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Launch of forum with partners to discuss the future decade of immunization

Hayatee Hasan, WHO Headquarters

On 19-21 March 2019, global health partners participated in a three-day meeting co-organized by WHO to co-develop a new vision and strategy for vaccines and immunization covering the period 2021-2030.

“WHO is very pleased to be leading this effort in partnership with all stakeholders, working towards creating a new vision and strategy for immunization,” said Dr Peter Salama, Executive Director, Universal Health Coverage/Life Course.

The keynote speakers at the launch event were:

- H.E. Maria Farani Azevêdo, Ambassador of Brazil at the United Nations in Geneva
- Kate Gilmore, United Nations Deputy High Commissioner for Human Rights
- Bernhard Kowatsch, Head of Innovation Accelerator, UN World Food Programme



H.E. Maria Farani Azevêdo, Ambassador of Brazil at the United Nations in Geneva during her keynote speech to the forum participants.



bassador Farani Azevêdo, Ambassador of Brazil at the UN Mission in Geneva.

“People must be at the centre of healthcare and their free and equal rights to essential healthcare services such as vaccinations must be observed throughout their life-course, without discrimination,” said Ms Kate Gilmore, Deputy High Commissioner for Human Rights, United Nations.

“There is no such thing as a right to refuse vaccines when the consequences of doing so is to be borne by others and undermine the rights of others to health, as recognized in the International Human Rights Framework.”

“It is critical to bring innovation and accelerators to vaccines and immunization, as you move forward in developing your plan,” said Bernhard Kowatsch, Head of Innovation Accelerator of the United Nations World Food Programme. Mr Kowatsch shared a case study which tackled information gaps and inefficiencies in analysing data via a technological tool that has been piloted in El Salvador and adopted in South Sudan, Tajikistan and Uganda.

[Read the full story](#)

[Meeting agenda](#)

[Background information](#)

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WHO launches new global influenza strategy

Hayatee Hasan, WHO Headquarters

On 11 March 2019, WHO released a Global Influenza Strategy for 2019-2030 aimed at protecting people in all countries from the threat of influenza. The goal of the strategy is to prevent seasonal influenza, control the spread of influenza from animals to humans, and prepare for the next influenza pandemic.

“The threat of pandemic influenza is ever-present,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus. “The on-going risk of a new influenza virus transmitting from animals to humans and potentially causing a pandemic is real. The question is not if we will have another pandemic, but when. We must be vigilant and prepared – the cost of a major influenza outbreak will far outweigh the price of prevention.”

Influenza remains one of the world’s greatest public health challenges. Every year, there are an estimated 1 billion cases, of which 3 to 5 million are severe cases, resulting in 290 000 to 650 000 influenza-related respiratory deaths. WHO recommends annual influenza vaccination as the most effective way to prevent influenza.

The new strategy is the most comprehensive and far-reaching that WHO has ever developed for influenza. It outlines a path to protect populations every year and helps prepare for a pandemic through strengthening routine programmes. It has two overarching goals:

- Build stronger country capacities for disease surveillance and response, prevention and control, and preparedness. To achieve this, it calls for every country to have a tailored influenza programme that contributes to national and global preparedness and health security.
- Develop better tools to prevent, detect, control and treat influenza, such as more effective vaccines, antivirals and treatments, with the goal of making these accessible for all countries.

[Read the news release](#)

[More about pandemic influenza](#)

Partners discuss development of global roadmap to defeat meningitis by 2030

Hayatee Hasan, WHO Headquarters

Partners and stakeholders engaged in work on meningitis met at a three-day meeting – from 27 February to 1 March 2019 – to discuss the development of the global roadmap to defeat meningitis by 2030.

The roadmap aims to provide inspiration and a unified vision to guide partners and stakeholders towards achieving and sustaining the fight against meningitis.

The meeting was hosted by Wilton Park, an executive agency of the UK Foreign and Commonwealth Office providing a global forum for strategic discussion to foster and cultivate ideas. The meeting participants included representatives from country and regional health and immunization agencies, broader health partnerships, Civil Society Organizations (CSOs), industry, private sector, research institutes, and multilateral organizations.

A technical taskforce – composed of partners historically engaged in defeating meningitis including CSOs, scientific experts and representatives from countries and regions – has been established and the taskforce has completed a *Baseline Situation Analysis* which aims to inform the development of the roadmap goals and activities.

The meeting participants were able to further refine the key elements of the roadmap structured around five pillars: (1) prevention and epidemic control, (2) diagnosis and treatment, (3) surveillance, (4) support and aftercare for survivors and their families, and (5) advocacy and information.

Building on the meeting outputs, a new version of the roadmap is currently being drafted through a collaborative process and a final version is expected before the end of the year.

About meningitis

Major progress has been made over the past twenty years in the prevention and control of meningitis, particularly through the extensive use of life-savings vaccines. But bacterial meningitis remains a universal public health challenge worldwide, with global number of deaths in all ages estimated at around 300,000 annually with the highest mortality rates among babies and young children. Survivors can suffer severe sequelae with considerable social and economic costs.



Credit: WHO/Tom Pietrasik



Partners and stakeholders who were at the Defeat meningitis by 2030 global roadmap meeting.

New WHO wastage rates calculator

Rachel Bauquerez and Solo Koné, WHO Headquarters, Supply Chain team

The vaccine wastage rate is a critical indicator in an immunization programme since vaccines represent a large proportion of the programme costs. Conversely, the fear of wastage is an important factor that limits access to immunization services. However, programmatic efforts and strategies to reduce vaccine wastage should never be at the expense of vaccination coverage.

In the absence of national vaccine wastage rates, in 2002, WHO issued Indicative Vaccine Wastage Rates for vaccine forecasting (Review of WHO indicative vaccine wastage rate assumptions. S. Kone, R. Eggers, M. Dicko, WHO/IVB/EPI, July 2011). While these WHO Indicative Vaccine Wastage Rates are still used to date, they have their limitations and do not necessarily reflect the local context in countries.

To alleviate these limitations, WHO engaged in an exercise to revise the vaccine wastage rates estimates. In 2015, WHO developed a new vaccine wastage model (IPAC report: new vaccine wastage model for estimating opened vials wastage based on binomial distribution of session size – available [here](#) as PDF) for estimating opened vial wastage based on binomial distribution of session size taking into account different service delivery settings. As a result of this work, WHO developed a three-step approach to providing a more precise estimate of vaccine wastage.

The first important step of this approach is the development of a new wastage rate calculator, which will enable immunization programme managers and global partners to estimate tailored wastage rates according to their vaccine delivery context. In the absence of data at country level, the tool will also give the option of generating wastage rates, based on the WHO normative immunization targets.

This new tool will help to estimate the total wastage rate, which includes the unavoidable open vial wastage rate, the closed vial wastage rate per storage facility and the avoidable opened vial wastage rates.

WHO is currently exploring the development of a web-based version and a mobile application of the tool, and intends to launch this new tool before the end of 2019.

With this new tool, WHO continues its support to all immunization programmes by estimating vaccine wastage rates more accurately and by improving the monitoring and collection of country wastage rates for annual vaccine forecasting processes. WHO also helps to ensure that the estimation of wastage rates becomes standardized and harmonized between partners and national immunization programmes.

The Bill & Melinda Gates Foundation and the Sabin Vaccine Institute Partner to improve vaccine access by strengthening immunization programmes

Sarah Kester, The Sabin Vaccine Institute

The success of immunization programmes to reach populations with vaccines depends on excellent programme management. With the mutual goal of improving access to life-saving vaccines, the Bill & Melinda Gates Foundation recommitted its support to the Sabin Vaccine Institute (Sabin) to relaunched a global network for immunization managers. Sabin will use the three-year, \$3.5 million grant to provide national and sub-national immunization managers with training, education and networking opportunities, with an emphasis on strengthening management and leadership skills.

This initiative builds on the [IAIM Network](#) (International Association of Immunization Managers), established five years ago with support from the Bill & Melinda Gates Foundation to help immunization managers connect, share best practices and learn from trusted peers. The IAIM Network has become the world's largest network for immunization managers, with more than 400 managers from over 120 countries engaging in virtual or in-person activities.

Sabin will leverage its existing expertise and partnerships with management and leadership specialists, as well as major global health organizations, to curate trainings and related resources to address the gaps acknowledged by immunization professionals. In 2019, Sabin plans to launch a new online platform for the network and offer a range of activities and resources targeting the critical needs of immunization managers.

Read Sabin's [press release](#).

Watch the Sabin Vaccine Institute's [video announcement](#).



Immunization managers convene to exchange best practices for vaccination uptake at an IAIM Regional Meeting

Enhancing Immunization Workforce Capacity through Supportive Supervision and On-the-job-training in Indonesia: Highlights of the Strengthening Technical Assistance for Routine Immunization Training (START) Project, 2016–2018

Vinod Bura and [Fina Tams](#), WHO Country Office, Indonesia; Monica Fleming, Hardeep Sandhu and [Debora Weiss](#), US CDC Global Immunization Division; Syamsu Alam, Agustina Saranga, Tri Setyanti, and Gertrudis Tandy, EPI Unit MOH Republic Indonesia

Indonesia was ranked fourth in the world for under- and unvaccinated infants, with approximately 1.4 million infants not fully vaccinated for DTP3 in 2016. Many factors contribute to sub-optimal vaccination coverage, including skill gaps among Expanded Programme on Immunization (EPI) staff and inadequate programme supervision.

Indonesia implemented the Strengthening Technical Assistance for Routine Immunization Training (START) project from 2016-2018, a collaboration between the Ministry of Health (MoH) Indonesia, the WHO Country Office, Indonesia and the US Centers for Disease Control and Prevention's Global Immunization Division. The project aimed to build capacity of district and health centre staff to improve EPI planning, monitoring, and service delivery.

The START project consisted of three phases, approximately six months each, with 10-13 Technical Advisors deployed in each phase. In total, the project covered four provinces, 40 districts and 453 health centres. The project focused on building capacity and improving supportive supervision through repeated mentorship/on-the-job training, covering various EPI topics at health offices and health centres. This design was intended to sustainably increase trainees' knowledge and skills.

The project successfully improved EPI knowledge, skills and supportive supervision among district and health centre EPI staff. By the end of the project, there was a significant increase in the number of districts providing supportive supervision to the health centres and a significant increase in the number of districts and health centres implementing important EPI practices, including the Reaching Every District (RED) categorization, microplanning, and defaulter tracking.

The enthusiasm shown by districts and health centres who were assisted by this project was key to its success, as well as the strong commitment from the MoH, local government, and Provincial Health Offices. Each will be key to sustaining and replicating the START approach going forward. A long-term impact evaluation is planned for the end of 2019, to determine whether the EPI improvements gained from START were sustained.



Supervised by village midwives of Setia Mekar Health Center (Bekasi District, West Java Province), health cadre updated the "My village my home" banner, a defaulter tracking tool of Indonesia's EPI system. Credit: Kuncahyo/TA START Project Phase 3, Bekasi District.



START project phase 3 final review meeting in Bekasi (Bekasi District, West Java Province); December 5th –7th, 2018. Credit: Heris Hernawan/EPI MOH

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Niger: National vaccination campaign against meningitis from 5-14 March 2019: More than 6 million children vaccinated

Mokhtar Abdoul Hakim, Ishagh El Khalef, Aichatou Gbaguidi, Tombokoye Harouna, Emmanuel Nomo and Batoure Oumarou, WHO Country Office, Niger

Prior to the introduction of the MenAfriVac meningitis A vaccine in 2010, meningococcal group A was the leading cause of meningitis epidemics and was responsible for 80-85% of deaths in the 26 countries of the African meningitis belt, including Niger.

Between 2010 and 2011, Niger was one of the first countries in Africa, together with Mali and Burkina Faso, to conduct campaigns using the MenAfriVac meningitis A vaccine. In Niger, these campaigns allowed 14,593,475 people aged one to 29 years to be vaccinated, after which a reduction of more than 60% in the number of all types of meningitis cases was noted. Furthermore, no cases of meningitis type A have been recorded in Niger since the implementation of these campaigns.

In order to maintain this achievement, and in line with WHO recommendations, in October 2017 MenAfriVac was introduced into the routine vaccination programme in Niger for children aged nine to 11 months.

The national vaccination campaign against meningitis in children aged one to seven years conducted from 5-14 March 2019 in Niger, was intended to ensure that those children born after the campaigns of 2010 and 2011, who had never received the vaccine, were fully vaccinated against meningitis.

Organized by the Ministry of Health with Partners (WHO, UNICEF, Gavi), the campaign benefited from the high-level commitment of the government and succeeded in vaccinating 6,316,857 children, achieving the goal of 95% immunization coverage in 66 out of 72 health districts, with slightly lower coverage in the remaining health districts.

Monitoring of Adverse Events Following Immunization (AEFI) notified less than 10 serious events from the many millions vaccinated, and all of these AEFI cases received adequate care in health services.

Some difficulties encountered during the campaign were related to the management of immunization sessions, the difficulty of capturing children in the age range targeted by the campaign and ensuring the supply of vaccines and their distribution in remote areas. In areas of insecurity, children were vaccinated with the assistance of the defense and security forces.

More information at this [link](#) (in French).



National vaccination campaign against meningitis in Niger. Credit: Mokhtar Hakim WHO/NIGER



Call for a new member of the European Technical Advisory Group of Experts on Immunization (ETAGE)

Catharina de Kat, WHO Europe

As Secretariat of the European Technical Advisory Group of Experts on Immunization (ETAGE), WHO/Europe is looking to expand the current ETAGE membership and areas of expertise with one additional member specialized in vaccine acceptance and demand.

ETAGE provides independent review and expert technical input to the Vaccine-preventable Diseases and Immunization programme (VPI) of WHO/Europe. ETAGE members have substantial technical expertise and experience in areas related to immunization and vaccine-preventable diseases. In addition to attending the yearly meeting in October, ETAGE members review and comment on strategic documents, and are consulted throughout the year on strategic and technical issues related to VPI's work. Membership is for a period of three years, with the option to extend by a further two years at the discretion of the Regional Director.

The deadline for applications is 1 June 2019.

For more information, please click on this [link](#).

To apply, please send an [email](#).

Upcoming Meeting

Immunization Economics iHEA pre-congress session

Christian Suharlim, MD, MPH – on behalf of the Immunization Economics iHEA Special Interest Group

Location: Basel, Switzerland

Date: July 13-14, 2019

Participants: Participants and panelists confirmed for this upcoming session include experts from Harvard University, Johns Hopkins University, Results for Development, Thinkwell, and the Bill & Melinda Gates Foundation

Purpose: The intended audience for this session is individuals interested in the generation and use of information surrounding immunization costing, financing, and value of vaccination. The audience span from early career to seasoned researchers, EPI managers, policymakers, multinational organizations, and donors. The draft programme includes:

- featured updates on research findings, methodology, and cases;
- concurrent sessions on economic analysis refresher course and implementation/advocacy workshop;
- panel sessions on effective dissemination and future direction.

Registration to the pre-congress session is open. Participants are to arrange and pay their own travel and hotel reservations.

Details: A reminder to register for the Immunization Economics [pre-congress session](#) at the iHEA congress: 13-14 July 2019, Basel, Switzerland. There is no cost for presenters to join the pre-congress session (13-14 July 2019), but should you plan to join the entire iHEA Congress (13-17 July 2019), please do leverage the early bird rates that are available until 1 April 2019. We welcome any [feedback](#) you might have about the meeting agenda. Learn more at this [link](#).



Past Meetings/Workshops

Regional Training and Workshop on Vaccine Safety Basics and General Assessment Course to Strengthen AEFI Surveillance in MR Campaign Phase-2 in Indonesia

Vinod Bura and Fina Tams, WHO Country Office, Indonesia, and Julitasari Sundoro, NC AEFI Indonesia

Location: Palembang and Bintaro, Indonesia

Date: 5-7 November and 26-28 November, 2018

Participants: Fifty-eight participants representing twenty-eight provincial AEFI committees and provincial health offices that conducted the Measles and Rubella (MR) Campaign Phase-2 in Indonesia

Purpose: Indonesia has an annual target of five million children for the EPI programme and is now expanding its routine immunization (RI) to include new vaccines. The country was also conducting a large-scale MR campaign. Given this expansion of the EPI Programme, AEFI surveillance and management is very important. The workshop objectives were to strengthen the surveillance system for adverse events following immunization (AEFI) in Indonesia especially during the implementation of the MR Campaign Phase-2

Details: Twenty-eight provinces in Indonesia were conducting Measles Rubella (MR) campaign Phase-2. This regional training and workshop was focused on strengthening AEFI surveillance for phase 2 of the MR campaign. This activity will also ultimately contribute to the strengthening of routine immunization and other new vaccine introductions. The regional training and workshop were conducted in two batches, i.e. West and East, with twenty-nine participants in each batch.

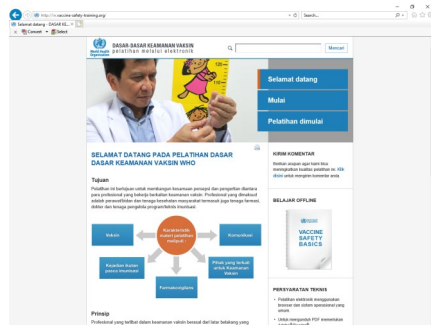


West Regional workshop and training, Bintaro, 26-28 November 2018. Credit: Julitasari Sundoro/NC-AEFI

The training used the e-learning online modules on AEFI developed by WHO that were translated into Indonesian. The training consists of six modules: introduction of vaccine safety; type of vaccine and its AEFI; AEFI; surveillance; institution and mechanism; and communication modules. Each module was facilitated by a tutor from NC-AEFI and the Ministry of Health (MoH) who has the certificate of completion **“Vaccine Safety Basics”**.

The participants completed the six training modules, completed a general assessment of the course and received the certificate of completion: **“Vaccine Safety Basics”**. By the end of the training and workshop, the participants were able to: understand the definition of AEFI (serious and non-serious); understand the vaccine safety, use communication in support of the programme, identify symptoms and side effects of all vaccines, understand the vaccine safety profiles of Measles and Rubella vaccines and understand how to undertake the investigation and assessment of AEFI cases.

The e-learning on AEFI is available in the following [link \(in Indonesian\)](#).



E-learning AEFI training in Bahasa Indonesia

WHO HQ and SEARO GAPIII* implementation training

Dr Sigrun Roesel, WHO SEARO, IVD

Location: Bandung, Indonesia

Date: 18-22 February 2019

Participants: Representatives of nominated poliovirus essential facilities (PEFs), national authorities for containment (NACs) and vaccine manufacturers of India and Indonesia

Purpose: Specific objectives of the training were to provide participants with an understanding of:

- The background to GAPIII including the current status of the global polio eradication programme and associated overview information;
- how GAPIII needs to be implemented, its potential impact and timelines;
- general GAPIII requirements and latest developments since its World Health Assembly endorsement;
- biosafety and biosecurity management system principles and concepts for GAPIII;
- how the associated assessment and certification mechanism may function, and
- how the WHO guidance for facilities to minimize the risk of sample collections which are potentially infectious for poliovirus (PIM) is to be applied.

Details: Containment is an integral part of the strategy to keep the WHO South-East Asia Region safe from polioviruses following certification of polio-free status in 2014. It includes biosafety and biosecurity requirements for laboratories, vaccine production sites, or any other facility that handles or stores eradicated polioviruses, to minimize the risk of these viruses being released into the community. Capacity building to implement requirements and strategies specified in the WHO Global Action Plan to minimize poliovirus facility-associated risk (GAPIII) has been ongoing since November 2015. PEFs have been designated in India and Indonesia and respective NACs established. To accelerate the containment certification scheme (CCS) process the training was conducted to support GAPIII implementation in both countries. The training specifically examined the role of PEFs in GAPIII and CCS implementation. It discussed detailed requirements in the 16 elements of GAPIII and supported certification audit preparative activities, including GAPIII audits, risk assessment and root cause analysis. The training provided insight into the certification process, including what to expect and how best to prepare, and created a forum for discussion of common issues, potential challenges and sharing best practices.

*WHO global action plan to minimize poliovirus facility-associated risk after type specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use



 **GAPIII Implementation Training**
Bandung, Indonesia, 18-22 February 2019

Group photo from the GAPIII implementation training

PAHO convenes dual meetings to review the joint reporting form and opportunities to use geographical information systems to improve coverage monitoring

Marcela Contreras, Robin Mowson, Paola Ojeda, Claudia Ortiz, Carilu Pacis, Cuauhtémoc Ruiz Matus and Martha Velandia, PAHO

Location: Mexico City, Mexico

Date: 19-22 February 2019

Participants: Participants from 23 countries throughout the Americas region, including PAHO focal points, national immunization and epidemiological surveillance authorities, and partners from WHO and UNICEF

Purpose: To strengthen the quality of the data reported in the WHO/UNICEF joint reporting form (JRF) as the official source to monitor progress on the Regional Immunization Action Plan (RIAP); and complete a training on the use of geographic information systems (GIS), such as Quantum Geospatial Information Systems (QGIS), to improve coverage and surveillance monitoring.



PAHO's JRF and GIS/QGIS workshops in Mexico City, Mexico, February 2019. Credit: Deysi Garcia, PAHO-Mexico.

Details: For two days, PAHO hosted a meeting where the main changes included in the 2019 JRF were presented and reminders were given about the correct completion and delivery dates. Additionally, discussion took place on different aspects of the material collected and the importance of the data to the functioning of immunization programmes in the Member States. WHO and UNICEF presented on how data is used globally, how they are working to make JRF data more accessible and how countries can use the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC).

PAHO recommends continued support to countries to guarantee the quality of the data reported in the JRF as the official source to monitor the RIAP and the Global Vaccine Action Plan (GVAP). Additionally, PAHO recommends promoting the use of the JRF as the official source of information for decision-making in countries and periodically reviewing the process for completion, validating, and evaluating the quality of the data.

Next, PAHO led a GIS training, where the basic concepts of GIS and benefits of its use in immunization programmes were presented. Practical exercises were carried out with QGIS, an Open Source tool for spatial analysis and mapping. Experiences were shared in the use of GIS to plan, monitor and analyze the performance of immunization programmes, with a focus on the impact on improvements in immunization coverage and reduction of inequities. The challenges and opportunities of integrating georeferencing data as a tool in the countries of the Americas were discussed. PAHO supports incorporating GIS mapping into immunization programmes, to improve coverage and surveillance monitoring in the countries of Latin America.

Workshop to improve immunization rates and equity in urban and peri-urban populations in the Province of Cordoba, Argentina, with a review of the provincial EIR system

Marcela Contreras, Mirta Magarinos, Robin Mowson and Martha Velandia, PAHO

Location: Cordoba, Argentina

Date: 25-28 February 2019

Participants: Representatives from the Ministry of Health of Cordoba and Argentina's Ministry of Health were present, as well as municipal health directors, municipal immunization programme workers and vaccinators from approximately 30 localities within Cordoba. Representatives from PAHO WDC and ARG were also present.

Purpose:

1. To review the electronic immunization registry (EIR) of the province of Cordoba and learn about the experience of Cordoba using the system in the 2018 measles campaign;
2. Share lessons learned to improve immunization rates in urban and peri-urban populations and develop strategies to improve access to, and use of, vaccines;
3. Review, share and document the experiences and strategies related to vaccination in the urban and peri-urban populations of Cordoba, Argentina;
4. Identify effective vaccination strategies especially targeting disadvantaged and marginalized populations in Cordoba, Argentina.

Details: PAHO recently met with the Ministry of Health of Cordoba, Argentina for an introduction to the province's EIR and to learn about the experiences of Cordoba. The context of the health system was presented, emphasizing the challenges that arise due to heterogeneity among the municipalities, geographic and population variability, and coordination among actors given the political and administrative decentralization of Argentina. The information system of the province is quite mature and includes 88% of the health services of the province and includes capabilities for coverage monitoring with the support of geographic information systems.

During the two-day workshop that followed this in-depth introduction to the EIR system, PAHO and the MOH of Cordoba set out to facilitate the sharing of experiences and develop strategies to improve access to, and use of, vaccines. PAHO's methodology of participatory work on the following topics was carried out: Identification of target populations; Working with partners; and Identifying integrated strategies for the vulnerable populations identified by participants.

Participants expressed their desire to share experiences and strategies to address these target populations, and activities were defined by level of responsibility to be carried out. A greater understanding and characterization of target populations with low coverage would benefit the work in the province and participants were keen to know strategies have worked for other provinces and countries, and how these can be implemented in Cordoba.

Next steps to be considered with the province include the need for the EIR system to interoperate with the electronic clinical records as it was observed that the two systems complement each other and are not mutually exclusive. PAHO would like this experience of integration between systems to be documented for posterity. In parallel, the capabilities and functionality of the current system should continue to be strengthened, taking advantage of the lessons learned from the 2018 campaign.



Group photo of workshop on equity and EIR systems in Cordoba, Argentina, February 2019. Credit: Mirta Magarinos, PAHO-Argentina.

Partner's retreat on Gavi 5.0: Developing the Alliance's 2021-2025 strategy

Albane De Gabrielli and Aena Goel, Gavi Secretariat

Location: Global Health Campus, Geneva

Date: 26-27 February, 2019

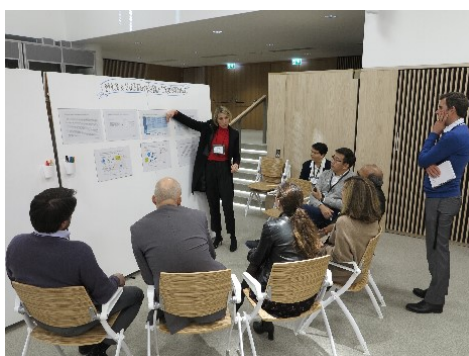
Participants: ~100 participants representing Alliance core partners (WHO, Unicef, CDC, World Bank) at HQ, regional and country level and other partners

Purpose:

- Take stock of the Alliance activities in the current strategic period. What is working well and what should be improved?
- Brainstorm the Alliance's ambition for Gavi 5.0
- Draft options for engagement in next strategic period
- Discuss Roles & Responsibilities (R&R) of the Alliance to deliver on Gavi 5.0

The workshop consisted of a mix of plenary and brainstorming sessions on these topics.

Next steps: The next step in the Gavi 5.0 journey is the Board retreat in 27-29 March 2019, where Board members will further reflect on Gavi 5.0 ambition and the Alliance's potential engagement – based on the partners' retreat outputs. The Board is expected to take a decision on the new strategy at its June meeting.



Working session and presentation during the partner's retreat on Gavi 5.0

First polio outbreak simulation exercise in the Western Pacific Region

Tigran Avagyan, Jan-Erik Larsen, WHO WPRO and Shahin Huseynov, WHO EURO

Location: Manila/Philippines

Date: 12-14 March 2019

Participants: Twenty-one participants representing four countries (Cambodia, China, Lao PDR and Viet Nam) and the World Health Organization (WHO)

Purpose: To test, identify the gaps and update the National polio outbreak preparedness and response plan in line with GPEI standard operating procedures; to strengthen the capacity of countries in the use of the International Health Regulations (IHR 2005) mechanism in case of a poliovirus event or outbreak; and to strengthen the communication capacity of countries in response to the detection of a poliovirus event or outbreak.

Details: Since 2011, the WHO Regional Office for Europe has developed and rolled out the polio outbreak simulation exercise (POSE) model with the objective to strengthen the capacity of countries in polio outbreak preparedness and response and in compliance with the International Health Regulations (IHR 2005) mechanism. POSE is a table-top exercise based on a real-life scenario and is aligned with the Global Polio Eradication Initiative (GPEI) Standard operating procedures (SOPs) to respond to any polio event/outbreak. The Global Commission for the Certification of Poliomyelitis Eradication recommended in 2017 that all WHO Regions adopt the POSE model and encouraged countries to conduct the exercises on a regular basis.



Group photo from the First Polio outbreak simulation exercise in the Western Pacific Region

On 12-14 March 2019, WHO WPRO, with support from WHO EURO, conducted the first polio outbreak simulation exercise in the Western-Pacific region for Cambodia, China, Lao People's Democratic Republic, and Viet Nam. The participants critically reviewed their national action plans and noted areas for improvement. The main issues identified during the POSE and to be followed up were to:

- revise the national plan of action, in line with the current GPEI SOPs;
- perform a current assessment to understand who and where the high-risk/marginalized population groups (including travelers, nomads) are;
- identify strategies to reach these high-risk groups with polio eradication interventions;
- sustain high routine vaccination coverage and increase vaccination coverage in high-risk populations;
- sustain quality of acute flaccid paralysis (AFP) and environmental surveillance.

The full report of the WPRO POSE I, including the countries' plans of action and next steps, will be published soon. Based on the lessons learned, WPRO intends to continue inter-country and national POSEs.

200 participants successfully complete the first introductory training in French on the 2018 WHO vaccination coverage survey guidance

Carolina Danovaro, WHO Headquarters; Gnourfateon Palenfo Dramane, WHO Scholar Accompanist; David Koffi, Cabinet ADS Conseil; Vasiliki Mourgela, Learning Strategies International (LSi); Reda Sadki, The Geneva Learning Foundation

Location: Distance learning, globally

Date: WHO Survey Scholar course in French, three modules, one module was delivered in 2018 and the remaining two modules will be delivered in 2019.

Participants: 472 applicants, 380 (80%) active participants, and 200 (53%) completed the programme.

Purpose: (1) To train immunization practitioners, epidemiologists and statisticians interested in leading or supporting high-quality and statistically robust vaccination coverage surveys, based on the 2015 WHO Vaccination Coverage Survey Manual; (2) to encourage comprehension and adoption of the new Manual; and (3) to disseminate the Manual to stakeholders likely to be involved in coverage surveys.

Next steps: **Format:** The distance-based portion of this training initiative is divided into three modules: (A1) Designing a vaccination coverage survey, with a focus on objectives, scope and sample size calculation; (A2) Reviewing a protocol for a vaccination coverage survey, with a focus on determinants of quality; and (A3) Data analysis for vaccination coverage surveys. Module A1 was completed in 2018 and A2 and A3 are being run in 2019. This approach, developed by the Geneva Learning Foundation to support effective learning for global health and humanitarian work, draws on action and applied learning, leadership acceleration, mentoring, and other peer learning methodologies

Results of Module A1: Following the successful completion of the English version of this course, 472 applications were received for the French version the majority of which were from African countries. At the end of the course 200 participants earned the certification that required successful individual review of a final project. A small number of peer tutors known as Accompanists, recruited from Alumni of other WHO Scholar programme courses, were key to improving the completion rate (75% vs 52.5% overall) of those supported.

Relevance. Activities, subject matter expertise, and focus have been adapted to the context of francophone countries. 85% of the 173 Survey Scholars who are now pursuing the programme's second module declared that they contribute or support vaccination coverage surveys, including 9% with direct responsibility. Over half (54%) of the cohort intend to contribute to such a survey in the coming year, offering opportunity for the other half to learn from their peers even if they have not yet applied their survey skills.

Impact. The WHO Scholar programme is working with partners to develop an "Impact Accelerator" that will support Scholar Alumni in implementing course projects and applying the skills and competencies developed.

Resources

World Meningitis Day 2019: Life After Meningitis

Nadia Vaenerberg, Confederation of Meningitis Organizations

On 24 April every year, the Confederation of Meningitis Organizations (CoMO), coordinates World Meningitis Day to raise awareness of the deadly disease.

While there has been progress in the last couple of decades, meningitis still affects more than 2.8 million people each year. For every case of meningitis, there is a before and an after. People who have previously been unaware of meningitis are shocked by how quickly it can take hold and change someone's life, as well as those of their family and community.

One in 10 bacterial meningitis patients die, leaving behind grieving loved ones. Two in 10 patients are left with life-long after effects that may be physical, neurological or emotional in nature.

To raise awareness of the impact of meningitis on people's lives, CoMO has dedicated this year's World Meningitis Day to Life After Meningitis. As a result, we are amplifying the voices of loved ones and survivors, creating resources that lend an insight into their lives. Our Toolkit with resources can be viewed and downloaded [here](#).

The Toolkit includes:

- Our Key Messages
- Four infographics in four languages (Danish, English, French and Spanish)
- Factsheet
- An editable factsheet
- Testimonial tiles
- Logos
- Social media banners

This World Meningitis Day, CoMO encourages all to share the resources in our Toolkit, share patient stories, raise awareness of the signs and symptoms of meningitis and counter the misconceptions surrounding vaccines. When we raise the global profile of meningitis we work towards protecting ourselves and our communities, getting one step closer to defeating meningitis worldwide.

If you would like more information on [World Meningitis Day](#) or are keen to share your planned activities, please contact [Nadia Vaenerberg](#).

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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

Publication of Immunization Competencies Framework to help manage the immunization workforce

Alice Pope, Hardeep Sandhu and Denise Traicoff, Centers for Disease Control and Prevention, Jhilmil Bahl, WHO Headquarters

An international working group of immunization partners has developed a competencies framework for the immunization workforce. The use of standard competencies can help countries better distribute resources based on functions and more precisely define the roles and responsibilities of the health workforce.

The working group used a stepwise approach to ensure that the competencies would align with immunization programmes' objectives. They first defined the attributes of a successful immunization programme. Attributes are the characteristics of a successful immunization programme, such as *skilled and motivated workers*, or *quality data management*. They then developed the work functions and competencies. Click [here](#) to read the article in *Vaccine* that explains how the competencies were developed.

The framework organizes work functions and competencies within eight domains, such as *vaccines, supplies and logistics*, at four levels of the immunization programme: national, provincial, district/sub-district, and community. There are also two foundational competencies that cut across all technical domains. These two competencies are required to some degree by any immunization practitioner regardless of their specialty. Figure 1 summarizes the standard competencies. Practitioners use the lists of functions and competencies in a number of ways, such as writing job descriptions and developing work performance standards.

English and French versions of the framework are available on the [WHO website](#).

The website also includes a short survey for immunization practitioners who wish technical assistance for implementing the framework or who would like to submit suggestions to improve the framework. The website will continue to grow with supplemental tools.

Considered a draft, the framework is currently being used for a variety of immunization workforce analysis projects. Lessons learned from testing it, as well as survey suggestions, will be used to finalize the framework and create normative guidelines.

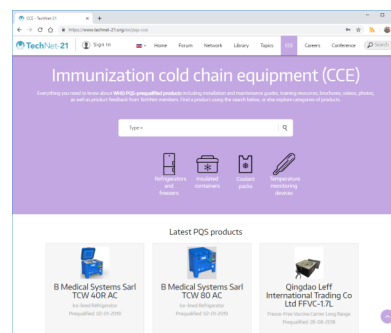
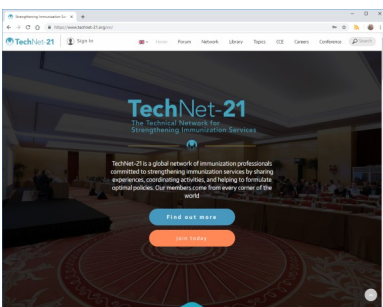
New resource library available for cold chain equipment users

Dan Brigden, WHO Headquarters

Do you work with WHO PQS-prequalified cold chain equipment (CCE) such as refrigerators and freezers, vaccine carriers, coolant packs, or temperate monitoring devices? If so, you may be interested in a new area of the TechNet-21.org website.

The [CCE area](#) contains a growing resource library that provides almost everything you need to know about PQS-prequalified products, including installation and maintenance guides, training materials, procurement guidance, brochures, photos and videos, as well as feedback on field experiences from product users. Find a product using the smart search or explore categories of PQS products. Each product has its own page that lists relevant resources, key technical details, videos, feedback from users, and a product photo gallery.

The resources available in the CCE area submitted and managed by TechNet-21 members, so if you know of a useful CCE resource please add it to the collection so that others can benefit. Resources can be installation guides, user guides, training material, specifications, procurement guidance, brochures, or any other material that can help PQS product users to get the most out of them. They can be both published documents or unpublished, informal resources, in any language. If they are of use, please share!

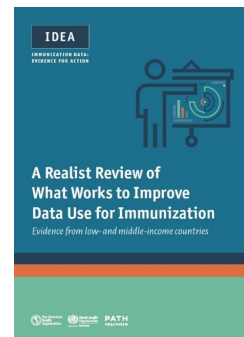


TechNet-21 is a global network of immunization professionals committed to strengthening immunization services by sharing experiences, coordinating activities, and helping to formulate optimal policies. Our members come from every corner of the world. For more information on the CCE area, as well as TechNet-21 in general, please contact the [TechNet-21 Community Manager](#).

Immunization Data: Evidence for Action (IDEA) review released in English, French and Spanish

Laurie Werner, PATH; Martha Velandia, PAHO

The Pan American Health Organization (PAHO) and PATH have launched a new report: Immunization Data: Evidence for Action (IDEA), [A Realist Review of What Works to Improve Data Use for Immunization: Evidence from low-and middle-income countries](#). It provides the immunization community with clear, proven strategies for improving the quality and use of immunization data. In addition, it outlines how funders, policymakers, and programme implementers can incorporate these best practices to improve the efficacy of state, regional, and national immunization programmes.



The report identifies [five proven strategies](#):

- Strategies that address barriers to immunization should be interconnected and mutually reinforcing;
- The more data is used, the more likely its quality will improve;
- Data should be an integral part of health decision-making;
- Digital information systems should be utilized to provide high-quality data to decision makers in real time;
- The use of digital systems should be phased to ensure that the proper infrastructure is in place to manage them.

PAHO and PATH conducted a realist review of published and non-published literature to identify these findings. This approach allowed the use of multiple types of evidence, such as experimental and nonexperimental study designs, grey literature, project evaluations, and reports. A majority of the 549 pieces of evidence reviewed was non-peer-reviewed literature, which provided important learnings that more traditional systematic reviews would overlook.

The IDEA review was supported by a steering committee which includes global and regional senior leaders in the areas of immunization, data quality, and use from World Health Organization; US Centers for Disease Control and Prevention; United Nations Children's Fund; Gavi, the Vaccine Alliance; and the Swiss Tropical and Public Health Institute. As well as country representatives from both the BID Learning Network and the Improving Data Quality for Immunizations project.

For more information on IDEA visit this [website](#).

2019 Guidelines for Gavi support

[Friederike Teutsch](#), Gavi, the Vaccine Alliance

Gavi, the Vaccine Alliance is pleased to announce that the 2019 application guidelines for Gavi support are now available, as well as the guidelines on reporting and renewal of Gavi [support](#).

The 2019 guidelines accentuate the Alliance strategic goals to increase equitable uptake and coverage of vaccines. To succeed, it is important that support is targeted to critical geographies and marginalized populations, reinforcing an evidence-based dialogue and integration of the full portfolio of Gavi support.

The application guidelines reflect recent Gavi Board decisions, such as the support of PCV catch-up vaccination and additional flexibilities on operational cost support for measles/measles-rubella follow-up campaigns. A particular emphasis is put on strengthening routine vaccination, including when planning and conducting supplementary immunization activities, and the need to reach the unreached.

The guidelines on reporting and renewal of Gavi support provide to countries an overview of the reporting requirements for Gavi support, as well as a description of the annual performance assessment and renewal process.

A dedicated webpage "How our support works" contains all the guidelines and tools necessary for countries throughout the grant management process. It is available in [English](#) and [French](#).

Gavi developed a number of e-learning modules to support high quality applications and to guide countries on Gavi renewal and reporting processes. The ilearn platform, containing the following modules, can be accessed via Gavi's website.

- How to use the Gavi country portal for vaccine applications
- How to use the Gavi budgeting and planning template
- How to use the Gavi country portal for renewals
- Understanding Gavi's renewal process
- Understanding Gavi's reporting requirements

For more information, click on this [link](#). The login page is accessible at this [link](#).

Calendar

2019

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
13-24	Advanced Course of Vaccinology	Annecy, France
20-28	World Health Assembly	Geneva, Switzerland
29-31	WHO Executive Board	Geneva, Switzerland

June

5-6	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
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
26-28	Product Development for Vaccines Advisory Committee (PDVAC)	Geneva, Switzerland

July

1-12	Gavi Independent Review Committee (IRC)	Geneva, Switzerland
8-12	SEARO Technical Advisory Group meeting	TBD
9-11	25th Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases	Colombia

September

13-15	Asian Vaccine Conference (ASVAC)	Yangon, Myanmar
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October

8-10	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland
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December

4-5	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
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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 \(NESI\)](#)

[Stop Pneumonia](#)

[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 \(Gavi\)](#)

[Immunization Economics Community of Practice](#)