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# News

## Honouring the life and legacy of Dr Kwame Chiwaya, WHO Malawi

2 On Sunday, 3 February 2019, the global immunization community received the shocking news of the sudden and premature death of a dear colleague, Dr Kwame Chiwaya.

3 Dr Kwame, as we fondly called him, was born on 14 April 1976 to the Chiwaya and Kamwendo families in Zomba, Malawi. He was married to Bridget and they were blessed with two children, to whom he was visibly devoted. Whether at home or away from them on mission, he was always thinking about his family, missing them. Just a few days preceding his death, while returning to Lilongwe from a mission to Blantyre, Kwame searched for ripe mangos to bring home to his two boys – large mangos – because his boys loved the sweet mangos he could find while in the field.

5 Dr Kwame joined WHO on 1<sup>st</sup> October 2007 as a National Professional Officer for Expanded Programme on Immunization (EPI). From then until his death, he was fully dedicated to the health of the children of Malawi. He supported the country to introduce and expand the uptake of many vaccines in collaboration with the Ministry of Health and local immunization partners. He had a can-do attitude and was a tremendous resource to all who worked with him, and will be greatly missed on a professional level. Dr Kwame's contributions and his legacy will live forever.

6 Dr Kwame was an exceptional person, thoughtful and kind, who we truly enjoyed spending time with and will greatly miss on a personal level. He was held in very high esteem by his friends and colleagues. He was a wonderful friend and talented professional. We have warm-hearted memories of him and he will be missed by everyone. Kwame will be remembered for his honesty, intelligence, open-mindedness and love of art, farming, sports and culture.

16 With a heavy heart and sincere condolences to all who knew him. We extend our thoughts and prayers to Dr Kwame's family and children. May his soul rest in everlasting peace, Amen.



Dr Kwame Chiwaya  
(WHO Country Office, Malawi)

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## Malawi launches the HPV vaccine national roll-out programme for girls aged nine to 14 years

Kwame Chiwaya, Zione Dembo, [Hudson Kubwalo](#) and Kelias Msyamboza, WHO Country Office, Malawi  
Article submitted in mid-January 2019.

On 10 January 2019 Malawi Ministry of Health launched the Human Papilloma Virus (HPV) vaccination programme for girls aged nine to 14 years old as a primary prevention strategy for cervical cancer. The launch was presided over by the Minister of Health and Population, Honorable Atupele Muluzi, MP, the acting World Health Organization Country Representative, Dr Fabian Ndenzako and other senior government and development partners officials.

The introduction of the HPV vaccine in the Expanded Programme of Immunization is in response to the high burden of cervical cancer in Malawi where it accounts for 45.4% of all cancers among women. In his speech the Minister of Health stated that: *“Cervical cancer is the main cause of cancer deaths among women aged 15-49 years in Malawi. Last year, we had over 4,000 new cervical cancer cases and 2,879 women died from the disease”*. The Minister informed the gathering that the HPV vaccine would help prevent these deaths if all girls received the two doses required by the vaccination schedule.

In his speech, WHO country Representative Dr Fabian Ndenzako assured the audience that WHO and partners are committed to providing technical support to the government to ensure that HPV vaccine programme is part of a coordinated and comprehensive cervical cancer control strategy in order to achieve the Sustainable Development Goal number 3 of attaining good health and wellbeing of the people in Malawi.

Malawi plans to introduce the HPV vaccine in two phases targeting all girls in the recommended age group of nine to 14 years. The initial phase will target 241,000 nine-year-old girls and coverage will expand to other age groups by the year 2020.



Standing fourth from right: The Minister of Health, Honorable Atupele Muluzi, MP, pausing with health workers and sitting are five 9 year old girls that received the vaccine after the launch.

## Ten threats to global health in 2019

Hayatee Hasan, WHO Headquarters

The world is facing multiple health challenges. These range from outbreaks of vaccine-preventable diseases like measles and diphtheria, increasing reports of drug-resistant pathogens, growing rates of obesity and physical inactivity to the health impacts of environmental pollution and climate change and multiple humanitarian crises.

To address these and other threats, 2019 sees the start of the World Health Organization's new five-year strategic plan – the [13th General Programme of Work](#). This plan focuses on a “triple billion” goal: ensuring one billion more people benefit from access to universal health coverage, one billion more people are protected from health emergencies and one billion more people enjoy better health and well-being. Reaching this goal will require addressing the threats to health from a variety of angles.

[Read more](#)

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## Experts caution against stagnation of immunization coverage in Africa

Hayatee Hasan, WHO Headquarters

Global immunization experts attending the biannual WHO/AFRO Regional Immunization Technical Advisory Group (RITAG) meeting urged African countries to strengthen their routine immunization. Over the past five years, immunization coverage in sub-Saharan Africa has stagnated at 72%, exposing populations to vaccine-preventable diseases and outbreaks.

The immunization experts also emphasized the importance of increased domestic investment in disease surveillance and the need for community engagement to drive vaccine deployment during outbreaks.

“The regional experts’ meeting presented a unique opportunity to assess current and future immunization needs in Africa,” said RITAG Chair, Professor Helen Rees. “We have mapped out what can and must be done to secure the future of millions of children on this continent.”

In sub-Saharan Africa, nearly [31 million](#) children younger than five years suffer from vaccine-preventable diseases every year. More than a [half a million](#) of them die due to lack of access to the vaccines they needed.

[Read the news release](#)

## WHO airlifts medical supplies and vaccines to meet increasing health needs in north-east Syria

Hayatee Hasan, WHO Headquarters



An airplane carrying medical supplies landing at Al-Qamishli airport in Al-Hasakeh governorate in north-east Syria. Photo credit: WHO/Syria 2019

WHO airlifted more than 28 tonnes of medical supplies, equipment and vaccines to Al-Hasakeh governorate to respond to growing health needs in north-east Syria. This is the second shipment the Organization has airlifted to Al-Hasakeh this month. A first shipment of 20 tonnes of medical supplies was airlifted to the governorate on 8 January 2019.

The shipment – containing 140 000 vaccines against polio, tuberculosis, tetanus, measles, mumps, rubella (MMR) and hepatitis, as well as vitamin A supplements – was airlifted to strengthen childhood vaccination efforts. The supplies will be distributed to hospitals and primary health care centres in the three north-eastern governorates of Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor.

Representative in Syria. “The health system in all three governorates has been badly disrupted, and the situation is compounded by the high numbers of internally displaced people living in dire conditions in camps and settlements. In addition to strengthening hospitals and health care centres, we are focusing on supporting the vaccination of children in north-east Syria, where vaccination coverage rates remain critically low.”

[Read the news release](#)



A child receiving vaccination by a healthcare worker

## For polio eradication to succeed by 2023 - GPEI joint statement of Chairs of SAGE, IMB, IHR Emergency Committee and GCC

Oliver Rosenbauer, WHO Headquarters

In an [extraordinary joint statement by the Chairs](#) of the main, independent, advisory and oversight committees of the Global Polio Eradication Initiative (GPEI) - the Strategic Advisory Group of Experts on immunization (SAGE), the Independent Monitoring Board (IMB), the Emergency Committee of the International Health Regulations (IHR) Regarding International Spread of Poliovirus and the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) - everyone involved in the effort to eradicate polio has been called on to ensure polio will finally be assigned to the history books by 2023.

The Polio Eradication and Endgame Strategic Plan 2013-2018 has brought the world to the brink of being polio-free. A new Strategic Plan 2019-2023 aims to build on the lessons learned since 2013 and complete the task.

The statement issues an impassioned plea to everyone involved in the polio eradication effort to dedicate themselves to one clear objective: to reach that very last child with polio vaccine. This means stepping up the level of performance even further, using the proven tools of eradication and building blocks that have been established in parts of the world that have been free of polio for years and looking for opportunities to innovate, using local knowledge and insights to overcome obstacles that in the past have seemed insurmountable.

The joint statement reminds us that as a global community, we have stood where we stand today once before, with smallpox. And we achieved the eradication of smallpox. And the world is a much better place without smallpox.

So, let us make the world again a better place. Together. Let us eradicate polio.

## Pakistan and Afghanistan: the final wild poliovirus bastion

Hayatee Hasan, WHO Headquarters

As recently as 30 years ago, wild poliovirus paralysed more than 350 000 children in more than 125 countries every year. Today, the virus has been beaten back to less than 30 reported cases in 2018 in just two countries – Afghanistan and Pakistan – and the world stands on the cusp of an unprecedented public health success: the global eradication of a human disease for only the second time in history.

WHO and partners in the Global Polio Eradication Initiative are committed to fully support the Governments of Afghanistan and Pakistan to tackle polio in its last strongholds and get rid of this debilitating disease for good.

Polio eradication requires high immunization coverage everywhere, worldwide, to block transmission of this extremely contagious virus. Unfortunately, children are still missing out on vaccination for various reasons including lack of infrastructure, remote locations, population movement, conflict and insecurity and resistance to vaccination.

[Read the full story](#)



Dr Tedros Adhanom Ghebreyesus was in Pakistan to support efforts in vaccinating all children against polio. Credit: WHO/A. Zaidi.



## Ghana targets 5.2 million people in a yellow fever campaign

[Crépin Hilaire DADJO](#), WHO/IST West Africa and [Joana ANSONG](#), WHO Country Office, Ghana

Ghana lies within the yellow fever risk area and in recent years has suffered from yellow fever outbreaks in urban areas. To counteract this, boosting the immunity against yellow fever in the population in susceptible age groups is crucial, as this rise in the disease in countries such as Ghana also poses a threat to global health security.



Vaccination in the Presbyterian University College Campus Agogo, Ashanti Region\_Photo by ANSONG J\_ WHO Ghana

In line with the [Eliminate Yellow Fever Epidemics \(EYE\) Strategy](#) developed in Geneva in 2016, in particular with the goal to implement the road map for the elimination of yellow fever in Africa by 2060, a sub national yellow fever vaccination campaign targeting people aged 10-60

years was organized in Ghana from 28 November - 4 December 2018. The exercise was initiated by the Ministry of Health and the Ghana Health Service in collaboration with the World Health Organization (WHO), Gavi, the Vaccine Alliance, and UNICEF in a bid to maintain a high population immunity of all persons living in the country. A total of 5,204,147 people were targeted in 65 selected districts, and vaccination in the remaining 74 districts is planned for 2019. Regional coverage was above 100% suggesting influx of people from non-target areas.



Vaccination in a Senior High School in Konongo in Ashanti Region. Credit: ANSONG J\_ WHO Ghana



Vaccination in the Presbyterian University College Campus Agogo, Ashanti Region\_Photo by ANSONG J\_ WHO Ghana

## Niger conducts a vaccination campaign against a Cholera outbreak

[Crépin Hilaire DADJO](#), WHO/IST West Africa and [Abdoulhakim MOKHTAR MOHAMED](#), WHO Country Office, Niger



Demand from communities. Credit: CH Dadjo

From 3-6 December 2018 and 21-24 December 2018, the Government of Niger, with support mainly from the World Health Organization (WHO), UNICEF, Médecins sans Frontières (MSF) and Gavi, the Vaccine Alliance, successfully conducted a vaccination campaign against cholera. The campaign was part of the response to the cholera outbreak that hit the country in July 2018 and resulted in 3,822 cases and 78 deaths. Vaccination coverage of the target population of 152,316 people aged above one year was 95,33% in round one and 97,1% in round two, with only four minor Adverse Events Following Immunization (AEFIs) reported. The campaign targeted the health district of Aguié (Maradi region) because of its strategic position on the border of the epidemic areas in both Niger and Nigeria and due to it presenting a high risk for the urban population with a national road running through it.

Risk communication was instrumental to the success of the campaign, as adults, in particular, were reluctant to be vaccinated in the first days of the campaign due to the assumption that an oral vaccine was the polio vaccine for which the target audience is children under five years of age, and not for adults. Thanks to an aggressive strategy put in place that included advocacy meetings with influential community leaders, calls made on the radios and close monitoring of activities in the field, the population responded with impressive demand for the vaccine.



A young adolescent from a Camp swallowing the Cholera vaccine. Credit: CH Dadjo.

## Kick-Off meeting of the Regional Measles and Rubella Post-Elimination Monitoring Commission

Pamela Bravo, Desiree Pastor, Gloria Rey and Cuauhtémoc Ruiz-Matus, PAHO-Washington, DC

On 18 January 2019, the Assistant Director of the Pan American Health Organization (PAHO), Dr. Jarbas Barbosa da Silva, officially established the eight members of the Measles and Rubella Post-Elimination Regional Monitoring Commission (RMC), with Dr Jon Andrus being appointed as its President.

This Commission has the purpose of monitoring the sustainability of measles, rubella and congenital rubella syndrome elimination in the Americas, for which, a new regional framework will be developed in alignment with the regional Plan of Action for the Sustainability of Measles and Rubella Elimination approved by the Pan American Sanitary Conference in 2017. This Commission is considered an independent body of experts, reporting directly to the executive leadership of PAHO.

The Commission is comprised of a group of renowned experts from the fields of epidemiology, immunization, virology, molecular biology and clinical medicine. Membership has been nominated for three years with possibility of extension at the discretion of PAHO's Director. The Commission will also support PAHO's ongoing efforts of advocacy at the highest political level, halting measles outbreaks, verifying the evidence for the re-certification of countries where endemic transmission has been reestablished, and resource mobilization.

Finally, the Commission will work very closely and harmoniously with other regional and global advisory bodies such as PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases, the SAGE's Working Group on Measles and Rubella from the World Health Organization, among others.

## Considering equity in vaccine supply chains

Melissa West, VillageReach

Measuring equity and addressing it in the immunization supply chain is a challenge given the lack of previously used metrics as well as limited access to data. However, the addition of new cold chain equipment and updates to [supply chain design](#) provide good opportunities to investigate and address potential inequities. VillageReach developed an initial framework to help identify disparities between areas, show how proposed supply chain changes such as direct delivery or new warehouses could reduce inequity, and assess the results in the context of immunization coverage and socioeconomic factors.

Supply chain equity metrics	What the metrics tells us about supply chain equity
<b>Cold chain coverage:</b> <i>Liters of cold chain per surviving infant (estimated birth cohort surviving, from target populations in model)</i>	Districts with less cold chain coverage may face supply chain inequities because: <ul style="list-style-type: none"> <li>They cannot store sufficient quantities of vaccines, including buffer stocks for the target population; and</li> <li>It is more difficult to ensure the quality (temperature) of vaccines until they reach the EPI center</li> </ul>
<b>Inbound resupply distance of vaccines to district store:</b> <i>Kilometers to the district store from the store from which it received vaccines directly (province or division)</i>	Districts stores and EPI centers further from a resupply point may face supply chain inequities because: <ul style="list-style-type: none"> <li>Vaccines are at higher risk of spoilage due to longer transport times affecting potency and quality; and</li> <li>It may take longer for districts and EPI centers to be responsive and receive emergency orders</li> </ul>
<b>Average resupply distance of vaccines to EPI Centers:</b> <i>Kilometers traveled by each dose to EPI centers from resupply store (district, town, or tehsil) divided by total number of doses allocated to the district</i>	

Metrics in the initial application of this framework include cold chain coverage per fully immunized child (FIC) based on the [WHO vaccine volume calculator](#) and resupply distances between various points in the supply chain. (See chart)

To analyze the potential relationship between supply chain metrics and programmatic indicators, the supply chain equity metrics are compared to three standard equity and coverage indicators including DTP3 coverage, urban-rural gap in DTP3 coverage, and women's primary school attainment.

This initial framework is one step toward helping ensure equity is at the forefront of decision-making when it comes to supply chain design. It has been shared with immunization supply chain partners for review and feedback and will continue to evolve as it is applied in more settings. VillageReach is also expanding the framework to include metrics for use in urban areas to help ensure that communities with the greatest immunization needs are prioritized first.

More information is at this [link](#) or by sending an [email](#).

## Gavi 5.0: Developing the Alliance's 2021 – 2025 strategy

Aena Goel, Gavi, the Vaccine Alliance

Gavi, the Vaccine Alliance, was founded in 2000 to accelerate access to new and underused life-saving vaccines in the world's poorest countries suffering high rates of child mortality and morbidity. The Alliance's current strategy is committed to further accelerate vaccine introductions and support equitable coverage of routine immunization services.

As the world moves from the Millennium Development Goals into the Sustainable Development Goals, the Alliance's 2021-25 strategy ("Gavi 5.0") is an opportunity to contribute to the SDG vision of "healthy lives" and "leaving no one behind". Accordingly, the strategy will need to consider a number of important contextual factors, e.g.

- Many countries remaining in the Gavi portfolio post-2020 will face increasing challenges related to changing demographics;
- The remaining pockets of under-immunized populations will be increasingly at risk of disease outbreaks that can spread rapidly across borders;
- The world is no longer clearly divided between rich and poor or developed and developing countries;
- There is also evidence of immunization back sliding in Middle Income Countries (MICs).

These developments raise two critical questions:

- How will the Alliance ensure continued progress on equitable coverage in countries that are yet to transition out of Gavi support?
- How can the Alliance engage MICs to address immunization challenges?

**To reflect on these questions, the Gavi Secretariat convened a two-day Partners' Retreat on 26-27 February 2019 with global, regional and country-level representation from the Alliance Partners. Discussions included a brainstorming on the Alliance ambition for Gavi 5.0 and on potential scenarios for engagement.**

During the retreat, the Gavi Secretariat also sought to clarify roles and responsibilities of the Alliance at country level as part of the Alliance health initiatives.

Discussions on the new strategy will feed into the Gavi Board Retreat to be held in March 2019 and will consequently inform the Gavi Board discussions on "Gavi 5.0" in June 2019.

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## Past Meetings/Workshops

### Coverage and Equity Assessment guidance

[Niklas Danielsson](#), UNICEF

Location: Nairobi, Kenya

Date: 11-13 June 2018

Participants: UNICEF organized a consultation with immunization and public health specialists from Eastern and Southern Africa on new guidance for how to conduct assessment of coverage and equity in immunization services.

Purpose: To develop a Coverage and Equity Assessment (CEA) guide. The guide is intended for use by national immunization programmes (NIPs) and consultants providing technical assistance to assessments of programme performance in the areas of coverage and equity. The need for a CEA guide was recognized after a review of immunization equity assessment reports found heterogeneity in comprehensiveness and quality of the assessments and the relevance of their recommendation.

Details: A Coverage and Equity Assessment (CEA) is an analytic exercise intended to inform NIP workplans and allocation of resources. It should be a living and regularly updated document. The objective of a CEA is to:

- identify, quantify and locate under-vaccinated communities and population groups,
- determine the reasons why they are under-vaccinated,
- recommend pro-equity and coverage strategies for implementation at scale, and
- recommend how to monitor progress and impact of the implementation of pro-equity strategies

The CEA framework recognizes three frequently under-served population groups:

1. Urban poor families
2. Families in remote urban areas and nomadic pastoralist communities
3. Families and children affected by displacement, insecurity and conflict.

A CEA answers six critical questions about the unvaccinated children:

1. How many are they?
2. Where are they?
3. Who are they?
4. Why are they not vaccinated?
5. How can they be reached?
6. How can the equity be continuously monitored?

The participants reviewed the proposed framework and methodologies for assessing coverage and equity, provided important technical advice for its further development and how to promote the use of the approach in countries. The CEA Guide is now being finalized and will, as a first step, be tested in Gavi-supported countries in Africa as opportunities arise.



## Review of the Expanded Programme on Immunization, Democratic Republic of the Congo

Moise YAPI and Léon KINUANI MBULU, WHO Country Office, DRC; Auguste AMBENDET and Loukia AKETI, Consultants

Location: Kinshasa, DRC

Date: 30 July-13 October, 2018

Participants: Two coordinators (internal and external), 8 EPI leaders representing 6 WHO Country offices (Benin, Burkina Faso, Cameroon, Congo, Cote d'Ivoire, Chad), 26 investigators, 27 partners including 4 WHO, 16 UNICEF, 3 EPI, 3 CDC/USA

Purpose: Contribute to the improvement of the performance of the immunization programme in DRC with a view to achieving universal vaccination coverage.



EPI Review DRC 2018

Details: This review was conducted six years after the 2012 one. Due to security issues, not all provinces were visited.

In accordance with the new WHO guidelines, all components of the immunization system were evaluated, together with an analysis of the institutional and functional components of the EPI. The review provided the opportunity to discuss with beneficiaries, parents and/or guardians of children to gather information on their perception of immunization services provided in the country.

The functional analysis provided an up-to-date picture of the programme's operation, taking into account the ongoing health sector reform.

Overall, the external EPI review showed that EPI performance is mixed. The country remains exposed to multiple and multifaceted disease epidemics. A major weakness for the country is the high dependency on external resources to fund the immunization programme due to the low commitment by the State to allocate financial resources for immunization.

In terms of immunization coverage, the major problems remain the persistence of large numbers of unvaccinated children, coupled with missed opportunities for immunization for a variety of reasons including vaccine stockouts and poor delivery of immunization services.

Many of the issues identified have led to the development of strategies to increase immunization coverage. The EPI management in DRC would benefit from taking these recommendations forward and using all strategies available to it reduce the number of unvaccinated children.

## Capacity building workshop in eight francophone countries on operational research on immunization issues

[Crépin Hilaire DADJO](#), WHO/IST West Africa and [Joseph OKEIBUNOR](#), WHO/AFRO

Location: Grand-Bassam, Cote d'Ivoire

Date: 8-12 October 2018

Participants: 14 Participants comprised of EPI Managers and Researchers from Public Research Institutes or Universities.

Participating countries: Burkina Faso, Cameroon, Chad, Gabon, Madagascar, Mali, Niger and Senegal.

Facilitators: AFRO, Inter-country Support Team (IST) for West Africa and Dr Alfred Douba (Consultant).



Participants at the Capacity building workshop in eight francophone countries on operational research on immunization issues

Purpose:

- To strengthen capacity in operational research in immunization
- To develop a research protocol per country based on a specific EPI issue

Details: Areas covered by the five-day workshop included: the design setting of a research protocol; identification of key research questions and objectives; qualitative and quantitative types of research; using Mendeley for literature search, management, citations and archives; budget and ethical aspects; data analysis; drafting and observing Standard Operating Procedures (SOPs) at the initiation of a research activity, etc.

The key facilitator was the WHO/AFRO Regional Social Scientist, assisted by a Consultant and the WHO/AFRO IST West Communications Officer.

At the end of the workshop, the following research topics were identified by countries:

- Burkina Faso: Study of the low measles and rubella (MR) coverage causing measles outbreaks.
- Cameroon: Study of the determinants of the low routine immunization coverage.
- Chad: Analysis of the measles outbreak extension in 2018.
- Gabon: Study of the drivers of the vaccine completion in the health region of Libreville-Owendo.
- Madagascar: Factors related to the acceptance and acceptability of vaccination in children aged 0-11 months.
- Mali: Study of the factors associated with pneumococcal infections in children aged 0-11 months in 2018.
- Niger: Missed Opportunities for Vaccination in Children aged 0-23 months in 2018.
- Senegal: Factors of adherence and non-adherence to the HPV vaccination in Routine EPI in the context of the prevention of cervical cancer.

The principal facilitator made it clear that if research protocols were finalized and transmitted before the end of November 2018, he would lobby for funds in WHO/AFRO for the conduct of activities in countries.

## Annual meeting of the African Regional Certification Commission (ARCC) for poliomyelitis eradication

[Crépin Hilaire DADJO](#) and [Aïcha Diakite/Manouan](#), WHO/IST West Africa

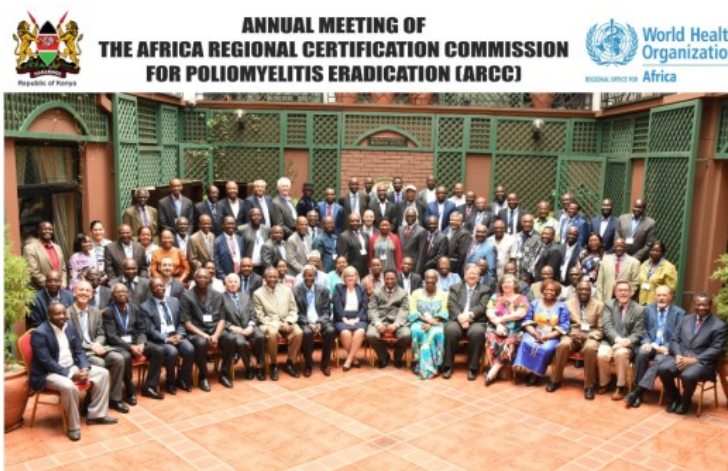
Location: Nairobi, Kenya

Date: 12-16 November 2018

Participants: BMGF, CDC, USAID, WHO and UNICEF

Purpose:

- To provide an update on the status of implementation of the June 2018 ARCC meeting recommendations;
- To review the status of polio eradication in the Eastern Mediterranean and African Regions;
- To review the global and regional status of poliovirus containment;
- To provide an update on the use of innovations and technology in surveillance;
- To provide an update on the polio outbreak in the Lake Chad Basin and the circulating vaccine-derived poliovirus (cVDPV) outbreaks in the Horn of Africa, and DRC;
- To provide an update on the Framework for Certification of Polio Eradication in the African Region.



12 - 16 November 2018, Nairobi - Kenya

Participants in the ARCC for poliomyelitis eradication

Details:

Ten countries from the African Region presented updates and progress reports on their specific polio situation. Three countries (Democratic Republic of Congo, Kenya and Nigeria) are facing cVDPV2 outbreaks and seven other countries (Central African Republic, Cameroon, Equatorial Guinea, Guinea Bissau, Namibia, South Africa and South Sudan) are facing challenges with surveillance and routine immunization coverage. The ARCC provided these countries with general and country-specific recommendations to improve their respective situations, focusing on the following areas: high quality responses to cVDPV outbreaks; access to security compromised places; improved surveillance; optimised stool transportation and reception; scaling up the use of technology and innovations; polio vaccine supply; population immunity; containment and certification.

In West Africa, Guinea Bissau in particular has been urged to take ownership of their Polio programme and increase domestic funding to address the reasons for low routine immunization coverage, especially for IPV (Inactivated Polio Vaccine). Nigeria has been encouraged to continue the ongoing efforts to reach children in all inaccessible areas, improve the quality of supplementary immunization activities (SIAs), stop the transmission of cVDPV2, and address the 2019 funding gap for these activities.

The last wild poliovirus (WPV) case in the African Region was reported on 21 August 2016 in Nigeria. Even though cVDPV2 outbreaks are still ongoing on the continent, the African Region is still on track to achieve polio-free status by end of 2019 or early 2020 which will lead towards eventual polio eradication certification.

Group photo of the ARCC Meeting in Kenya.

## The Eleventh Meeting of the Regional Certification Commission for Polio Eradication (RCCPE) in WHO South-East Asia

Sigrun Roesel, WHO SEARO, IVD

Location: Paro, Bhutan

Date: 15-16 November 2018

Participants: RCCPE members; Chairpersons / representatives National Certification Committees for Polio Eradication (NCCPEs) Chairperson Global Certification Commission; Representatives of Ministries of Health and partner agencies

- Purpose:
- To review /update reports from each country in the WHO South-East Asia (SEA) Region on maintaining polio-free status, including poliovirus laboratory containment, as per requirements of the 'Polio Eradication & Endgame Strategic Plan 2013-2018'.
  - To review the implementation status of the recommendations made at the 10th meeting of the SEA-RCCPE.
  - To update the Global Certification Commission (GCC) on the polio-free certification status and Polio Endgame implementation of the South-East Asia Region.

Details: Based on the reports received by NCCPEs and presentations made, the RCCPE concluded that the WHO South-East Asia Region has remained polio-free during the period of review. As such, almost eight years have passed since the last wild poliovirus (WPV) was detected (January 2011). This is on one hand very commendable in terms of efforts undertaken by countries but also bears the risk that complacency may increase, and resources be moved to other health programmes.

While acknowledging various areas of progress in global polio eradication efforts, the RCCPE remained concerned about continued WPV type 1 (WPV1) transmission and the ongoing and new outbreaks of circulating vaccine derived poliovirus (cVDPV), especially type 2. The RCCPE was particularly concerned about the recent cVDPV type 1 outbreak in Papua New Guinea and its risks and possible implications for the Region, especially Papua Province of Indonesia.

The RCCPE stressed how, in this situation of continued risk, the active role of NCCPEs becomes more important than ever, especially in view of the increasing relevance of detailed risk assessments which need to be included in NCCPE reports with deliberations on population immunity, surveillance, poliovirus facility containment, and outbreak preparedness and response.



World Health Organization South-East Asia  
Eleventh Meeting of the WHO South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE), 15-16 November 2018, Paro Bhutan

Participants at the 11th RCCPE in WHO South-East Asia



## PAHO's Sixth Regional Polio Meeting

Ana Elena Chevez, Paola Ojeda, Gloria Rey, Elizabeth Thrush and Andrea Villalobos, PAHO- Washington DC, USA

Location: Guatemala City, Guatemala

Date: 4-6 December 2018

Credit: Fernando Revilla, PAHO/WHO

Participants: Over 140 professionals participated in this meeting, including representatives from 29 countries in the Region, members of the Regional Certification Commission for the Polio Endgame in the Region of the Americas (RCC), as well as representatives from the United States Centers for Disease Control and Prevention (CDC), Rotary International, UNICEF, Bill and Melinda Gates Foundation, the World Health Organization Headquarters (WHO-HQ), and the Pan American Health Organization (PAHO), both headquarters and country offices.

Purpose: The Sixth Regional Polio Meeting was designed to prepare the countries of the Region for the process of certification for global polio eradication.

Details: The meeting was opened by Dr Oscar Barreneche, PAHO/WHO Representative (PWR) in Guatemala, Dr Cuauhtémoc Ruiz Matus, Chief of PAHO's Comprehensive Family Immunization Unit, and Dr Roberto Molina, Vice-minister of Health for Guatemala.

The meeting was divided into six main sessions, following the outline and order of key aspects from the Polio Annual report:

**Session 1 • Vaccination Coverage:** Is polio vaccination coverage high enough to prevent the circulation of WPV or the emergence of circulating vaccine derived poliovirus (cVDPV)?

**Session 2 • AFP surveillance:** Is AFP surveillance sensitive enough to timely detect a WPV or VDPV?

**Session 3 • Containment:** Has the country minimized the risks of reintroduction of poliovirus associated with facilities that obtain, handle or store infectious or potentially infectious poliovirus materials?

**Session 4 • Risk assessment:** Has the country conducted a risk analysis?

**Session 5 • Risk mitigation:** Has the country prepared a risk mitigation plan?

**Session 6 • Preparation, investigation and response to an event or outbreak:** Does the country have an adequate and updated response plan to an event or outbreak of polio?

In addition to the six main sessions, the meeting included the following topics:

- **IPV supply:** potential supply for 2019, SAGE recommendations based on priorities, cost increase;
- **iVDPV:** Global data, development of surveillance guides that are in the process of development, and experience in Colombia;
- **fIPV:** New evidence on immune response, advances in the Americas region in training (10 countries) and introduction (2 countries);
- **IHR:** general guidelines in the case of detecting a polio case;
- **nOPV:** Advances in the development of this vaccine, why it is necessary and research that is being developed;
- **Effective communication:** Storytelling as a new approach to presenting the value of an experience.

### Main Conclusions and Recommendations

- The countries of the Americas should retake the leadership and technical quality demonstrated in 1994, when the Region became the first to be certified polio-free.
- Countries must ensure homogeneous vaccination coverage and address the unfinished agenda.
- Countries must finalize the inventory of facilities and the final disposal of poliovirus materials.
- Poliovirus Essential Facilities (PEFs) must initiate the containment certification process before their National Containment Authority (NAC).
- Risk analyses must be carried out at least once a year at national and subnational level.
- Mitigation plans must be made and documented at the subnational level and must be included in the annual report.
- Countries should complete and submit outbreak response plans to their corresponding NCC's and submit them to PAHO by 1 April 2019.
- Annual reports should be used to advocate for the need to secure funding for the immunization programme.
- Countries should submit their annual reports to PAHO/WHO by 31 August 2019, with an approval form signed by the NCC.



### Third Global NITAG Network (GNN) meeting

Louise Henaff and Christoph Steffen, WHO Headquarters and Althea House, Public Health Agency of Canada

Location: Ottawa, Canada

Date: 6-7 December 2018

Participants: 37 participants representing NITAGs of 26 countries (Australia, Belgium, Benin, Bhutan, Brazil, Canada, Chile, China, France, Germany, Haiti, Indonesia, Jamaica, Lao PDR, Nepal, Malawi, Mongolia, Montenegro, Morocco, Mozambique, Norway, Senegal, South Sudan, USA, United Kingdom, Zimbabwe), as well as technical agencies and donors (Global Affairs Canada, Global Task force, Public Health Agency of Canada, Path, WHO Headquarters, WHO PAHO, US-CDC, USAID, and the Wellcome Trust)



Purpose: To review the GNN activities and regional NITAG support; exchange views on building up NITAG structures; share results of NITAG evaluations; discuss NITAG training instruments; determine common priorities and strengthen collaboration.

Participants at the 3rd GNN meeting

Details: The Global NITAG Network (GNN) meeting was organized this year by the Public Health Agency of Canada (PHAC) with the support of WHO HQ. This annual meeting brought National Immunization Technical Advisory Group (NITAG) members from across the globe to Ottawa to discuss the network's activities, the barriers to reaching the GVAP target and the lessons learnt in building NITAG structures and evaluating NITAGs.

The meeting offered a balanced mix of presentations and panel discussions on various topics, including the results of NITAG-related surveys, the conflict of interest policies, the structure of the NITAG secretariat, the training materials and barriers to a NITAG becoming fully functional.

The key takeaways from the meetings include:

1. The GNN is a growing forum that requires commitment from donors and public health agencies;
2. As new partners get involved in NITAG support, training materials need to be updated and standardized, and materials developed to address the most common training request situations;
3. NITAGs recognize the need to characterize better functionality beyond the six WHO criteria and support regular evaluation activities to do so. Dedicated tools are available to conduct such evaluations;
4. Success stories from different countries are valuable instruments to help NITAGs improve functionality and address challenges. Their promotion and publication need to be fostered;
5. The next GNN meeting will be organized in Atlanta, USA, as a back-to-back event to the US NITAG (ACIP) meeting. All NITAGs are encouraged to attend and contribute.

## Meeting on Rotavirus Disease Prevention through Immunization in the Western Pacific Region (WPR)

Nyambat Batmunkh, James Heffelfinger, Varja Grabovac, Yoshihiro Takashima (EPI/DCD, WPRO)

Location: Manila, Philippines

Date: 11-12 December 2018

Participants: Fifty six participants including national immunization programme managers from Member States in the Western Pacific Region and development partners.

Purpose: (1) to review and discuss rotavirus disease burden and impact of introduction of rotavirus vaccine into the national immunization programmes in the WPR; and (2) to discuss country experiences in implementing rotavirus vaccination and identify potential barriers for WPR countries considering introducing rotavirus vaccine into their national immunization programmes.

Details: The meeting included the following sessions: 1) Rotavirus diarrhoea and disease burden; 2) Rotavirus vaccine introduction and its impact; 3) Experience from countries that have not introduced rotavirus vaccine; 4) Group work discussions; and 5) Conclusions and action points. In each session, presentations were given by secretariats, country participants, temporary advisors, and other development partners. The meeting provided an opportunity to highlight the burden of rotavirus disease in the Western Pacific Region, provide updates on recent developments in vaccines to be used for prevention and control of rotavirus diseases, highlight financial and programmatic implications as bottlenecks to introduction of rotavirus vaccines into national immunization programmes of the Region, and share experiences and learn lessons for overcoming barriers and challenges for practical and sustainable introduction of rotavirus vaccines into national immunization programmes. The draft conclusions and action points were discussed and agreed among participants at the end of the meeting.



Participants during the Meeting on Rotavirus Disease Prevention through Immunization in the Western Pacific Region (WPR)

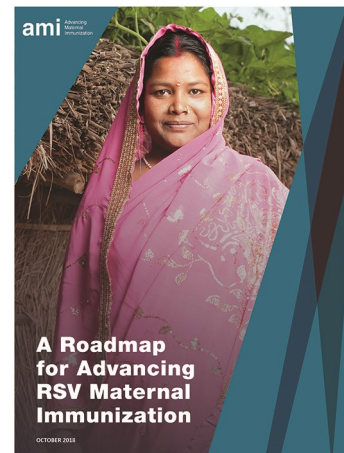
## Resources

### A new roadmap for advancing RSV maternal immunization now available

[Jessica Fleming](#), Maternal Immunization Delivery Lead, Center for Vaccine Innovation and Access, PATH

A new [roadmap](#) by the [Advancing Maternal Immunization \(AMI\) collaboration](#) coordinated by PATH and WHO outlines activities needed for advancing a new vaccine that could help mothers safeguard their infants from respiratory syncytial virus (RSV). Several RSV vaccines are in development and one could be available by 2021. The leading vaccine is designed for maternal immunization (MI), which gives mothers immunity that they also pass to their infants for protection in the early, most vulnerable months of life. The roadmap is based on a previous RSV MI [gap analysis](#) released by AMI in July 2018. To spread the word, three new blogs highlight the roadmap, which are hosted on the [Gavi Vaccines Work](#), [Maternal Health Task Force](#), and [PATH](#) websites. Also available is a [brief](#) that provides a condensed version of the roadmap.

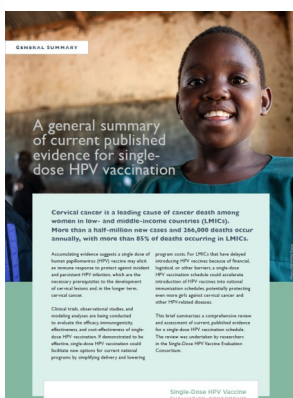
Developed by more than 60 experts from the immunization and maternal, newborn, child health sectors, the AMI roadmap helps stakeholders address the obstacles to RSV MI introduction in low- and middle-income countries (LMICs). It outlines the activities necessary to empower countries to make decisions about RSV MI adoption amid competing public health priorities. Urgent activities include supporting development and licensure; assessing RSV MI's potential health impact; determining how to communicate to support awareness, decision-making, and demand among global and country stakeholders; monitoring to ensure that safety, performance, programmatic suitability, and supply requirements are met for LMICs; and ensuring that countries can deliver the vaccine effectively, efficiently, and equitably.



A new roadmap outlines activities needed to inform decision making around if and how to bring maternal RSV vaccines from the development phase into routine use in low- and middle-income countries. Credit: PATH/Gabe Bienczycki.

### Single-Dose HPV Vaccine Evaluation Consortium Releases White Paper Compiling Published Evidence for Efficacy, Immunogenicity, and Effectiveness of Single-Dose HPV Vaccination

[Scott LaMontagne](#), PATH, on behalf of the Single-dose HPV Vaccine Evaluation Consortium



Accumulating evidence suggests a single dose of human papillomavirus (HPV) vaccine may elicit an immune response to protect against incident and persistent HPV infections, which are the necessary prerequisites to the development of cervical lesions and, in the longer term, cervical cancer.

A recently released white paper, intended for scientific and technical audiences interested in new developments in HPV vaccination, provides a comprehensive review and assessment of current, published evidence for a single-dose HPV vaccination schedule. This resource has been made available alongside other recent publications focused on the issue of single-dose HPV vaccines, which can also be [found here](#).

Compilation of the white paper was undertaken by researchers in the [Single-Dose HPV Vaccine Evaluation Consortium](#), which encompasses nine leading independent research

institutions working together to collate and synthesize existing evidence and evaluate new data on the potential for single-dose HPV vaccination.

The Consortium's goal is to evaluate this evidence over the course of the project (2018–2021) to inform global policy discussions and programme guidance, as well as to raise awareness and understanding of its implications.

To access white paper .pdf resources directly:

[White paper general summary \(4 pp\)](#)

[White paper technical synthesis \(16 pp\)](#)



# Calendar

## 2019

### March

5-8	AFRO West and Central Sub-Regional Working Group Meeting	Cotonou, Benin
11-14	SEARO NITAG capacity building training	Bangkok, Thailand
12-14	Maternal Immunization and Antenatal Care Situation Analysis (MIACSA) dissemination conference	Cape Town, South Africa
12-14	Immunization and vaccines related implementation research advisory committee (IVIR-AC)	Geneva, Switzerland
18-20	AFRO East & Southern EPI Programme Managers' meeting	Asmara, Eritrea
18-22	Training Workshop on Management of Cold and Supply Chain Operations and Vaccine Management	Asunción, Paraguay
18-29	Gavi Independent Review Committee (IRC)	Geneva, Switzerland
26-28	<a href="#">11th International Conference on Typhoid and Other Invasive Salmonellosis</a>	Hanoi, Vietnam

### April

2-4	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
9-11	Meeting of the Regional Measles and Rubella Laboratory Network	Lima, Peru
22-26	Polio Essential Facility GAPIII Implementation Training	Mexico
29-5May	GAP III Auditors Training	Canada

### May

7-15	Methodology for Assessing the Impact on New Vaccine Mortality: Pneumococcal Conjugate Vaccine a Case Study	Yale University, New Haven, Connecticut, USA
8-9	Gavi Programme and Policy Committee (PPC)	Geneva, Switzerland
20-28	World Health Assembly	Geneva, Switzerland
29-31	WHO Executive Board	

### June

8-9	Gavi Programme and Policy Committee (PPC)	Geneva, Switzerland
11-13	Immunization Practices Advisory Committee (IPAC)	Geneva, Switzerland
17-21	WPRO Technical Advisory Group meeting	TBD

### July

8-12	SEARO Technical Advisory Group meeting	TBD
9-11	25th Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases	Colombia

## Links

### Organizations and Initiatives

American Red Cross

[Child Survival](#)

Centers for Disease Control and Prevention

[Polio](#)

[Global Vaccines and Immunization](#)

Johns Hopkins

[International Vaccine Access Center](#)

[Value of Immunization Compendium of Evidence \(VoICE\)](#)

[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

[USAID Immunization](#)

[USAID Maternal and Child Survival 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](#)