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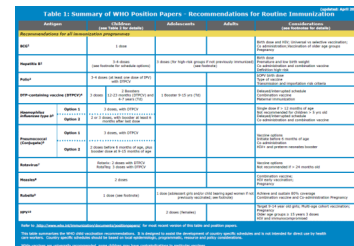
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# News

## Updated Summary Tables - WHO Vaccination Recommendations

The **Summary Tables of WHO Routine Immunization Recommendations** have been updated. The latest versions (April 2018) of the Summary Tables (available in both FRENCH and ENGLISH) can be downloaded from the [WHO website](#). As these tables are updated several times each year, it is always best to go to the website for the most recent version.



This latest revision has been a LARGE one and includes the following:

- BCG:** **NEW** [WHO Position Paper – February 2018](#) including revised guidance on: immunization of HIV infected children; importance of birth dose; and the use of BCG for prevention of leprosy.
- Polio:** Revised to reflect the October [2017 SAGE Meeting recommendations](#) providing guidance on catch-up vaccination in countries with shortages or delayed for IPV introduction.
- Hepatitis B:** **NEW** [WHO Position Paper – July 2017](#) providing updated evidence on HepB vaccines and their storage, transport and deployment, and stressing the importance of the HepB birth dose.
- Diphtheria:** **NEW** [WHO Position Paper – August 2017](#) with revised recommendations on optimal number of doses and timing, alignment of vaccination schedules for combination vaccines, and booster doses.
- Typhoid:** **NEW** [WHO Position Paper – March 2018](#) including recommendations on use of new generation of typhoid conjugate vaccines (TCV).
- Cholera:** **NEW** [WHO Position Paper – August 2017](#) incorporating recent developments in the field of cholera and revised guidance on target populations for vaccination.

Additionally, the updated Position Paper references for Measles (April 2017) and HPV (May 2017) vaccines are now reflected in the summary tables.

Just a reminder that a [User's Guide to the Summary Tables](#) also exists in [French](#). This short guide has been developed as a companion piece to help orientate users of the summary tables.

What are the purposes of this guide?

- To raise awareness that the full spectrum of WHO recommendations for routine immunization are available in four summary tables.
- To explain how the summary tables can be used at country level to review and possibly modify a national immunization schedule so that it has greater impact and efficiency.
- To highlight practical and operational issues that country decision-makers should consider when making a change to the national immunization schedule.

The Summary Tables are intended for use by national immunization managers and key decision-makers, chairs of national advisory committees on immunization, and partner organizations, including industry.

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### VIEW PREVIOUS EDITIONS

For previous editions of the GIN, visit the GIN archive on the WHO website: [www.who.int/immunization/gin](http://www.who.int/immunization/gin)

## ThinkWell's ICAN launches the most comprehensive, current, and standardized global evidence on the cost of vaccine delivery

[Michaela Mallow](#), ThinkWell

ThinkWell is thrilled to launch the findings from a systematic review of the current evidence based on immunization delivery costs (IDC) in low- and middle-income countries (LMICs). Conducted as part of the **Immunization Costing Action Network (ICAN)**, the review aims to answer a question frequently asked by global and country immunization stakeholders: **What are the unit costs of vaccine delivery across different LMICs and through a variety of delivery strategies?**

The review considered over 13,000 articles/reports published between January 2005 and January 2017. Ultimately, ThinkWell extracted data from 54 articles/reports on IDC data.

- A range of tools and companion products from the systematic review are now available at this [link](#):
- A standardized and richly annotated [Immunization Delivery Cost Catalogue \(IDCC\)](#) (Excel workbook and web tool) (Figures I and II) of the data extracted. This dataset presents 192 records which include one or more unit costs. In total, there are over 400 unit costs available, all presented in 2016 USD for easy referencing and use.
- A [summary report](#) of findings on IDCs, describing the spread/scope of the evidence and the methods/reporting of the included articles/reports, including their quality as assessed by the review team.
- An analysis of [Delivery Unit Cost Estimates](#) for vaccine delivery through and in a variety of strategies and contexts. These estimates pool four or more comparable unit cost findings, noting the cost range and other descriptive statistics.
- Companion interpretive products (e.g., detailed [methodology note](#) and user guides)

The review will be refreshed by 2019 to reflect new content and user feedback. To contribute resources published between January 2005 and January 2018, please visit this [page](#). To provide feedback or seek clarification on any of the ICAN resources, please send us an [email](#).

The ICAN is supported by a grant from the Bill & Melinda Gates Foundation.

## The Value of Immunization Compendium of Evidence (VoICE): v2.0

Brooke Farrenkopf and [Julie Younkin](#), International Vaccine Access Center (IVAC) at Johns Hopkins University

The Value of Immunization Compendium of Evidence (VoICE), developed and maintained by the International Vaccine Access Center (IVAC) at Johns Hopkins University, has been relaunched at [immunizationevidence.org](#) with new evidence, features and a new look. The VoICE tool is a searchable database that catalogues the arguments and evidence around the broad value of vaccines. The Compendium seeks to respond to the need articulated by advocates and immunization stakeholders for evidence-based arguments illustrating the broad and long-lasting impact of vaccines on economies, societies and households.

Found online at VoICE is a growing and dynamic set of synthesized evidence on the impact that vaccines - and vaccine-preventable diseases - can have on health, economic status, societal well-being, equity, and more. These data summaries are organized into six overarching topics – economics, education, equity, global issues, health, health systems & integration – and nearly 30 sub-topics (such as conflict and humanitarian emergencies and gender inequity). Over 150 key concepts, messages and data summaries are drawn from a variety peer-reviewed journals and other high-quality data sources. VoICE 2.0 provides streamlined custom searches and featured issue briefs covering the links between immunization and a variety of topics such as cancer, poverty and nutrition.

To date, VoICE has been accessed by hundreds of child health advocates, communicators, stakeholders and public health professionals from more than 50 countries. Visit VoICE to explore new evidence and ideas detailing how the impact of immunization extends far beyond direct prevention of morbidity and mortality. The VoICE team at IVAC works to continually add new evidence, featured issue briefs and other information resources to VoICE. Subscribe to our e-Bulletin by visiting this [webpage](#) or by emailing [Julie Younkin](#).



# Past Meetings/Workshops

## Immunization data quality self-assessment conducted in Bolivia

Max Enriquez and Susana Solano, Ministry of Health-Bolivia; Ana Mercedes Ordoñez, Ministry of Health-Nicaragua; Antonina Rodriguez, Ministry of Health-Dominican Republic; Patricia Calderon and Gabriela Moreno, PAHO/WHO Consultant; Washington Toledo, PAHO/WHO Bolivia; Marcela Contreras and Martha Velandia, PAHO/WHO-Washington, DC

Location: La Paz, Bolivia

Date: 8-20 March 2018

Participants:

- International advisors from Chile, Colombia, Dominican Republic, Nicaragua; PAHO/WHO consultants from Washington, DC and Bolivia;
- Representatives from Bolivia's Expanded Programme on Immunization (EPI) and National Information System in Health (SNIS in Spanish) in the Ministry of Health.

Purpose: To analyze the status of immunization data and EPI information systems and provide recommendations to address any weaknesses identified in the system. The proposed specific objectives of this assessment were to:

- 1) Assess the quality aspects of the information system, completeness and timeliness of reporting, and accuracy of coverage;
- 2) Promote the analysis and use of the data at various levels to improve management of the immunization programme.

Details: The last Data Quality Survey (DQS) conducted in Bolivia was in 2010 and the pilot test for a data quality evaluation tool was done in 2012. This year's DQS followed the methodology developed by WHO and adapted by PAHO to always include a data desk review and a resulting data improvement plan. After adopting and validating the investigation forms through a pilot test, the assessment took place at the national level and in Bolivia's nine subnational departments. The advisors visited 27 districts, 54 health centers and approximately 280 persons were interviewed. The selection of these places was based on coverage, drop-out rates, population, performance-based indicators and logistics.

The programme's strengths and weaknesses were identified by calculating data quality indicators, completeness and timeliness of reporting, as well as the information system's quality. Recommendations were made based on these analyses for the following areas: management (at all levels, including biologicals); registries, archiving and the flow of reporting practices; monitoring and evaluation; training and supervision; and demographic information and planning.

Based on the findings, the advisors recommended strengthening training and supervision of human resources in the various levels of management of the programme and sustaining efforts to improve the design and functionality of the information system.

On 20 March 2018, a draft report with results from the DQS was presented and delivered to health authorities and to national evaluation teams, recognizing both the country's data quality improvement and challenges that are still pending, as well as urging Bolivia to continue their efforts to sustain these achievements.



Participants at the immunization DQS in Bolivia. Credit: Ministry of Health-Bolivia; PAHO/WHO.

## First annual immunization performance monitoring, data desk review and annual Joint Report forms (JRF) peer review and capacity building & experience sharing workshop for countries in the African Region

Messeret E. Shibeshi, Jethro Chakauya, Daniel Fussum, WHO AFRO Inter-country support team (IST), East and South Africa (ESA); Bwaka Ado, Joseph Biey, Norbert Ngendabanyikwa, Bernard Ntsama, Gilson Paluku, Aboubacar Ndiaye, WHO AFRO IST, West Africa; Laure Dumolard, Jan Grevendonk, Claudia Steulet, WHO Headquarters, [Alain Poy](#), WHO AFRO; Mamadou S. Diallo and Ntakibirora Marcelline, UNICEF, Carine Gachen and Binay Kumar, Gavi, the Vaccine Alliance; Scott Colleen and Lora Davis, CDC

**Location:** Douala, Cameroon Hotel Sawa for IST Central, Cotonou Benin, Hotel Azalai for IST West and Harare, Zimbabwe in Cresta Hotel for IST ESA

**Date:** 13-16 March 2018 for IST central, 20-23 March 2018 for IST West and 27-30 March 2018 for IST ESA

**Participants:** 34 participants from 12 countries in IST Central, 45 participants from 17 countries in IST West and 46 participants from 18 countries in IST ESA. Comoros and Madagascar attended the workshop in IST Central. 46 countries out of 47 in the Region attended the workshop. Rwanda is the only country that was not able to attend. Facilitators were drawn from WHO ISTs, Regional and HQ offices; UNICEF HQ and WCARO, GAVI and CDC Atlanta. Opening ceremonies were officiated by Ministers of health and Representatives from partners (WHO, UNICEF, GAVI and CDC)

**Purpose:** To strengthen the capacity of countries in data analysis to measure programme performance and quality of coverage data and improve the quality of data reported in the JRF for better monitoring of vaccination programmes. The African Region achieved 100% JRF completeness and timeliness last year for 2016 data submission.

The specific objectives of the workshop were to:

1. Improve information products necessary for programme performance analysis in 2017
2. Generate desk review reports for EPI data in 2017
3. Strengthen the capacity of participants to measure performance and perform data desk reviews
4. Improve the quality of reports (JRF) through peer review and support of facilitators
5. Make an inventory of the level of implementation of the action points of the 2016 JRF meeting and 2017 training on the review of the information system, data quality and Data Improvement Plan (DIP) development and propose acceleration measures if necessary
6. Identify priorities for the 2018 agenda
7. Share experiences and best practices among countries on analyzing and improving data



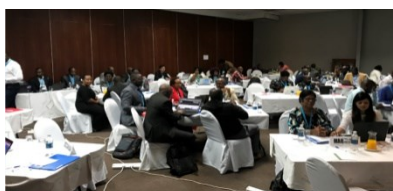
Group photo IST ESA



Group photo IST central



JRF anniversary ceremony IST ESA



Working session in country teams



## First annual immunization performance monitoring, data desk review and annual Joint Report forms (JRF) peer review and capacity building & experience sharing workshop for countries in the African Region

**Details:** A total of 125 participants from Member states, WHO country offices and Unicef country offices participated in the workshops. Member states were represented by one of the following: EPI managers, Directors of Public health, Monitoring and Evaluation focal points, Officer in charge of finance and/or Data managers. Facilitators from UNICEF HQ & WCARO, Gavi, CDC Atlanta and WHO ISTs, WHO African Regional office and WHO HQ provided technical guidance during the workshops.

Each country prepared and presented a full set of immunization performance analysis and data quality desk review reports for 2017 and the level of implementation of 2017 priority actions using the standard template provided.

The 2017 Joint Reporting Forms (JRF) were also peer reviewed by assigned Member States. Comments were provided to country teams for onsite improvement of the analysis and data desk review reports as well as the JRFs. As this was the 20th JRF Anniversary, there was celebration the last day of each session.

Through the four-day workshop, the following were achieved :

- a) Information products necessary for the analysis of 2017 country programme performance were improved;
- b) Reports of data desk review for 2017 EPI data were made available for the 46 countries that attended;
- c) Participants capacities were strengthened to measure performance and conduct data desk reviews;
- d) Level of implementation of 2017 data related priority activities was assessed by each country including action points from previous workshops and training;
- e) Priority activities for data improvement agenda in 2018 were identified by each country;
- f) Countries shared experiences on data analysis and data quality assessment;
- g) The quality of reports (JRF) improved as a result of a peer review and support of facilitators and 2017 draft JRF were made available;
- h) Country teams were also briefed on the current use of new technology for immunization data in the Region and an inventory of ongoing IT project for EPI data in countries was conducted in the three ISTs.

Action points were agreed upon and will be followed up on a quarterly basis with IST and AFRO teams. This focused among others around the need for all countries to accelerate the data improvement agenda including implementing the data requirements, and for partners to ensure technical support to Member States and the participation of more EPI managers for the subsequent monitoring, data quality and use workshops.

## Vaccine management workshop and experience exchange

Yue Chenyan, WHO Headquarters and Lance E. Rodewald, US CDC

Location: Atlanta, USA

Date: 27-28 March 2018

Participants: Experts from National Health Commission of the People's Republic of China, Ministry of Finance, China CDC, US CDC, and WHO China Office participated in the workshop.

Purpose: To discuss vaccine financing, procurement, distribution, and management systems; how vaccine shortages are managed; how vaccine use is evaluated in terms of utilization and coverage; and how the US Vaccine Injury Compensation Programme works.

Details: China CDC introduced China's National Immunization Programme, including progress and achievements of the immunization programme; the vaccine procurement, distribution, and management systems; perspectives of China's immunization programme, including establishment of a centralized procurement mechanism for NIP vaccines and updating the information collection mechanism.

US CDC experts introduced the legal framework for the US immunization programme; financing of vaccines and essential infrastructure; the vaccine procurement and ordering system and centralized distribution; 2-dimensional (2D) vaccine barcoding; the vaccine shortage prevention and stockpile programme; vaccine coverage monitoring; and the health and economic impact of vaccines. Health Resources and Services Administration experts introduced the Vaccine Injury Compensation Programme (VICP).

During the workshop, participants discussed centralized distribution, VTrackS, the vaccine tracking system, vaccine shortage management, coverage monitoring, and vaccine injury assessment and compensation. US CDC's centralized vaccine procurement, distribution, and management system is designed for efficiency, timely delivery to providers, and ability to prevent and manage vaccine shortages. VICP is a no-fault alternative to the traditional legal system for resolving vaccine injury petitions.

China EPI authorities, US CDC, and WHO will continue collaborations for strengthening routine immunization to ensure continuous access to safe and effective vaccines.



Participants at the Vaccine Management Workshop and Experience Exchange.

## Resources

### Short video on the Gavi support model

Ariane Leroy, Gavi, the Vaccine Alliance

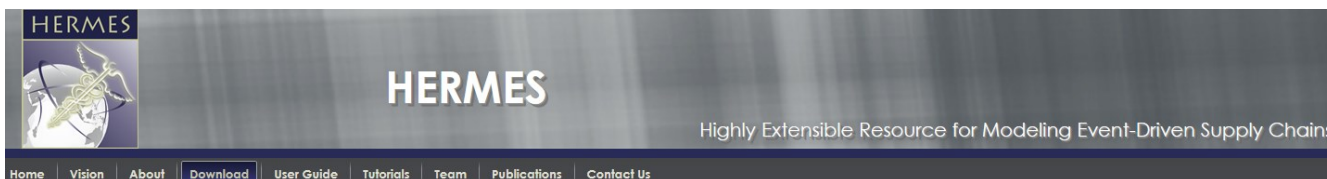
Gavi has improved its support model to ensure better planning and coordination of new and ongoing support to countries. These improvements include an early and increased **dialogue-based approach** across all stakeholders; a **stronger alignment with national plans & systems**; and a **holistic review of the full portfolio** of Gavi support (which include both vaccines and financial support).

A **new video** introduces Gavi's country engagement principles and processes. The approach of the Alliance aims to achieve the global targets for equitable immunization coverage. To view the video visit the [Gavi website](#). Also available in [French](#).

## Next generation vaccine supply chain software available

### User-friendly supply chain software can help guide decision makers through a hands-on approach

Sarah Rebbert, Johns Hopkins Bloomberg School of Public Health



Vaccine supply chains are complex systems of storage locations, equipment, vehicles and personnel that get vaccines from the Central Store in a country to the population. Designing, planning, managing and fixing such complex systems has been a challenge for many countries, but now researchers from the Global Obesity Prevention Center (GOPC) at Johns Hopkins University and Pittsburgh Supercomputing Center (PSC) at Carnegie Mellon University are releasing their HERMES software to help decision makers around the world improve the delivery of vaccines.

Funded by the Bill & Melinda Gates Foundation, HERMES (Highly Extensible Resource for Modeling Event-Driven Supply Chains) allows the user to create detailed simulation models of vaccine supply chains. The models can serve as a “virtual laboratory” to evaluate a supply chain and test the effects of implementing different potential policies, interventions, practices and technology changes. The user-friendly software can help planners within Health Ministries, vaccine supply chain logisticians, vaccine manufacturers and funders who deal with vaccine supply chains understand and optimize these complex systems.

To date, the HERMES team has used the software to create vaccine supply chain models to help decision makers in a wide range of countries such as Niger, Benin, Senegal, Chad, Kenya, Mozambique, Thailand, Vietnam and India.

Starting Monday 23 April 2018, in conjunction with World Immunization Week, the HERMES team released a version of the HERMES software that has a user-friendly interface available to low- and middle-income countries. By making such software technology available in countries short on resources, the hope will be to empower in-country decisions makers to evaluate and improve vaccine delivery.

Further information on how to download and access HERMES software can be found [here](#).

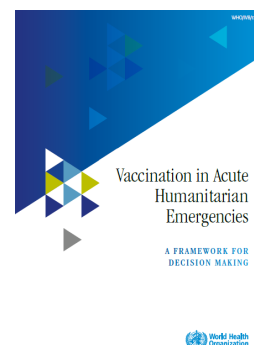
## The Humanitarian Mechanism for vaccination in emergencies

[Jorge Castilla](#), Tania Cernuschi, Diana Chang Blanc and Nikola Sklenovska, WHO Headquarters

Vaccine-preventable disease outbreaks occurring in humanitarian emergencies led to the creation of a comprehensive framework ([link](#)) and implementation guide ([link](#)). As part of this effort, vaccine producers and emergency agencies established a mechanism to facilitate quick and timely access to affordable supply for entities procuring on behalf of populations facing humanitarian emergencies ([link](#)).

Through this mechanism, vaccine producers have made pneumococcal vaccines (PCV-10 and PCV-13) available at reduced price to be used in well-defined circumstances. The price offer is for all countries independent of income status and eligibility for substantive external financial support (through Gavi, the Vaccine Alliance). A requesting agency clarifies with local health authorities the need for the use of those vaccines and sends a request to WHO. WHO confirms that the situation is a recognized emergency, that the requesting agency has capacities to undertake the proposed action and that the proposed action is technically sound. WHO then shares the request with key partner members (UNICEF, MSF and Save the children) to confirm that there is no duplicate request. If all those conditions are satisfactory, WHO validates the request within 24 hours. The partner and the producer proceed with the actual purchase and transfer. A report is produced at the end of the operation.

[The mechanism](#) has been applied 14 times (six pilot and eight after-launch requests) in 2017 (12 by MSF, twice by UNICEF) and validated release of 183 for Syria, 116000 for Nigeria, 16400 for South Sudan, 36000 for Central African Republic, 254602 vaccine doses 425 for Lebanon, 28800 for the DRC and 7200 for Niger. WHO and mechanism partners encourage i) producers to offer more antigens, and ii) wider use of the mechanism by a broader set of agencies active in immunization efforts in emergencies.



# Calendar

## May

1-3	Teach to Reach: Innovative Methods for Immunization Training	Tanzania
21-26	71st World Health Assembly	Geneva, Switzerland
25-26	AFRO Regional Working Group – East and South Africa	Nairobi, Kenya
28-29	WHO Executive Board	Geneva, Switzerland

## June

3-4	BMGF Maternal Immunization 2018 Multi-stakeholder Meeting	Amsterdam, the Netherlands
4-8	EURO Regional Verification Committee (RVC) meeting	Paris, France
6-7	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
12-14	Global Task Force for Control of Cholera (GTFCC)	Annecy, France
26-28	Global Immunization Meeting (GIM)	Kigali, Rwanda
26-29	WHO Global Measles and Rubella Laboratory Network (GMLN)	Cascais, Portugal
29-30	Regional Immunization Technical Advisory Group (RITAG)	Kigali, Rwanda

## July

10-12	Immunization Practices Advisory Committee (IPAC) Annual Meeting	Geneva, Switzerland
31Jul-2Aug	Third South East Asia Regional Verification Commission Meeting and National Measles Rubella Laboratory assessment	Kathmandu, Nepal

## August

27-29	<a href="#">13<sup>th</sup> International Rotavirus Symposium</a>	Minsk, Belarus
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## October

23-25	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
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## December

5-6	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
6-7	Global NITAG Network meeting	Ottawa, Canada



## Links

### Organizations and Initiatives

American Red Cross  
[Child Survival](#)

Agence de Médecine Préventive  
[Africhol](#)  
[EpiVacPlus](#)  
[LOGIVAC Project](#)

Centers for Disease Control and Prevention  
[Polio](#)  
[Global Vaccines and Immunization](#)

Johns Hopkins  
[International Vaccine Access Center](#)  
[VIEW-hub](#)

JSI  
[IMMUNIZATIONbasics](#)  
[Immunization Center](#)  
[Maternal and Child Health Integrated Program \(MCHIP\)](#)  
[Publications and Resources](#)  
[Universal Immunization through Improving Family Health Services \(UI-FHS\) Project in Ethiopia](#)

PAHO  
[ProVac Initiative](#)

PATH  
[Better Immunization Data \(BID\) Initiative](#)  
[Center for Vaccine Innovation and Access](#)  
[Defeat Diarrheal Disease Initiative](#)  
[Vaccine Resource Library](#)  
[Malaria Vaccine Initiative](#)  
[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](#)  
[ICO Information Centre on HPV and Cancer](#)  
[National programmes and systems](#)  
[Immunization planning and financing](#)  
[Immunization monitoring and surveillance](#)  
[National Immunization Technical Advisory Groups Resource Center](#)  
[SIGN Alliance](#)

Other  
[Coalition Against Typhoid](#)  
[Confederation of Meningitis Organizations](#)  
[Dengue Vaccine Initiative](#)  
[European Vaccine Initiative](#)  
[Gardasil Access Program](#)  
[Gavi the Vaccine Alliance](#)  
[Immunization Economics resource](#)  
[International Association of Public Health Logisticians](#)  
[International Vaccine Institute](#)  
[Measles & Rubella Initiative](#)  
[Multinational Influenza Seasonal Mortality Study](#)  
[Network for Education and Support in Immunisation \(NESI\)](#)  
[TechNet-21](#)  
[Vaccine Safety Net](#)  
[Vaccines Today](#)

### WHO Regional Websites

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

### UNICEF Regional Websites

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

### Newsletters

[Immunization Monthly update in the African Region \(AFRO\)](#)  
[Immunization Newsletter \(PAHO\)](#)  
[The Civil Society Dose \(GAVI CSO Constituency\)](#)  
[TechNet Digest](#)  
[RotaFlash \(PATH\)](#)  
[Vaccine Delivery Research Digest \(Uni of Washington\)](#)  
[Gavi Programme Bulletin \(Gavi\)](#)  
[The Pneumonia Newsletter \(Johns Hopkins Bloomberg School of Public Health\)](#)  
[Immunization Economics Community of Practice](#)