

In this issue

You can click on the article you are interested in and access it directly!

News

- [Immunization Agenda 2030](#)
- [Advancing digital health in Bangladesh through electronic immunization registration](#)
- [The world's first malaria vaccine highlighted at #WHA72](#)
- [Malaria vaccine pilot launched in Ghana](#)
- [Over 100 000 people sick with measles in 14 months: with measles cases at an alarming level in the European Region, WHO scales up response](#)
- [WHO adapts ebola vaccination strategy in the Democratic Republic of the Congo to account for insecurity and community feedback](#)
- [SPECIAL FEATURE: Heroes from the field](#)

Upcoming meeting

Past meetings / workshops

Resources

Calendar

Links

News

72nd World Health Assembly Special Report

Hayatee Hasan, WHO Headquarters

This year's World Health Assembly was held from 20 to 28 May 2019 at the Palais des Nations in Geneva, Switzerland and was attended by nearly 4000 delegates from WHO's 194 Member States and partner organizations. The general theme of this year's World Health Assembly (WHA) was "Universal health coverage: leaving no-one behind".



The Assembly Hall at the Palais des Nations in Geneva, Switzerland.

Key highlights included:

- WHO announced the appointment of four new [goodwill ambassadors](#) from the fields of sports, politics and community mobilization to promote healthier lives, stronger health workforces and improved mental health globally. The new ambassadors are:
 1. **Alisson Becker**, goalkeeper of the Brazilian national and Liverpool football teams;
 2. **Dr Natália Loewe Becker**, medical doctor and health advocate from Brazil, as WHO Goodwill Ambassadors for Health Promotion;
 3. **Cynthia Germanotta**, President of Born This Way Foundation, which was co-founded with her daughter Lady Gaga, as WHO Goodwill Ambassador for Mental Health; and
 4. **Ellen Johnson Sirleaf**, former President of Liberia, as WHO Goodwill Ambassador for Health Workforce.
- Primary health care towards universal health coverage [resolution](#) was endorsed which urges Member States to take measures to implement the [Declaration of Astana](#) and calls on the WHO Secretariat to increase its support to Member States in this area.
- Member States agreed a [resolution](#) calling for continued high-level commitments to implement and adequately resource multi-sectoral National Action Plans to tackle antimicrobial resistance.
- The side event on "[Promoting vaccine confidence: enhancing global immunization efforts to protect the Health of All generations](#)" held on Tuesday, 21 May was very well attended, clearly indicating that the issue is one of high priority for all countries. Promoting vaccine confidence is a diverse issue, with solutions that need to be tailored to very local contexts. There was a clear call for WHO to be engaged and to play a leadership role toward developing solutions, measurements and best practices.
- Speakers at the event included EU Commissioner Dr Vytenis Andriukaitis; [US Health and Human Services Secretary Alex Azar](#); Dr Luiz Henrique Mandetta, Minister of Health, Brazil; Dr Theresa Tam, Chief Public Health Officer of Canada; Prof. Dr Alexandru Rafila, Romania, Member of WHO Executive Board; Dr Seth Berkley CEO of GAVI, the Vaccine Alliance; and Prof. Dr Peter Hotez, Dean of the Baylor College of Medicine National School of Tropical Medicine. The event was moderated by Dr Katherine O'Brien, IVB Director.
- Dr Tedros Adhanom Ghebreyesus joined the event highlighting that "No country can afford to be complacent about immunization." The DG also announced that WHO is co-creating a [new strategy](#) for vaccines and immunization, to be presented at the 73rd World Health Assembly in 2020. "WHO is working to ensure vaccines reach more people in more countries than ever before. Vaccination is a right and a shared responsibility," said Dr Tedros.
- Polio [Eradication](#) and polio [transition](#) sessions at the WHA emphasized the critical importance of essential immunization and vaccine-preventable disease surveillance, not only in countries that are now polio-free but also as a means to achieve polio eradication in Afghanistan and Pakistan.

For more on the World Health Assembly, visit this [website](#).

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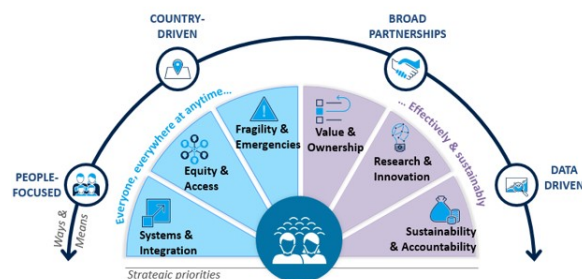
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Immunization Agenda 2030

Ebru Ekeman, WHO Headquarters

As we approach the end of the Decade of Vaccines and with just a couple of years remaining on the Global Vaccine Action Plan (GVAP 2011-2020), a new Immunization Agenda 2030 is needed for the entire health and development community – one that reaffirms the benefits of vaccines and immunizations for a healthier, more secure and prosperous world through their contributions to the achievements of Universal Health Coverage (UHC) and Sustainable Development (SDG).



The strategic priorities and ways and means.

An initial attempt to assemble ideas, thoughts and content for an Immunization Agenda 2030 is now available for broad review. It is being shared as a '[draft zero](#)' and is offered as a starting point for further co-creation and co-development with immunization specialists, broader health experts, and wider health stakeholders at country, regional and global levels.

We welcome your reactions and views on this document by 14 June 2019 either by :

- Providing quick feedback via an [online survey](#)
- Sending written comments to this [address](#) or
- Posting comments online at this [link](#).

This document will continually evolve over the coming months based on your feedback. In addition, several dedicated regional consultations will be organized to ensure the voices of regional and country stakeholders are heard and that a bottom up process in co-developing the Immunization Agenda 2030 is implemented.

For any queries on the document or the process for its review, please send an [email](#).

Advancing digital health in Bangladesh through electronic immunization registration

Catalin Bercaru and [Rajendra Bohara](#), WHO Country Office Bangladesh

Electronic immunization registration as a unique pilot project in Bangladesh was implemented by WHO and Rajshahi City Corporation. Successful implementation of the online registration will support the city corporation to reach full coverage of immunization for children aged between 0 to 23 months.

"We are advancing in implementing digital health solutions to help health workers track down the immunization history of every child and to make sure that no one is left behind," said Dr Mowla Baksh Chaudhury, EPI Programme Manager, Ministry of Health and Family Welfare.

WHO supported the development of software registration and together with volunteers provided tablets to health workers. This improved the work of the City Corporation to ensure the full registration and vaccination history of all babies less than 23 months old.

The electronic vaccination register aims to reduce immunization drop out by allowing health workers to monitor the children's vaccination history. The system enables health workers to track children in need of vaccines, identify the ones who are delayed and send SMS alerts to parents for the upcoming immunization phases. Over 300 field health workers, paramedics, nurses and medical doctors have been trained to use electronic registrations.

"One of the most common reasons for immunization drop out is that parents usually forget when they have to bring their children for the next vaccination. A complete immunization course is essential for being protected against deadly vaccine preventable diseases such as Measles, Pneumonia, Tetanus, Diphtheria etc." added Dr Bohara.

The first vaccination certificates generated by the electronic system upon completion of the immunization schedule were distributed during World Immunization Week. The WHO representative, the Mayor and the EPI Programme Manager distributed certificates during the ceremony hosted by the Rajshahi City Corporation.



Tablets with the electronic registers in action

The world's first malaria vaccine highlighted at #WHA72

[Kristen Kelleher](#), WHO Headquarters

WHO Director-General Dr Tedros mentioned the recent introduction of the RTS,S malaria vaccine in his opening speech at the World Health Assembly (available on the [WHO website](#) and on [Twitter](#)), and positive news coverage continues of the vaccine pilot roll out: including a recent [editorial in the Lancet](#) as well as an [in-depth piece](#) on the vaccine and its potential by BBC Future Now.

See and hear what this means to families: to understand what this historic step for public health means to a mother and her family, a new [short video](#) tells the story of Vida and her baby, Lordina, one of the first to receive the RTS,S vaccine in Ghana. Vida says that the added protection against malaria provided by the vaccine will enable her to take care of her family “with more peace of mind.”

The WHO Malaria Vaccine Implementation Programme, MVIP, invites you to watch the video and share it through your networks and social channels (#malaria, #malariavaccine).

[Read more about MVIP](#)

Malaria vaccine pilot launched in Ghana

Hayatee Hasan, WHO Headquarters



Susana and Abigail are first to be vaccinated with the malaria vaccine in Ghana pilot. Credit: WHO/Fanjan Combrink.

WHO Ghana welcomed the Ministry of Health's launch of the world's first malaria vaccine in a landmark pilot programme. Top health officials, WHO representatives, community leaders, and mothers and children gathered on 30 April 2019 to officially begin the vaccine rollout. The country-led phased vaccine introduction is supported by WHO and national and global health partners. Ghana is one of three African countries in which the vaccine, known as RTS,S, will be made available to children up to two years of age.

Malaria remains one of the world's leading killers, claiming the life of one child every two minutes; most of these deaths are in Africa. In Ghana, about 20 percent of all children have malaria parasites in their blood.

[Read the news release](#)

[Read the photo story: A new vaccine against a killer disease](#)

[Short overview of the malaria vaccine implementation programme](#)

[Brochure: First malaria vaccine in Africa](#)

Over 100 000 people sick with measles in 14 months: with measles cases at an alarming level in the European Region, WHO scales up response

Hayatee Hasan, WHO Headquarters

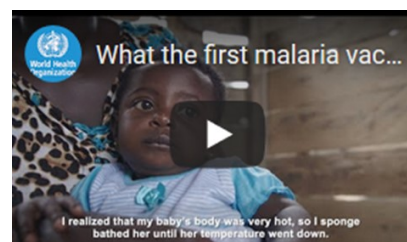
WHO is scaling up its response to the ongoing measles outbreaks in the European Region, including by creating an operational platform to accelerate its support to affected countries.

The decision to scale up WHO's response followed an assessment of the measles situation in the Region. It was based on the growing number of children and adults affected by, and dying from, the disease, and the persistence of pockets of non-immunized or under-immunized individuals in many countries fuelling the continuing spread of measles.

Since 1 January 2018, 47 of the 53 countries in the Region have together reported over 100 000 measles cases and over 90 measles-related deaths. WHO has been supporting them over time to improve their immunization coverage and tackle the spread of the disease. However, as measles continues to circulate across countries, more needs to be done.

“We have observed an unprecedented upsurge in people sick with this vaccine preventable disease, and too many have lost their lives to it,” says Dr Dorit Nitzan, Acting Regional Emergency Director at the WHO Regional Office for Europe. “This is unacceptable, and we need to be bolder and scale up our response to the next level. I am proud to see that different parts and levels of WHO are intensifying their combined efforts to stop these outbreaks.”

[Read the news release](#)



Caption from the short video telling the story of Vida and her baby, Lordina.

WHO adapts ebola vaccination strategy in the Democratic Republic of the Congo to account for insecurity and community feedback

Hayatee Hasan, WHO Headquarters

The WHO Strategic Advisory Group of Experts (SAGE) on immunization issued [new recommendations](#) to address vaccination challenges in the ongoing Ebola outbreak in the Democratic Republic of the Congo (DRC).

The recommendations include endorsing operational adjustments that make the vaccination process faster and adjusting the dosage based on available efficacy data. The SAGE also suggested expanding the population eligible for vaccination with rVSV-ZEBOV-GP (developed by Merck & Co., Inc), introducing an additional experimental vaccine (developed by Johnson & Johnson), and redoubling ongoing efforts to train nurses, doctors and medical students from Ebola-affected communities to work on vaccination teams.

“We know that vaccination is saving lives in this outbreak,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus. “We also know that we still face challenges in making sure the contacts of every case receive the vaccine as soon as possible. These recommendations account for ongoing insecurity and incorporate feedback from experts and from the affected communities that will help us continue to adapt the response.”

[Read the news release](#)

[Interim Recommendations on Vaccination against Ebola Virus Disease \(EVD\)](#)



Ebola vaccine testing in DRC

SPECIAL FEATURE: Heroes from the field

Victor Gomez Serna, a true professor for healthcare workers in the cold chain for the Americas

Peter Carrasco and Nora Lucia Rodriguez, PAHO/WHO

Victor Gomez, who was teaching classes on repair and maintenance of domestic refrigerators at the SENATI (Servicio Nacional de Adiestramiento en Trabajo Industrial/National Service for Industrial Labor Training) joined the PAHO IM team in 1982.

Before working for SENATI, Gomez worked at the National Institute of Health, and oversaw research and the preparation of viral and bacterial vaccines for human use. His additional duties also included being chief of the department that produced lyophilization of vaccines.

Gomez's hands-on classes were quite effective in imparting the required knowledge to teach his students and thereby provide them with the abilities to properly diagnose the reasons why a refrigerator was not in working order and proceed to take the required action. PAHO organized three workshops with SENATI and Gomez.

PAHO's Immunization Programme integrated Gomez as part of the Regional Cold Chain team to support PAHO's efforts in the areas of research and development at CIMDER's Cold Chain Focal Point in Cali, Colombia (Rural/Center for Multidisciplinary Studies in Rural Development). Gomez applied his technical knowledge to evaluate the performance of refrigerators manufactured by Latin American companies for the possible storage of vaccines.

As part of the EPI Middle Level Training events, Gomez oversees teaching health care workers the maintenance of their refrigeration equipment and vaccine handling. And he is involved in the planning of cold chain operations.

Gomez was a key element when PAHO/IM began to carry-out in-depth cold chain inventories and assessments in countries. In 1985, Gomez and Peter Carrasco were pioneers in delivering the first course on Supervision of the Cold Chain, held in Guatemala, to instruct supervisors on methods to analyze data for evaluating operations to improve cold chain and supply chain activities.

To this day, Gomez continues to be involved in preparing blueprints for the construction warehouses that house cold rooms for vaccine storage.

Healthcare workers – past and present – of national immunization programmes salute Victor Gomez for his uncompromising commitment and dedication to them.



Victor Gomez. Credit: Nora Lucia Rodriguez.

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: 13-14 July 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, policy-makers, 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: The iHEA Immunization Economics Special Interest Group (SIG) is excited to have you at the upcoming two-day Immunization Economics pre-congress session in Basel, Switzerland, 13-14 July 2019. The updated agenda below covers a wealth of content that is guaranteed to pique your interests. In particular, we will have featured updates on research findings and methodological resources; concurrent capacity building sessions covering analytic methods and knowledge translation; and distinguished panelists and speakers covering a broad topic from stakeholder engagement, broader use of data, capacity-building, policy, and decision-making, all while maintaining our focus topic on the economics of immunization.

In addition to the main agenda, we will also have a poster presentation session throughout this two-day event. We will implement the new [#betterposter](#) design that took the internet by storm. In addition to awarding the five high-scoring presentations with travel support, we also extended support to a handful of incredible poster submissions to mitigate their financial barrier and allow them (mostly from Low and Middle Income Countries) to come to present their findings. These posters, representing works from over 20 countries, share insights that will undoubtedly enrich your learning experience in Basel. We will also have a social event on Saturday night so participants can get to know each other and establish new connections. Learn more at this [link](#).



The Seventh Asian Vaccine Conference (ASVAC 2019)

[Wannapa Pureemahawong](#), Kenes Asia

Location: Yangon, Myanmar

Date: 13-15 September 2019

Participants: Myanmar Pediatric Society (MPS), Union Ministry of Health and Sports of Myanmar, Confederation of Meningitis Organization (CMO), International Society of Tropical Pediatrics (ISTP), World Health Organization (WHO), Asian Society for Pediatric Infectious Diseases (ASPID), Japanese Pediatric Infectious Disease Society (JPIDS), Pediatric Infectious Disease Society of Thailand (PIDST), ROTA Council, International Vaccine Access Center (IVAC), Confederation of Meningitis Organizations (COMO), Philippine Foundation for Vaccines (PFV), Pediatric Infectious Disease Society of the Philippines (PIDSP) and other Immunization partners

Purpose: ASVAC 2019 aims to bring together various stakeholders in the field of vaccination to address challenges and issues relevant to clinical practice and immunization programmes in the region. The three-day conference will present pre-conference workshops and masterclasses, a dedicated scientific programme with a line-up of expert speakers globally, a trade exhibition from vaccine partners and planned networking functions to build and foster relationships with over 500 pediatric practitioners from across 27 countries within the vaccination sector. Discussions in the event will focus on the theme Sustaining health security challenges and opportunities in Asia.

Details: Highlights of the 2019 Event

- Asian EPI Managers Meeting

A proposed Asian Meeting of EPI Managers in Nay Pyi Taw, Myanmar is hosted by Ministry of Health and Sports, Myanmar. The inter-regional meeting aims to strengthen the cooperation and collaboration of EPI Managers and others involved in implementing immunization programs in the region.

- Pre-conference Workshops and Vaccinology Masterclasses

Discussions on clinical cases and masterclass by vaccinology experts and partners.

- Conference

Remarkable line-up of world-renowned speakers and clinical topics for presentation.

- Networking Opportunities

Exciting social functions planned for networking opportunities to foster fellowship in the sector.



Past Meetings/Workshops

WHO HQ and SEARO GAPIII* Containment Certification Scheme (CCS) Auditor Refresher Training

Dr Sigrun Roesel, WHO SEARO, IVD

Location: ICMR-National Institute of Virology Pune, India

Date: 25 March - 5 April 2019

Participants: Participants included auditor candidates from India and Indonesia as well as experts and observers who may in the future serve on GAPIII audit teams

Purpose: Specific objectives of the training were for participants to:

- Gain an understanding of:
 - a. The CCS process and mechanism;
 - b. GAPIII requirements for certification;
 - c. Auditor and audit team roles and responsibilities;
- Discuss the need for effective communication during the audit
- Understand the programme:
 - a. Audit preparation
 - b. Conducting opening and closing meeting
 - c. Conducting on-site auditing activities
 - d. Preparation of auditing findings and conclusions
 - e. Reporting of audit results and follow-up
- Conduct mock-audit exercises

Details: WHO developed the GAPIII CCS to help countries put in place appropriate mechanisms to certify that facilities have met GAPIII requirements. Only poliovirus essential facilities (PEFs) holding containment certificates, approved by their National Authority for Containment (NAC) and endorsed by the Global Certification Commission, will be permitted to handle and store eradicated polioviruses. Once PEFs have an approved certificate of participation (CP) – the first step in the CCS process - audit planning begins based on a signed agreement between NAC and CP-holding PEF.

This training, followed by mock audit exercises, was conducted as part of accelerating GAPIII implementation as per 2018 World Health Assembly resolution 71.16. It built on a series of past GAPIII/CCS capacity building activities enabling PEFs, their host countries and respective NAC to meet their responsibilities for appropriate containment of eradicated polioviruses.

CCS auditors must demonstrate audit experience encompassing the entire audit process conducted against all 16 GAPIII elements, with formal approval of competence as auditor under a qualified audit team leader. This training, conducted at a nominated PEF, laid the foundation for next steps of qualifying auditors while the nominated PEF and its NAC received capacity building from the mock-audit exercises for processing the CP application.

* 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.



Participants at the refresher training

NIGER: Peer Review of the Auto-Visual Acute Flaccid Paralysis Detection & Reporting (AVADAR) system

IVD team, WHO AFRO and WHO Country Office Niger

Location: Diffa, Maradi and Zinder Regions, Niger

Date: May 2019

Participants: El Khalef Ishagh, Aichatou Gbaguidi, Nomo Emmanuel, Batoure Oumarou, Haladou Mousa, Tombokoye Harouna, Mokhtar Abdoul Hakim, Anya Blanche, [WHO Country Office, Niger](#)



Working session, Credit: Mokhtar Hakim WHO/NIGER.

Details: Strengthening epidemiological surveillance of Acute Flaccid Paralysis (AFP) is a key component during the final phase of WHO's Global Polio Eradication Initiative ([GPEI](#)). The GPEI supports countries to use innovative technologies in collaboration with health services and community actors to improve monitoring and review of AFP case reporting, especially in hard to reach areas.

With the support of WHO/AFRO and the Chad AVADAR team, a peer review of the Auto-Visual AFP Detection and Reporting (AVADAR) surveillance system deployed in Niger since June 2017 was carried out in three regions (Diffa, Maradi and Zinder). The goal of the review was to identify weaknesses in data reporting and management and to provide corrective measures.

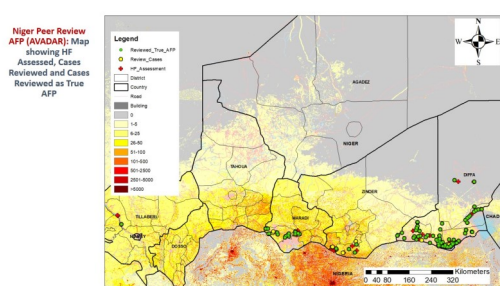
Objectives of the peer review were to visit at least 80% of AFP cases reported in the last 12 months, to examine 90% of AFP cases verified by health agents, 10% of rejected cases and to administer the Open Data Kit (ODK) electronic questionnaire in communities and to officials at national, district and health center levels.

The reviewers visited 46 Health facilities out of 57 which reported true AFP cases by AVADAR surveillance and studied 152 cases out of which 36 had been rejected. Of the 116 AFP cases considered by the system, 78 were validated as true cases and three cases rejected by the AVADAR system, were reviewed as true AFP.

With a total of 67% confirmed cases reported through the AVADAR system, these results show the high reliability of AVADAR, as well as the high degree of sensitivity for which this surveillance system is already known.

Weaknesses identified include insufficient knowledge of the AFP case definition and insufficient feedback from central level to districts.

A joint problem-solving plan has been developed for all levels with an emphasis on regular training, supervision, data monitoring and meetings with community relays.



Peer review map



Regional Workshop on strengthening the capacity of Japanese Encephalitis (JE) Laboratory Network in the WHO South-East Asia Region (SEAR)

[Sirima Pattamadilok](#), WHO SEARO

Location: Nimhans, Bangalore, India

Date: 22-26 April 2019

Participants: The workshop was attended by virologists/technicians (total of 26 participants) from the Japanese Encephalitis (JE) laboratory network in the WHO South-East Asia Region (SEAR), experts from U.S. CDC, Atlanta and NIMHANS, Bangalore, India and WHO-SEARO.

Purpose: To strengthen laboratory capacity for supporting JE surveillance in the South-East Asia Region.

Details: Japanese encephalitis is a vector-borne zoonotic viral disease mostly prevalent in tropical and sub-tropical areas of Asia. Currently, 10 out of 11 countries in the WHO SEAR are endemic for JE, with the exception of the Maldives. Vaccination is the most cost-effective intervention to prevent and control JE, and immunization has been demonstrated to reduce the economic burden of JE disease. WHO recommends that JE vaccination should be integrated into the national immunization schedules in all areas where JE is recognized as a public health priority.

WHO's South-East Asia Regional Vaccine Action Plan (RVAP) 2016-2020 has identified acceleration of JE control as one of the eight goals. One of the strategic objectives of the JE goal of RVAP is to "Develop and sustain Acute Encephalitis Syndrome (AES) surveillance through integrated national surveillance system or sentinel surveillance with accredited national laboratories in endemic countries". In 2018, the WHO SEAR Immunization Technical Advisory Group recommended that "National programmes in all countries should ensure high-quality laboratory supported JE surveillance in line with the recently-released Regional JE Surveillance Guide".

Laboratory-based diagnosis for AES is very important, as multiple organisms can cause AES. Cross-reactivity with the dengue antigen occurs in 20–40% of samples tested for JE (using ELISA). There is a need to follow the algorithm for all specimens tested for JE to overcome the issue of cross-reactivity.

The JE laboratory network in the Region is comprised of 14 laboratories to support surveillance, identify the disease burden for the introduction of JE vaccine and monitor the impact of vaccine introduction. In collaboration with the JE Regional Reference Laboratory (RRL) at NIMHANS, Bangalore, WHO-SEARO organized the Regional Workshop on strengthening the capacity of Japanese Encephalitis (JE) Laboratory Network. The workshop provided hands-on practice on WHO recommended procedures for laboratory diagnosis of JE, including quality assurance, standardized protocols, updated standardized algorithm of testing, interpretation, troubleshooting and reporting form.



Participants in the laboratory network training workshop all assembled for a group photo and in action in the laboratory



MENA Regional consultative review on private sector engagement in immunization

[Nahad Sadr-Azodi](#), UNICEF

Location: Hammamet, Tunisia

Date: 29-30 April 2019

Participants: MENA countries, WHO, CDC, Gavi and EMPHNET

Purpose: The consultative review followed the completion of a desk review, online survey and phone interviews, and country visits to Jordan, Tunisia and Sudan. The objectives of the consultative review were to:

- 1) Provide an opportunity for the participants to learn about the preliminary results and observations from the surveys, country visits and desk review and give them the chance to provide inputs;
- 2) Discuss the main trends, achievements and issues related to the role, dynamics and practices of private for-profit and nonprofit providers in routine immunization provision; and
- 3) Improve/ expand key recommendations and directions to enhance public-private collaboration and increase equitable access to vaccines and immunization in MENA countries.

Details: During the World Immunization Week (24-30 April 2019) under the overall theme of 'Protected together – Vaccines work', UNICEF and key partners drew attention to the shared responsibility for vaccination and the role of all stakeholders, including the private sector in improving immunization coverage and reducing disparities.

In this regard, the UNICEF Tunisia Country Office and Regional Office for the Middle East and North Africa (MENA), in collaboration with the Tunisia Ministry of Health and global partners organized a Regional Consultative Review on "Private Sector Engagement in Immunization". Thirty experts and participants from 7 countries participated in this event to discuss, exchange ideas and learn about effective means of engaging and optimizing partnerships with private health providers and entities to contribute to the attainment of the right of every child to a healthy and productive life.

This effort of building and enhancing public-private partnerships is particularly critical as a number of MENA countries continue to face prolonged conflict, economic turmoil and limited human and institutional capacity. They must explore innovative ways of reducing the burden on their health systems through regulating, integrating and expanding partnerships. As with the Sudan example and other MENA countries, ensuring effective public-private collaboration can help address service gaps and inequities. According to a recent publication in the [British Medical Journal Global Health](#), the private sector (for-profit and non-profit) contribute to 16 percent of administered doses of vaccines in Sudan. Private health providers have been especially critical in filling the gaps in government services in hard-to-reach or conflict-affected areas and among marginalized populations, and thus in reducing inequities in access.



Participants in the MENA regional consultative review

Workshop on capacity building of measles and rubella (MR) laboratory on developing national proficiency testing (PT) programme

[Sirima Pattamadilok](#), WHO SEARO

Location: VIDRL, Melbourne, Australia

Date: 13-17 May 2019

Participants: The workshop was attended by seven virologists from the measles and rubella (MR) laboratory network in WHO South East Asia Region (SEAR) who are responsible for developing national proficiency testing panels for monitoring the quality of the MR laboratory network in their country.

Purpose:

- To sustain the quality of the measles and rubella laboratory network in countries with multiple laboratories
- To build country capacity on developing a national proficiency testing programme by training key professionals from selected National Reference Laboratories from India, Indonesia and Thailand.

Details: Laboratory-supported surveillance is a critical component for the elimination/control of vaccine preventable diseases (VDPs). It is essential that all laboratories that are a part of the SEAR measles and rubella laboratory network must maintain their proficiency status to ensure accuracy and reliability of testing of specimens that ultimately lead to appropriate strategic and programmatic decisions. The laboratory quality management system (LQMS) is, therefore, very important for achieving good performance, using best technical and management processes.



Participants in the workshop on capacity building of MR lab on developing national proficiency testing programme

One of the key strategies to achieve the measles elimination and rubella/CRS control goal is to “develop and maintain an accredited measles and rubella laboratory network that supports every country or area in the Region”. All WHO accredited/proficient laboratories should pass the most recent proficiency testing, usually provided by WHO annually. Moving towards case-based surveillance for measles and rubella, the number of laboratories in the network has been increasing, from 23 laboratories in 2013 to 56 laboratories in 2019. The countries which have multiple laboratories to support case-based surveillance are India (25), Indonesia (7) and Thailand (14). Laboratories in these countries will need to build in-country quality assurance mechanisms to ensure that all laboratories are able to participate in PT panel annually to sustain the proficiency of the laboratory network in SEAR.

The workshop was held at The Victorian Infectious Diseases Reference Laboratory (VIDRL), Melbourne, Australia, in collaboration with WHO Measles and Rubella Reference Laboratory of WHO Western-Pacific Region (WPR).

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Resources

PAHO's Immunization Newsletter celebrates 40 years and is now available in Portuguese!

Cuahtemoc Ruiz Matus, Octavia Silva and Martha Velandia, PAHO-Washington, DC

May 2019 marks the 40th anniversary of the Immunization Newsletter! Started by Ciro de Quadros and PAHO's Expanded Programme on Immunization (EPI). The first issue of the Immunization Newsletter was published in English and Spanish in May 1979. Over the past decades, the Newsletter's audience has grown to reach 7,000 people across 138 countries all over the world.

Past and present

The late Luis Carlos Ochoa, chief of PAHO's Division of Disease Prevention and Control in 1979, introduced the then-named "EPI Newsletter" as a way for immunization nationals from the Region of the Americas to exchange experiences, knowledge and information. This continues to be the Newsletter's objective, with additional attention paid to technical excellence, information on all aspects of immunization programme implementation, and any noteworthy events and developments.

Over the last 40 years, the EPI Newsletter has changed its name, appearance, format and added languages for wider access and use. The title was changed to "Immunization Newsletter" in June 2005, and changes to the Newsletter's design were reflected in this issue and again in April 2013. French was added to the lineup of available languages in 2001, followed by Portuguese in 2019. Initially, the Newsletter was only physically published and mailed. Since email arrived at PAHO circa 1995 (anyone remember cc:Mail?), it has been emailed out as well.

Looking ahead

The editorial team is so grateful to all who have contributed articles to the Newsletter over the years - you are the reason the editors have been able to consistently put out issues for 40 years, and you have greatly contributed to the legacy that is the Immunization Newsletter. The Newsletter is, in fact, for you and by you.

For the future, we hope that the Newsletter will continue to share experiences from countries, document EPI developments in the Region, and provide a platform for those who have something they want to say on the topic of immunization. We hope that it continues to gain readers and strongly engages its current readers for many, many years to come.

If you would like to subscribe to the Immunization Newsletter, just send an email to [Octavia Silva](mailto:Octavia.Silva@paho.org) or [Martha Velandia](mailto:Martha.Velandia@paho.org).

To see past and current issues of the Newsletter, please [click here](#).



Measles and rubella elimination country profiles

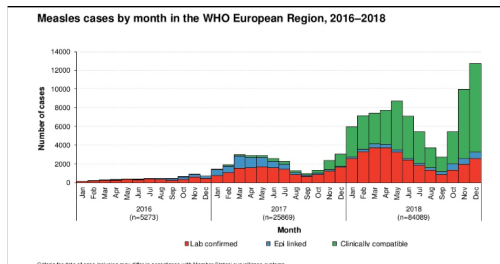
Catharina de Kat, WHO EURO

Conclusions and recommendations of the European Regional Verification Commission for Measles and Rubella Elimination, based on 2017 data submitted by national verification committees, are now summarized in [country profiles](#) for each of the 53 Member States of the European Region.



Monthly slide set: Measles and rubella update for the WHO European Region

Catharina de Kat, WHO EURO



The WHO EpiData series covering measles and rubella surveillance data for the WHO European Region now includes a [monthly slide set](#) that provides a regional overview of the latest data.

Community Monitoring of Individual Children's Vaccinations: Six Country Experiences

Michael Favin, The Maternal and Child Survival Program

The [report](#) details experiences with community monitoring of vaccination in Timor-Leste, India, Malawi, Zimbabwe, Nigeria, and Tanzania. Community monitoring efforts in these countries involve engaging communities to monitor every child's individual vaccinations, promote vaccination, and refer caregivers with under-vaccinated children, often supported by use of the My Village is My Home (MVMH) tool. The report highlights successes and explores both potential challenges and benefits for countries implementing community monitoring efforts. This resource is also available in French.



Manuel pratique pour la planification, la mise en oeuvre et le renforcement de la vaccination au cours de la deuxième année de vie (2YL)

Stephanie Shendale, WHO Headquarters



The French language version of the 2YL Handbook: [Manuel pratique pour la planification, la mise en oeuvre et le renforcement de la vaccination au cours de la deuxième année de vie](#) is now available online. Portuguese is underway and coming soon!

Ce document fournit des détails sur les étapes pratiques pour la planification, la gestion, la mise en oeuvre et le suivi de vaccination lors des visites prévues au cours de la deuxième année de vie (2YL). Il fournit également des mesures utiles pour renforcer la vaccination lorsque la couverture dans le 2YL n'a pas atteint les objectifs du programme. Il est conçu pour être utilisé avec les directives de l'OMS

« [Établir et renforcer la vaccination au cours de la deuxième année de vie : pratiques vaccinales au-delà de la petite enfance](#) »



Merci de diffuser largement !

For all tools and resources on immunization in the 2YL, please visit this [website](#).

Private sector engagement and contributions to immunization service delivery and coverage in Sudan – a paper reviewing the relatively well-established and formalized collaboration between the government and the private sector in immunization planning and service delivery in Sudan

[Nahad Sadr-Azodi](#), UNICEF

The global immunization community is increasingly urging countries to engage more closely with the private sector in coordinating, planning and monitoring immunization activities, particularly to reduce inequities in the availability of services between geographic areas and population groups and increase overall coverage of immunization services.

Given the prolonged conflict, economic turmoil and limited human and institutional capacity of the government, Sudan has explored innovative ways of regulating, integrating and expanding partnerships with private providers to deliver health and immunization services to inaccessible and difficult-to-reach populations. Overall, private/non-governmental health providers in Sudan administered approximately 16% of the third dose of pentavalent vaccine given to children in 2017.

In moving forward, ensuring effective public–private collaboration will become more critical to address service gaps and inequities especially as Sudan, with its projected income growth, is preparing to enter the accelerated Gavi transition phase, during which financial support will wind down.

This document is available at this [link](#).

Call for nominations

WHO Africa Regional Advisory Committee on Vaccine Safety

The WHO Regional Office for Africa is soliciting proposals for nominations for current vacancies on its Regional Advisory Committee on Vaccine Safety (RACVS). Nominations are required to be submitted **no later than 15 June 2019**. Nominations will be carefully reviewed by the RACVS membership selection panel which will propose the selection of nominees for appointment to the WHO Regional Director for Africa.

Applications can be submitted at this [address](#).

More information can be found at this [link](#).

The Terms of Reference of the Africa Regional Advisory Committee on Vaccine Safety can be found at this [link](#).

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Calendar

2019

May

29-31 WHO Executive Board Geneva, Switzerland

June

5-6 Global Advisory Committee on Vaccine Safety Geneva, Switzerland
11-13 Immunization Practices Advisory Committee (IPAC) Geneva, Switzerland
11-13 Regional Verification Committee Warsaw, Poland
11-14 AFRO East & South Sub-Regional Working Group meeting Nairobi, Kenya
17-19 AFRO Central & West EPI Managers' meeting Bangui, Central African Republic
17-21 WPRO Technical Advisory Group meeting Manila, Philippines
26-28 Product Development for Vaccines Advisory Committee (PDVAC) Geneva, Switzerland

July

7-9 EMRO Regional Working Group meeting TBD
8-12 SEARO Technical Advisory Group meeting TBD
9-11 25th Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases Colombia
30-1 Aug 12th African Rotavirus Symposium Johannesburg, South Africa

September

11-12 M&RI Partner Meeting Washington DC, USA
13-15 Asian Vaccine Conference (ASVAC) Yangon, Myanmar

October

8-10 Strategic Advisory Group of Experts (SAGE) on Immunization Geneva, Switzerland
21-23 20th DCVMN Annual General Meeting Rio de Janeiro, Brasil

November

26-28 Africa Regional Immunization Technical Advisory Group (RITAG) meeting Brazzaville, Republic of the Congo

December

4-5 Global Advisory Committee on Vaccine Safety Geneva, Switzerland

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](#)