominations as well as nominations suggested by third party individuals or organizations will be accepted. Before consideration by a selection panel, nominees will be asked to confirm their interest, availability and commitment to serve on SAGE, to provide a curriculum vitae, a letter of motivation highlighting what their contribution to SAGE could be, and a completed declaration of interests form.

SAGE is the principal advisory group to WHO for vaccines and immunization. SAGE reports directly to the Director-General and is charged with advising WHO on overall global policies and strategies, ranging from vaccine and technology research and development, to delivery of immunization and its linkages with other health interventions. Its remit is not restricted to childhood vaccines and immunization but extends to all vaccine-preventable diseases as well as all age groups.

For more information, visit this link.
Call for Consultant

Call for consultant: Pandemic Influenza Preparedness (PIP) Framework

One position is open, with the following expertise needed:

- University degree in biomedical science and public health with good knowledge of vaccines and immunization, including vaccine safety and vigilance issues (past and current);
- Working with relevant technical and programmatic teams in WHO;
- Five to seven years of experience in public health emergency preparedness;
- In-depth knowledge of the World Health Organization (WHO) National Regulatory Authority (NRA) assessment tools;
- In-depth knowledge of the Pandemic Influenza Preparedness (PIP) framework, Partnership Contributions (PC), and the implementation plan for regulatory capacity building in priority countries;
- In-depth knowledge of the Global Action Plan (GAP) for influenza vaccines and regulatory capacity building in priority countries;
- High proficiency in preparation of written documents and reports (in English and one other official UN language) that align WHO institutional priorities; and,
- Organization, implementation and facilitation of international workshops and trainings.

To access the terms of reference (TOR), please click here.

Only selected candidates will be contacted (individually) by the WHO Secretariat. CVs should be submitted to WHO/EMP/RSS by electronic mail only with title as follows: ‘Call for consultant PIP’.

The deadline for application is 11 December 2015.

Past Meetings/Workshops

Meeting on Improving Immunization Supply Chain and Immunization Equity in East Asia and the Pacific

Health team, UNICEF Regional Office for East Asia and the Pacific
Location: Bangkok, Thailand
Date: 26-29 October 2015
Participants: Ministries of Health, Country offices from UNICEF and WHO, Regional offices of UNICEF and WHO (EAPRO, SEARO, WPRO), HQs of UNICEF and WHO

Purpose: To identify key barriers to reducing immunization inequities and enhancing immunization supply chain systems, and develop country specific actions to overcome the barriers identified.

Details: The meeting was convened by UNICEF Regional Office for East Asia and the Pacific (EAPRO), with support from Headquarters of UNICEF and WHO and WHO regional offices for South-East Asia and Western Pacific. The aim was to identify practical solutions to overcome bottlenecks in reaching the last mile and last child, with increased synergy between improving the performance of supply chains and increasing the reach of service delivery. Country profiles were developed and group work sessions were organized to facilitate a mapping of key issues and diagnosing underlying causes. Country participants shared their best practices as well as their chronic or emerging challenges, and developed a set of actions by country for intensifying efforts in 2016 and beyond. Dedicated attention was given to effectively tracking progress in the two concerned programmatic areas. Several countries reported their efforts in applying rapid coverage assessments for regular checking of immunization cards, mainly targeting underserved communities. It was well recognized by all participants that the success of the meeting would largely depend on the quality of follow-up actions. EAPRO will continue working with countries to ensure the proposed actions can be adequately incorporated into annual country workplans and progress can be regularly monitored.

Group photo from the meeting on improving immunization supply chain and immunization equity in East Asia and the Pacific.
National Training Workshop on Revised Operational Guidelines for Adverse Event Following Immunization (AEFI) Surveillance and Causality Assessment

Jyoti Joshi and Awnish Kumar Singh, ITSU-MoHFW India; Sujeet Jain WHO Country Office for India

Location: New Delhi, India
Date: 6-9 April 2015
Participants: A total of 87 participants representing the majority of the states and union territories; immunization partners, including WHO, UNICEF, the Central Drug Standards and Control Organization (CDSCO), the Indian Council of Medical Research (ICMR), the Pharmacovigilance Programme of India (PvPI) and faculty from medical colleges. Members of National and State Adverse Events Following Immunization (AEFI) committees including pediatricians, epidemiologists, public health specialists, forensic experts, microbiologists and state immunization officers.

The workshop was jointly organized by Immunization Technical Support Unit (ITSU) - Ministry of Health & Family Welfare (MoHFW), Government of India and WHO Country Office for India.

Purpose: As part of the efforts for strengthening the AEFI surveillance programme, the latest Operational Guidelines for National AEFI Surveillance (third edition, 2015) was released in the workshop. The participants were acquainted with revised AEFI guidelines, including new definitions, procedures of new reporting formats and verbal autopsy format. Revisions in the third edition are based on the Global manual for AEFI surveillance (2014) and include country specific innovations for improved investigation of reported AEFIs. The workshop included the following topics: AEFI reporting, investigation, causality assessment, risk communication and feedback.

Details: AEFI surveillance is an essential component for monitoring the quality of immunization services and maintaining vaccine confidence in the community. In order to disseminate the revised National AEFI Guidelines (2015), a four-day workshop was organized in New Delhi. The participants were divided into groups who were trained in parallel sessions.

The participants were provided with an orientation on the existing National AEFI surveillance system (establishment of National AEFI secretariat, technical collaborating centre and zonal consultants), revisions in definitions of AEFI, AEFI recording and reporting in India, investigation of AEFIs, investigational framework for AEFI clusters, analysis of vaccine safety data, including role of AEFI committees, AEFI causality assessment, approaches to death as an AEFI, and vaccine risk communication. Along with standard presentations, practicum sessions, case studies and causality assessments were also conducted to provide a hands-on experience in the field.

The latest edition of AEFI Surveillance and Response Guidelines were released by Dr Rakesh Kumar, Joint Secretary (RMNCH+A). Though strenuous, the workshops were well appreciated for their learning concepts and applauded by the participants.

The National level workshop will be followed by Regional and State level workshops in all states and union territories to build capacity for AEFI surveillance and causality assessment in the country.
SIVAC Participates in Nigeria Immunization Technical Advisory Group (NGI-TAG) Meeting

Alex Adjagba and Antoinette Ba-Nguz, Agence de Médecine Préventive (AMP)

Location: Abuja, Nigeria
Date: 7-8 October 2015
Participants: NGI-TAG members

Purpose: To provide NGI-TAG members with an overview of the Expanded Programme on Immunization (EPI) in Nigeria; to agree upon internal management procedures and the 2015-2016 strategic plan; to identify the training needs of members.

Details: The SIVAC Initiative of the Agence de Médecine Préventive (AMP) participated in the Nigeria Immunization Technical Advisory Group (NGI-TAG) meeting from 7 to 8 October 2015 in Abuja.

SIVAC, in collaboration with the West African Health Organization (WAHO), supported the creation of the NGI-TAG, the country’s National Immunization Technical Advisory Group (NITAG), starting in 2014. In April 2015, the secretariat participated in a training workshop organized by SIVAC to build the capacity of participants to support NITAG training workshops. The NGI-TAG was inaugurated on 17 August 2015.

During the October meeting, topics covered included: EPI in Nigeria: structure, functions, funding, and challenges; overview of NITAGs and establishment of NGI-TAG; influence of the health system on NGI-TAG recommendations; process for making evidence-based recommendations; NGI-TAG operating procedures and strategic plan; and the training needs of members.

Regarding training, participants identified the following needs: i) training for the secretariat in vaccinology (three members will participate, thanks to SIVAC support, in the Vaccines for Africa Initiative (VACFA) course organized by the University of Cape Town); ii) training for the secretariat on the methodology for developing evidence-based recommendations (a workshop is scheduled for December 2015).

In terms of next steps, the secretariat will revise and consolidate input from NGI-TAG members on procedures and the strategic plan. Another workshop will be organized to finalize and adopt the strategic plan including a budgeted work plan and timelines. Finally, activities as laid out in the work plan will be initiated by a working group.
In-country workshops on quality management systems and risk communication

Syed Shah and Jinho Shin, WHO WPRO

Location: Phnom Penh, Cambodia & Vientiane, Lao PDR

Date: Cambodia: 19-22 October 2015; Lao PDR: 03-06 November 2015

Participants: Both workshops were organized in-country by the Ministries of Health in Cambodia and Lao PDR, each in-country workshop involving participants from national regulatory authorities.

Purpose: To strengthen National Regulatory Authority systems, functions and areas in the field of quality management systems and risk communication.

Details: Effective vaccine regulatory systems are important to ensure safe, effective and good quality vaccines and to help countries regulate development, production, importation, exportation and subsequent distribution of vaccines. Internationally recognized and accepted quality management system (QMS) standards apply to any organization. The participants received lectures on the principles of QMS and ISO9001:2015 requirements, followed by group work for feedback. The different types of risks and risk management approaches (assessment, evaluation, root cause analysis and scoring to mitigate) was a core focus of the workshop. Group exercises focused on identifying one issue and prioritizing the response, and assessing the problem by using root cause analysis procedures. Risk management strategies were complemented with content on risk communication and examples of best practices.

In addition, WHO/HQ draft strategies on Pandemic Influenza Preparedness (PIP) “Communication Risks” and WHO/WPRO guidelines and messaging for vaccine safety communication strategies were presented, and the participants shown templates to inform the development of their own communication plans in this area. All proceedings were simultaneously interpreted in native languages and English. Both workshop evaluation results showed over 80% satisfaction and recommendations will be followed up for implementation.
Advanced course on causality assessment of Adverse Events Following Immunization (AEFI)

Messeret E. Shibeshi, WHO Inter country support team East and Southern Africa

Location: Meikles Hotel, Harare/Zimbabwe
Date: 2-5 November 2015
Participants: 21 participants from Medicines Control Authority of Zimbabwe, National Regulatory Authority for Medicines, Zimbabwe, MOHSW EPI team, WHO Zimbabwe. The training was financially and technically supported by WHO.

Purpose: In 2012, WHO developed a revised methodology for assessing causality after immunization. On the request of the Ministry of Health, Zimbabwe, WHO conducted an advanced course on causality assessment of Adverse Events Following Immunization (AEFI). The objectives of the course were to strengthen AEFI management based on indicators assessed during National Regulatory Authority assessment; ensure consistent case investigation and causality assessment practices by the responsible committee members; analyse AEFI data and report on the results; use the data for action; communicate effectively about vaccine safety; further develop national capacity for AEFI training; and ensure effective functioning of national advisory bodies on immunization concerning vaccine safety.

Details: The workshop was modelled on the standard WHO causality assessment course to strengthen the monitoring of adverse events following immunization (AEFI), but modified to suit the country requirements. The key sessions of the workshop were adapted and tailored to make it “Zimbabwe specific”.

The workshop was used as an opportunity to build the capacity of the African continent for vaccine safety and thereby conduct future sessions independently. Thus the key facilitators included a medical officer from EPI division, MOH Ghana, a Medicines expert from Tanzania Food and Drug Authority (TFDA) and a Medical Officer from WHO IST ESA. Other facilitators included a professor of paediatrics from the University of Adelaide and an expert from WHO HQ in Geneva.

Didactic sessions were followed by participative group work sessions and interactive discussions at the plenary. This resulted in capacity building and tangible outcomes including the revision and adaptation of the Zimbabwe national AEFI reporting form incorporating core variables recommended by WHO; the development of a national AEFI reporting framework using the existing structure; the development of a joint work-plan for 2016-2017 by MCAZ and EPI to be integrated with the comprehensive EPI multiyear plan; and plans for the adaptation of the Zimbabwe DHIS2 software to report AEFIs.
Immunization Data Quality Self-assessment (DQS), Honduras 2015

Hilda Lourdes Aguilar and Ida Berenice Molina, Secretaria de Salud, Honduras; Pamela Burgos, Ministerio de Salud, Chile; Marcela Contreras Salas and Martha Velandia, PAHO, Washington DC, USA; Laure Dumolard, WHO Headquarters; Odalys Garcia, WHO Country Office, Honduras; Ana Morice and Daniel Otzoy, Consultant PAHO

Location: Tegucigalpa, Honduras
Date: 09-18 November 2015
Participants: Five international assessors from Chile, Costa Rica, Guatemala, Switzerland (World Health Organization) and OPS/OMS in Washington DC, USA. National EPI and statistics departments staff in the Ministry of Health (MoH), from central level. From the regional level, technical EPI responsible officers, as well as information systems officers.

Purpose: To review the situation of immunization data and EPI information systems, and to provide recommendations to improve weaknesses encountered. The proposed specific objectives of this assessment were to assess the quality of the information system, the completeness and timeliness of reporting, the adequacy of coverage data, and promote the analysis and use of the data in the various levels to improve immunization programme management.

Details: Eight years after the last DQS in 2007 in Honduras, on 8-9 November 2015, the DQS was conducted, following the methodology developed by WHO. After adoption and validation of the investigation forms through a pilot test, the assessment took place at national level and in five regions: Copán, Choluteca, La Paz, Santa Bárbara and Valle, with a visit to 13 districts (municipios), 30 health centers, and interviews with a total of 48 persons. The selection of these places was based on coverage, drop-out, population, performance-based indicators and logistical considerations.

Strengths and weaknesses were identified from the calculation of data quality indicators, completeness and timeliness of reporting, and quality of the information system. This informed the recommendations made in the following areas: design of the information system; record, archiving and flow of report practices; management of biologicals; monitoring and evaluation; and training and supervision.

Data shows that the immunization programme of Honduras improved its data quality index (QI) from the last DQS in 2007 from 85% to 98% at regional level, and from 72% to 95% at the health center level. Based on the findings, the assessors recommended the strengthening of training and supervision staff at the various levels of programme management, the use of updated denominators from the 2013 census, and sustaining the efforts made to improve the design and the function of the information system. On 18 November 2015, the draft report of the DQS/2015 was presented and delivered to the national health authorities, national and OPS/WHO EPI teams from Honduras, recognizing the country’s data quality improvement and urging the continuation of efforts to sustain these achievements.
Training Workshop on the Management of Imported Measles and Rubella Cases in Bolivia

Desiree Pastor, PAHO-Washington, DC and Raul Montesano, PAHO-Bolivia

Location: La Paz, Bolivia
Date: 19-20 October 2015
Participants: Managers of the Expanded Programme on Immunization (EPI), epidemiologists from all departments and those responsible for the two National Reference Laboratories (CENETROP and INLASA).

Purpose: To provide tools and training materials to form Rapid Response Teams (RRT) at the national level and in the ten departmental health secretariats to respond to imported measles, rubella or Congenital Rubella Syndrome (CRS) cases and avoid the reestablishment of endemic transmission in Bolivia and in our Region; to monitor and provide PAHO/WHO technical support for the National Plan to Maintain the Elimination of Measles, Rubella and CRS in Bolivia, for the period 2016-2017; and to conduct a meeting with national authorities from the Ministry of Public Health-Bolivia and a training workshop with all of the EPI managers, epidemiologists from Bolivia’s ten departmental health secretariats and with those responsible for the two National Reference Laboratories (CENETROP and INLASA).

Details: In compliance with the commitment to support Bolivia’s national EPI to improve the quality of measles, rubella and CRS surveillance, an evaluation workshop and training of departmental health teams in the monitoring and rapid response against imported cases of these diseases were held.

The agenda included lectures on the global measles, rubella and CRS situation, as well as an assessment of the regional situation in the Americas and Bolivia.

Aspects of laboratory, epidemiological surveillance and the establishment of rapid response teams to deal with imported measles cases were discussed. Additionally, a knowledge pre-test related to these issues was conducted, to which the participants collectively responded with the answer of their choice using colored construction paper (see photos).

Similarly, two real-life case studies on managing measles importations were given to participants so they could apply their knowledge to researching cases. Finally, simulations of interviews with measles and rubella cases were performed, with reports for Ministers of Health to provide evidence of virus circulation in the country. Simulations of advocacy at the political level for the deployment of quick control measures to control viral transmission were also performed.

The workshop ended with a presentation on issues of national discussion to implement the plan to sustain the elimination of these viruses in the period of 2016-2020.
Resources

HPV Vaccine Lessons Learnt resources now available
Beth Balderston, PATH

The increasing burden of cervical cancer means it is a critical time to expand evidence-based delivery of HPV vaccines. In the past ten years, dozens of countries have included HPV vaccine in their national immunization schedule and many low- and middle-income countries have gained experience in HPV vaccine delivery through demonstration projects and national programmes.

The London School of Hygiene & Tropical Medicine and PATH recently completed the first comprehensive review of HPV vaccine delivery experiences across 37 low- and middle-income countries. These activities represent eight national programmes and 55 demonstration projects – some of which implemented multiple delivery strategies – resulting in 72 distinct vaccine delivery experiences.

These experiences have helped countries learn valuable lessons about effective methods for garnering parental acceptance and reaching young adolescent girls with the vaccine, at relatively low delivery costs. The lessons learnt from these countries can provide critical information for policy makers and programme planners on how best to prepare, deliver, and sustain HPV vaccines.

A package of resources synthesizing findings from this review is now available at this link. For a quick preview, watch this short video.

Highlights include key findings and lessons from HPV vaccination experience across five themes: preparation, communications, delivery, achievements, and sustainability. Also addressed are the value of demonstration projects and potential HPV vaccination pitfalls.

WHO Guidance Note: Vaccine Diluents - Revision 2015 (WHO/IVB/15.08)

This document is now available online. This policy brief revises and replaces Vaccines and Biologicals Update: Proper handling and reconstitution of vaccines avoids programme errors, Volume 34, December 2000. It is designed to be used in complement with the document, Policy Brief: Handling of Multi-dose Vaccine Vials after Opening.


This document is now available online. This document provides managers in national immunization programmes with guidance on how to implement successful solar-powered vaccine refrigerator and freezer systems. The guidance takes into account important new developments in refrigerator technology, and is based on lessons learned during the 30 years since solar refrigerator systems were first used in immunization programmes.
Margaret Miller, International Vaccine Access Center  


Although global progress has been made towards reducing child deaths, in 2015 a projected 5.9 million children around the world will die before reaching their fifth birthday. Of these deaths, pneumonia was responsible for 16% and diarrhea was responsible for 9%, making them two of the leading killers of children worldwide. This report highlights the need for sustained efforts to decrease the global burden of pneumonia and diarrhea.  

Progress in countries is evaluated through “Global Action Plan for Prevention and Control of Pneumonia and Diarrhea (GAPPD) intervention scores” a calculated average of coverage levels for the vital pneumonia and diarrhea interventions outlined in the WHO and UNICEF’s integrated GAPPD.  

**Key Findings:**  
- Overall GAPPD scores in 2015 varied widely from a low of 20% (Somalia) to a high of 72% (Tanzania), with all 15 focus countries falling below the 86% target.  
- Rates of exclusive breastfeeding during a child’s first six months of life remain low. Currently, 12 of the 15 countries with the most child pneumonia and diarrhea deaths have exclusive breastfeeding rates that still fall short of the 50% GAPPD target.  
- Currently, three of the 15 countries (Sudan, Bangladesh, and Tanzania) have met or exceeded the 90% GAPPD coverage target for Hib vaccination and several countries are relatively close to reaching the target. Fifteen years after PCV’s first introduction in 2000, five of the highest burden countries (Chad, China, India, Indonesia, and Somalia) are still not using the vaccine in their routine immunization programmes.  
- Of the ten GAPPD interventions evaluated in this report, pneumonia and diarrhea treatment tend to have the lowest coverage rates.  

**How to use passive containers and coolant-packs for vaccine transport and outreach operations (WHO/IVB/15.03)**  

This *module* of the WHO Vaccine Management Handbook (VMH) provides guidance on how to develop a transport strategy that minimizes the risk of exposure to freezing through the correct use of passive containers and their associated coolant-packs. It covers vaccine transport down to health facility level and transport for outreach operations.  

**How to monitor temperatures in the vaccine supply chain (WHO/IVB/15.04)**  

This *module* of the WHO Vaccine Management Handbook (VMH) focuses on temperature monitoring and provides updated implementation guidance on vaccine vial monitors, and various temperature monitoring tools for cold rooms and fridges, including the new devices which monitor and log temperatures electronically.
The SAGE Decade of Vaccines (DoV) Global Vaccine Action Plan (GVAP) Assessment Report 2015

The SAGE Decade of Vaccines (DoV) Global Vaccine Action Plan (GVAP) Assessment Report 2015 is now available online in English, French, Russian and Spanish languages. The report can be accessed from the GVAP web page under “SAGE assessment reports”.

The GVAP was endorsed by the World Health Assembly in May 2012 to achieve the “Decade of Vaccines” vision of universal access to immunization. As requested by Member States, the WHO Strategic Group of Experts (SAGE) presents, in this report, an objective assessment of progress on implementation of the GVAP. At the October 2015 meeting, SAGE stressed that leadership and accountability systems in countries, regions and at global level can take the GVAP forward towards success.

The SAGE DoV GVAP Assessment Report 2015 focuses on two major problems that are holding back progress in the Decade of Vaccines:

1. The elimination strategies for maternal and neonatal tetanus, and for measles and rubella, and their implementation, are in urgent need of change and adequate resourcing.
2. The monitoring and accountability framework for the Global Vaccine Action Plan has gaps in its mechanisms for accountability, undermining the translation of the plan’s goals into reality.

At this critical midpoint of the Decade of Vaccines, SAGE makes nine recommendations, focusing squarely on the major aspects to improve accountability to achieve the GVAP goals.

For further information on the Decade of Vaccines and the Global Vaccine Action Plan please see the GVAP webpage or email the DoV Secretariat.

Multi-Dose Vial Policy (MDVP) Revision 2014 Handling of Multi-Dose Vaccine Vials after Opening

This revision to the multi-dose vial policy provides updated guidance on how to handle all opened multi-dose vials of WHO pre-qualified vaccines. It outlines the conditions under which opened multi-dose vials can be kept for 28 days and which must be discarded after six hours or at the end of the immunization session, whichever comes first, along with a description of the visual triggers that can be used to guide vaccine handling by vaccinators.
## Calendar

### 2015

#### November

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<tr>
<td>29-3 Dec</td>
<td>EMRO Twenty-Ninth Meeting of National Managers of the Expanded Programme on Immunization and the Sixteenth Inter-country Meeting on Measles/Rubella Control and Elimination</td>
<td>Amman, Jordan</td>
</tr>
<tr>
<td>30-4 Dec</td>
<td>cMYP workshop</td>
<td>Victoria Falls, Zimbabwe</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>1-5</td>
<td>Briefing on WHO tools and guidance related to data quality and coverage survey</td>
<td>Istanbul, Turkey</td>
</tr>
<tr>
<td>2-3</td>
<td>Gavi Alliance Board Meeting</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>2-4</td>
<td>AFRO Task Force on Immunization (TFI)</td>
<td>TBD</td>
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<tr>
<td>3-4</td>
<td>Gavi AFRO West and Central Regional Working Group</td>
<td>Libreville, Gabon</td>
</tr>
<tr>
<td>5-6</td>
<td>EMRO Meeting of the Regional Technical Advisory Group on Immunization (RTAG) and Regional Verification Commission (RVC) of Measles Elimination and Hepatitis B Control</td>
<td>Amman, Jordan</td>
</tr>
<tr>
<td>8-9</td>
<td>WHO Microarray Patch Product Development Workshop</td>
<td>Geneva, Switzerland</td>
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### 2016

#### January

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>19-20</td>
<td>WPRO Gavi Regional Working Group meeting</td>
<td>Manila, Philippines</td>
</tr>
<tr>
<td>25-30</td>
<td>Executive Board</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>29-3 Mar</td>
<td>Institut Pasteur Vaccinology course</td>
<td>Paris, France</td>
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#### February

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>24-25</td>
<td>AFRO ministerial conference on immunization</td>
<td>Addis Ababa, Ethiopia</td>
</tr>
<tr>
<td>29-25 Mar</td>
<td>Institut Pasteur Vaccinology Course</td>
<td>Paris, France</td>
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#### March

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>14-16</td>
<td>PAHO Regional Workshop on Evidence-Based Decision-Making (ProVac) and Data Quality</td>
<td>TBD</td>
</tr>
<tr>
<td>15-17</td>
<td>Global Vaccine and Immunization Research Forum (GVIRF)</td>
<td>Johannesburg, South Africa</td>
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#### April

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>12-14</td>
<td>Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization</td>
<td>Geneva, Switzerland</td>
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#### May

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>23-28</td>
<td>Sixty-ninth World Health Assembly</td>
<td>Geneva, Switzerland</td>
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#### June

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>6-10</td>
<td>SEAR Immunization Technical Advisory Group (ITAG)</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>13-17</td>
<td>WPRO Technical Advisory Group</td>
<td>TBD</td>
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<tr>
<td>22-23</td>
<td>Gavi Board Meeting</td>
<td>TBD</td>
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</tbody>
</table>
**Links**

**Organizations and Initiatives**

- American Red Cross
  - Child Survival
- Agence de Médecine Préventive
  - Africhol
  - EpiVacPlus
- LOGIVAC Project
- National Immunization Technical Advisory Groups Resource Center
- 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
  - IMMUNIZATION basics
- Immunization Center
- 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
- RHOCervical Cancer

EURO
- Immunization

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)