

In this issue

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

News

- [Ghana Conducts an Expanded Programme on Immunization \(EPI\) Review and Develops a Revised Comprehensive Multi-Year Plan \(cMYP\)](#)

- [Characterization, Actions and Control of the Measles Outbreak in Bogota, Colombia](#)

Past meetings / workshops

Resources

Calendar

Links

News

WHO and RTS,S Malaria Vaccine Pilot Partners Honoured for Advancing Global Health Innovation

Kristen Kelleher, WHO Headquarters

The Global Health Technologies Coalition (GHTC) – a global group of research and development (R&D) organizations – recently honored partners that developed and are now collaborating on the pilot of the **world's first malaria vaccine** (RTS,S) with its *Partnership Award*. The annual award recognizes model public-private partnerships that advance innovation to solve global health challenges, such as malaria.

Dr Mary Hamel accepted the award on behalf of WHO and the Malaria Vaccine Implementation Programme, joining those involved in the discovery and development of the RTS,S vaccine – including representatives from PATH, GSK and the U.S. Department of Defense's Walter Reed Army Institute of Research (WRAIR).



Honorees with presenters, from left to right: Hon. Jimmy Kolker; Yvette Collymore, PATH; Dr Mary Hamel, WHO; Col Viseth Ngaui, WRAIR; Dr Opokua Ofori-Anyinam, GSK; and Jamie Nishi, GHTC. Credit: GHTC.

Members of the U.S. Congress, leaders of U.S. agencies, and more than 120 scientists, experts and advocates from the global R&D, malaria and immunization communities attended the ceremony in Washington, D.C. on 13 November.

In her event remarks, Dr Hamel said: “We have reached a critical period in malaria control. In the last three years progress has stalled, and it is particularly concerning that 10 African countries reported an increase in malaria cases between 2016 and 2017. It is an important time for new tools and this vaccine may be one of those tools.”

Dr Hamel thanked the U.S. government for their support of malaria control efforts, and encouraged their continued support of R&D.

The vaccine pilot will help us learn more about the public health use of the vaccine and will inform WHO recommendations on broader use of the vaccine in sub-Saharan Africa, she explained.

RTS,S is the first vaccine to reduce malaria in young African children. Thirty years in the making, the vaccine is now in pilot implementation in Ghana, Kenya and Malawi.

More:

Video: [Malaria Vaccine: 2019 Partnership Award Honoree](#)

Web: [Malaria vaccine implementation programme](#)

Ghana Conducts an Expanded Programme on Immunization (EPI) Review and Develops a Revised Comprehensive Multi-Year Plan (cMYP)

[Crepin Hilaire Dadjio](#) and [Pamela Mitula](#), WHO/IST West Africa

From 29 July - 2 August 2019 Ghana conducted a comprehensive EPI review in five regions, ten districts and 20 health facilities. Five field teams were deployed to observe 13 immunization sessions and interview 102 caregivers. The previous EPI review was conducted in Ghana in 2002.

The objectives of the 2019 review were to evaluate the progress of the country's EPI programme towards the global and national immunization and surveillance targets, to identify opportunities, gaps and challenges in the immunization/surveillance system, and propose strategies to address these challenges. The thematic areas reviewed were: Programme Management and Financing; Human Resources Management; Vaccine Supply, Quality and Logistics; Service Delivery; Immunization Coverage and Monitoring Surveillance of Vaccine-Preventable Diseases (VPDs) and Adverse Events Following Immunization (AEFI); and Demand Generation.

The review found that overall the EPI programme in Ghana is performing well and most childhood vaccine-preventable diseases have been conquered or drastically reduced. Specifically, Neonatal tetanus was eliminated in 2011; no wild Polio virus has been detected since 2008; no Measles-related deaths have been reported since 2003; and Pneumonia & Diarrhoea cases in children have been drastically reduced. Furthermore, the Inter-Agency Coordinating Committee (ICC) is functional with several partners and Non-Governmental Organizations (NGOs) playing critical roles in immunization.

However, the review highlighted the following areas that require attention:

- As of 24 December 2019, 11 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been notified;
- Delays in co-financing payments for vaccines persist;
- The Gavi Transition Plan remains to be finalized and implemented;
- The National Immunization Technical Advisory Group (NITAG) has only been recently established;
- Low immunization coverage was detected in hard-to-reach and some urban and peri-urban populations;
- Despite the existence of a social mobilization framework for routine immunization, many bottlenecks prevent its implementation, including inadequate human resource capacity, delayed responses to rumours and AEFIs, the limited disease specific foci of the risk communication strategy, and an outdated Advocacy, Communication and Social Mobilization/Social and Behavior Change Communication Plan.

These findings are being compiled into a final report that will feed into the development of the next cMYP (2020-2024), supported by the WHO Regional Office for Africa (WHO/AFRO) and the WHO Inter-Country Support Team for West Africa.



A nurse weighing a baby – Pictured during the recent EPI review in Ghana. Credit: [Mitula Pamela](#) (WHO/IST West Africa).

Characterization, Actions and Control of the Measles Outbreak in Bogota, Colombia

Rodrigo Rodríguez Fernández, Patricia Arce Guzmán, [Diane Moyano](#), Carolina García, Claudia García, Kimberly Piñeros, Jacqueline Jiménez, Juliana Damelines, Janeth Rueda, Carolina Peralta, Patricia Calderón, Liliana Lesmes, Olga Álvarez, Elizabeth Coy, [District Health Secretary, Bogota, Colombia](#).

In 2018, 208 cases of measles were confirmed in Colombia and as at epidemiological week (EW) 21 of 2019, a further 113 cases have been confirmed. Health authorities in the capital Bogotá have been involved in addressing the challenge in controlling the outbreaks in 2018 and 2019, including the analysis of epidemiological surveillance and laboratory data for 2018 and 2019. Epidemiological modeling has been used to estimate the expected and avoided cases taking into account population mobility and migration, among other parameters.

The outbreaks are associated with the migration of Venezuelans due to the humanitarian crisis and low vaccination coverage in Venezuela. The effective control of these outbreaks has been due to high coverage of residents aged between one and nine years and vulnerable groups by occupation, rapid response, focalized and intensive vaccination, direct communication strategies in priority sectors and intersectoral interaction. Even though circulation of the imported virus has been interrupted, the risk of importations from Brazil and other countries persists.

Past Meetings/Workshops

The Status of Verification of Elimination for Measles and Rubella in the Eastern Mediterranean Region 2019

Nada Salah, WHO Eastern Mediterranean Regional Office

Location: Amman, Jordan

Date: 15-16 May 2019

Participants: Members of the Regional Verification Commission, chairpersons of the National Verification Committee (NVC) of Bahrain, Iran and Oman

Purpose: Determining the status of measles and rubella elimination in the WHO Eastern Mediterranean Region based on the initial country reports and supporting documents prepared and submitted by the National Verification Committees (NVCs) of Bahrain, Iran and Oman

Details: The objectives of this meeting were to determine the status of measles and rubella elimination in the WHO Eastern Mediterranean Region based on the initial country reports and supporting evidence submitted by the National Verification Committees (NVCs) of Bahrain, Iran and Oman.



Group photo from the Regional verification committee for MR Elimination in the EMR

Based on the review of the country reports and on discussions held with the participants from the three respective countries during the RVC meeting, the RVC declared the elimination of both measles and rubella in Bahrain and Oman and the elimination of rubella in Iran.

The RVC convened its meeting again from 3 – 4 October 2019 in Tunis to review the reports submitted by Iran (measles), Egypt and Morocco (Measles and Rubella). Reviewing the status of progress towards the elimination of measles and rubella in these three countries, the RVC declared that the status of elimination of measles is verified in the Islamic Republic of Iran. However, according to the reports and supporting evidence submitted, verification of elimination of measles and rubella in Egypt and Morocco was not conclusive.

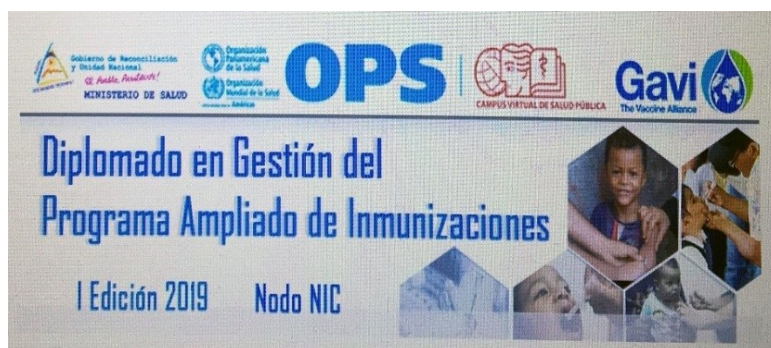
Course for Diploma in the Management of the Expanded Programme on Immunization

Jazmina Umaña, Ministry of Health, Nicaragua

Location: Managua, Nicaragua

Date: 10 October 2019 – 8 February 2020

Participants: Staff from the Expanded Programme on Immunization (EPI) of departments, and municipalities, as well as EPI surveillance personnel, in Nicaragua; PAHO/WHO Representative Ana Solís-Ortega Treasure; Director General of Public Health Surveillance in the ministry of health Dr Martha Reyes



Website for the course for diploma in EPI management, Nicaragua module.

Purpose: Update and strengthen the knowledge of the personnel of the Local Integrated Health Systems (SILAIS in Spanish) of each department and municipality of the country, who carry out immunization actions



Participants from course for diploma in EPI management in Nicaragua, October 2019. Credit: Jazmin Umaña.

Details Maintaining achievements in health and strengthening the technical capabilities of health personnel is an important priority for the ministry of health, so they have developed a diploma in Management of the Expanded Programme on Immunization (EPI) to achieve maximum performance, quality and impact of health personnel and thus contribute to the welfare of the population and universal health coverage.

The EPI is an emblematic programme of the ministry of health, which tries to maintain a basic vaccination schedule to protect the population against 16 vaccine-preventable diseases.

PAHO offers technical cooperation, regulatory guidance and promotes the skills of those who make up the programme to effectively manage the EPI on crucial issues such as: planning, follow-up strategies to reach unvaccinated people, cold chain management, maintenance of adequate records, monitoring and evaluation strategies, as support to the ministry for the fulfillment of its objectives and goals.

The course for the diploma was developed in the Platform of the Virtual Campus of Public Health (CVSP) for Nicaragua with collaboration from Gavi, PAHO and the BIREME Alliance (Latin American and Caribbean Center for Information on Health Sciences).

Sixteenth Annual Meeting on Surveillance, Preparedness and Response to Meningitis Outbreaks in Africa & 6th Meeting of MenAfriNet Partners

Crepin Hilaire DADJO, WHO/IST West Africa; André BITA, WHO/AFRO, Anderson LATT, WHO/WHE Dakar Hub, Ado BWAKA, WHO/IST West Africa, Mamoudou DJINGAREY, WHO/AFRO, Richard MIHIGO, WHO/AFRO

Location: Yaoundé, Cameroon

Date: 22-24 October 2019

Participants: 130 participants representing 17 countries from the meningitis belt (Benin, Burkina Faso, Cameroon, Central African Republic, China, Congo, Democratic Republic of Congo, Ethiopia, Gabon, Gambia, Ghana, India, Kenya, Mali, Mauritania, Niger, Nigeria, Senegal, Sudan, Togo) – Partners represented included WHO (all levels) UNICEF (all levels), CDC, CDCF, Gavi, Davycas International, Path, AMP, Serum Institute of India (SII), University of Oxford, University of Nebraska, Norwegian Institute of Public Health NIPH/OSLO, Epicentre-MSF, Medecins sans Frontieres (MSF), Sanofi Pasteur, Walvax, ZHIFEI Biological Products Co.Ltd, Icadec.



Purpose:

- To review the meningitis epidemiological situation, the surveillance and the response to meningitis outbreaks in Africa in 2019 and to set the priorities for future interventions
- Assess the progress and define the way forward for the introduction of MenAfriVac® vaccine through preventive vaccination campaigns and routine immunization
- Assess the performance of the implementation of MenAfriNet Phase II.

Group photo with the Secretary of State for Health in charge of epidemics and pandemics of Cameroon (in the middle, first row), the WHO Representative. on his right (red tie) and on his left, the US Ambassador (green tie). Credit : Davycas International

Details: Meningitis disease occurs worldwide, with the highest incidence of disease found in the 'meningitis belt' of sub-Saharan Africa. Following the introduction of MenAfriVac vaccine in the African meningitis belt in 2010, with the vaccination of more than 300 million people in 24 countries to date, *Neisseria meningitis A* epidemics have been eliminated.

During the Yaoundé meeting, eight sessions were held on surveillance, data management, laboratory, case management, follow-up of meningitis survivors, and preparation and response to meningitis outbreaks in 2020. The meeting also provided an opportunity to review countries' meningitis preparedness and response plans for the 2019-2020 epidemic seasons. As an innovative step in the meeting, 15 fifteen abstracts from countries and WHO/AFRO were posted and the authors presented their findings. One meningitis survivor from Niger made an emotional testimony on the story of her disease care and support received to alleviate her sequela, with contributions from two non-governmental organizations.

Participants expressed their full satisfaction with the meeting and some recommendations were adopted to reinforce surveillance, laboratory confirmation, communication, data management, resource mobilization, IPC (infection, prevention and control), coordination, monitoring and evaluation, case management - including for survivors, and preparation and response to meningitis outbreaks in 2020. Participants reaffirmed their commitment to the Global Roadmap to Defeat Meningitis by 2030.

Adaptation of the Reaching Every District (RED) Guide and Coverage and Equity Assessment Workshop

Crepin Hilaire Dadjo, WHO/IST West Africa; José Biey, WHO/IST West Africa and Gilson Paluku, WHO/IST Central Africa

Location: Douala, Cameroon

Date: 12-16 November 2019

Participants: 30 participants, including EPI Managers from eight countries (Burundi, Chad, Cameroun, Central African Republic, Congo, DRC, Gabon, Equatorial Guinea), Immunization Focal Points of Unicef and WHO and staff from WHO/IST (Inter-Country Support Team) West Africa, WHO/IST Central, WHO/HQ, UNICEF/WCARO and CDC who acted as workshop facilitators.



Purpose: To orient participants on the revised RED guide (2017) and the Coverage and Equity Assessment (CEA) tools and to provide participants with the knowledge and skills to effectively support national immunization programmes to increase coverage and equity

Group photo with the Regional Health Delegate of the Littoral (3rd from left, first row) and WHO Representative sitting on his right. Credit: CHDadjo/WHO

Details: Following the Adaptation of the RED Guide and Coverage and Equity Assessment Workshop held for countries in the WHO/IST West group in Lomé, Togo (14-18 October 2019), a similar meeting gathered countries from the WHO/IST Central group in Douala (Cameroon).

The eight chapters of the revised guide along with 22 tools (optional ones included) were presented together with the Coverage and Equity Assessment Tool. Panels were organized to allow countries to share their experiences on different topics including integration of services, vaccination in the second year of life, supervision, community engagement, monitoring of immunization in conflict zones, and funding for non Gavi-eligible countries. Enough time was allocated for countries to customize the narrative and generic tools based on their specific needs.

The workshop was officially opened by the Regional Health Delegate of the Littoral in the presence of WHO Representative.

Next steps include a debriefing on the content and outcomes of the meeting to the health authorities of the participating countries, the finalization of the RED Guide, resource mobilization, training, microplanning and implementation, and monitoring and evaluation of the plans to increase coverage and equity in the countries.

The Dominican Republic Introduces Vaccination with the DTaP Vaccine (diphtheria, tetanus and acellular pertussis) Among Pregnant Women to Improve the Protection of Newborns and Infants not yet Vaccinated, Contributing to Interruption of the Pertussis Outbreak in the Country

Zacarías Garib, Patricia Grullón, and Aida Lucia Vargas, Ministry of Public Health, Dominican Republic, and [Yenny Rocio Neira](#), PAHO/WHO-Dominican Republic

Location: Santo Domingo, Dominican Republic

Date: 26 November 2019

Participants: Zacarías Garib, Patricia Grullón, Aida Lucia Vargas, Yenny Rocio Neira

Purpose: Vaccinate pregnant women from the 27th week of gestation to prevent pertussis among newborns and infants.

Details: The Dominican Republic initiated vaccination against diphtheria, tetanus and acellular pertussis of pregnant women starting the 27th week of gestation in 17 of the 40 provinces of the country, with the main objective of reducing pertussis cases among newborns and infants. This measure was intended to benefit 20,086 pregnant women from October to December 2019. The decision to initiate vaccination in these provinces is given as part of the interventions carried out in response to the pertussis outbreak observed since 2018, during which 147 probable cases of pertussis including two deaths were reported vs. 47 cases reported in 2017.

Currently, from epidemiological week one to 44 of 2019, 118 cases of pertussis, including three deaths, have been reported vs. 119 cases reported in the previous year for the same period. The highest number of cases is observed in the province of Santo Domingo, followed by San Cristóbal and the National District.

Prior to the start of vaccination, 19 training workshops were conducted for 795 health workers including EPI managers, those responsible for vaccination services, general practitioners, obstetricians, pediatricians, nurses and health promoters.



Introduction of vaccination with the DTaP vaccine among pregnant women. Source: EPI, Ministry of Public Health, Dominican Republic.

Training of WHO EPI Focal Points on the Use of New WHO Guidelines for Post-measles/rubella Vaccination Campaign Coverage Surveys

David Koffi, Cabinet d'Appui au Développement Sanitaire (ADS-Consulting)

Location: Grand Bassam, Côte d'Ivoire

Date: 9-14 December 2019

Participants: Eight WHO EPI country office staff from Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Guinea, Mali and Senegal. Facilitation by ADS-Consulting staff.

Purpose: To strengthen the capacities of WHO staff to support countries in conducting high quality post-campaign coverage surveys (PCCS) in accordance with the current [WHO guidelines](#).

Details: Almost five years after the publication of the new WHO guidelines for vaccination coverage surveys, these guidelines are still not well understood and used, and sometimes poorly accepted as an opportunity to carry out quality surveys. ADS-Consulting, in coordination with WHO and as an expanded partner of Gavi, has embarked on a project aimed to increase the number of professionals with proven skills who can help to carry out quality vaccination coverage surveys using these new guidelines.

The training conducted enabled the participants to master the different moments of the planning and implementation of a post-campaign vaccination coverage survey (PCCS) with a particular focus on the following: establishment of survey management entities, formulation of essential questions, setting inferential objectives, calculating the sample size, selection procedures (clusters, households and eligible persons), training staff, organizing data collection in the field, managing data, calculating weights, data analysis, writing and presenting the report.

Participants also learned how to use the computerized tool, developed by ADS-Consulting, to calculate and link the sample size, the components of implementation as well as the budget.

At the end of the training, the participants recommended that immunization partners:

- Carry out high-level advocacy to support post-campaign vaccination coverage surveys that rigorously respect the new guidelines;
- Develop a standard evaluation tool for vaccination coverage surveys;
- Organize a follow-up training session specifically dedicated to data analysis;
- Allow all WHO EPI focal points to participate in this type of training.



Group photo from the training on the use of new WHO Guidelines for post-MR Vaccination campaign coverage surveys.

First Consultation for the Development of the New Information System for Epidemiological Surveillance of Vaccine-Preventable Diseases in the Americas Region

Martha Velandia, Claudia Ortiz, Paola Ojeda, PAHO-Washington, DC

Location: Washington DC, USA

Date: 10-11 December 2019

Participants: Twenty participants representing fourteen countries of the Region and the Caribbean Subregion (Argentina, Brazil, Chile, Colombia, Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, and Peru).

Purpose: To define, analyze and document the main requirements for the development of a web-based surveillance system.

Details: All countries in the Americas carry out epidemiological surveillance of vaccine-preventable diseases (VPDs), and PAHO's Comprehensive Family Immunization Unit (FPL/IM) collects information on epidemiological surveillance for VPDs in 21 countries and the Caribbean subregion.

From 10-11 December 2019, the first consultation was carried out to learn the current state of information systems for epidemiological surveillance for fourteen countries of the Region, and the requirements to implement a web-based surveillance system for VPDs.

Participants described data flows for VPD epidemiological surveillance in their countries and contributed to three working groups that discussed the following: 1) characteristics of an information system for ideal epidemiological surveillance; 2) variables that are used in their countries for measles and; 3) variables that are used in their countries for acute flaccid paralysis. After this, they defined some possible reports that they would like the new information system for epidemiological surveillance to have.

Preliminary conclusions of the first consultation for the development of the new information system for epidemiological surveillance of VPDs were: 1) consider the characteristics of the current ISIS information system, which have been useful in the last decade; 2) note the importance of continuing to update the information system to have better data availability and better data quality; 3) continue consulting with countries to build a strong information system that facilitates sending and collecting data, to have quality analysis and better decisions.

This consultation workshop was the first one organized by PAHO, however, it is necessary to continue collecting information so that the new information system for epidemiological surveillance responds to the information needs of countries and regional and global levels.

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Communications Workshop for Journalists from Burkina Faso on Immunization and Public Health Emergency Response

Crépin Hilaire Dadjou, Communications Officer, WHO/IST West Africa

Location: Ouagadougou, Burkina Faso

Date: 12-14 December 2019

Participants: 34 people including 19 representatives of different media outlets (television, radio, written and online press) from the following ten localities: Dedougou, Diapaga, Djibo, Dori, Gorom Gorom, Kaya, Koudougou, Ouagadougou and Ouahigouya.

Facilitators were from WHO/Burkina Faso; WHO Inter-Country Support Team for West Africa; Direction of Communications of MoH; National EPI Staff; Centre of Public Health Emergency Operations Response (CORUS), and the Department of the Population Health Protection/MoH.



Purpose: To brief journalists on the basics on immunization and how to report on public health emergencies; establish a forum for EPI staff in the Public Health Emergencies Team and journalists; and run a simulation exercise.

Group photo of Participants with facilitators and the Secretary General and Director General of Public Health of the MoH of Burkina Faso (in the middle) – Credit Photo (Gnanou/MoH Burkina)

Details The basics of immunization and public health emergency response were explained to the journalists. In particular, they learnt the history of how immunization was discovered, how smallpox was eradicated and the establishment of the EPI programme all over the world. The different types of vaccines were explained, as well as the difference between routine and mass vaccination, the issue of AEFIs, vaccination schedules and immunization targets, being an “Immunization Champion”, how rumours can negatively impact immunization coverage and the specific performance and challenges currently faced by the EPI Programme in Burkina Faso.

Regarding the public health emergency response, journalists were introduced to the fundamentals of epidemiology, the definition of a “public health emergency”, and an explanation of “emerging diseases”. They were appraised of the International Health Regulations (IHR) 2005, the perception of risk by communities and experts, how to obtain information during an emergency situation and the roles of WHO in emergency response.

The simulation exercise that was run on the final day of the workshop marked a key moment as it brought the participants together to produce seven different reports (in radio, written press and a video footage) that were all discussed and amended during a plenary session.

It was agreed to establish a WhatsApp group to provide a free forum to continue the discussions and improve cooperation between the media, the MoH and WHO in Burkina Faso.

Resources

Transforming Dialogue on Immunization

A package for Interpersonal Communication for Immunization launched in Arabic, English and French

Suleman Malik, Communications for Development Specialist, UNICEF NY

Evidence shows that immunization-related barriers are context specific: but one common bottleneck relates to the way health workers engage and communicate with caregivers. For the first time in immunization, nine partners joined hands for a global initiative to design a package for Interpersonal Communication for Immunization (IPC/I) to guide countries in workforce capacity building in interpersonal communication (IPC), counselling and community engagement. These nine partners are BMGF, CDC, Emory University, GAVI, Johns Hopkins Center for Communication Programmes, International Pediatric Association, JSI, Maternal and Child Survival Programme, WHO and UNICEF.

The package developed offers an engaging training experience through 11 offline and online resources, that include a Facilitator Guide, Participant Manual and a Supportive Supervision Guide to train supervisors to improve their mentorship in supporting frontline workers to provide high quality IPC/I.

The package also includes a series of edutainment films and audio job aids on effective IPC practices that reinforce key behaviors through different scenarios, informative reference cards for frontline workers to use while counselling caregivers, a list of frequently asked questions, and self-assessment checklists. The package is available in English, Arabic and French, and is hosted on a dedicated [website](#) and a mobile application “[ipc for immunization](#)”, available for [Apple](#) and [Android](#). The package can be used in pre-service, in-service, or on-the-job training.

With a vision to build and strengthen regional and national institutions to design and deliver effective interpersonal communication trainings for frontline workers to link immunization services with community demand in priority countries, 79 UNICEF and Ministry of Health immunization staff from 21 countries have been empowered to design, roll out and conduct IPC trainings.

Drawn from 13 countries, 37 participants joined the first global IPC Training of Trainers and Action Planning for Priority Countries workshop from 30 July-3 August 2019, in Bangkok, Thailand. They familiarized themselves with the IPC resources for the first time, practiced two rounds of teaching sessions, and developed their national IPC action plans.



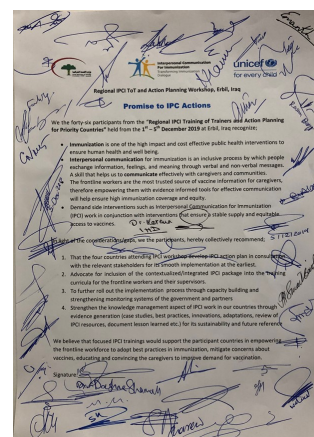
Global IPCI ToT and Action Planning for Priority Countries, 30 July-3 August 2019, Bangkok,



Regional Workshop on Health - a Training of Trainers on Interpersonal Communication for Immunization, 1-5 December 2019, Erbil, Iraq.”

tended the workshop.

For the first time in 20 years, the MoH in Iraq hosted the Regional Interpersonal Communication for Immunization (IPC/I) Training of Trainers and Action Planning Workshop from 1-5 December 2019, in Erbil, Iraq. Participants from Lebanon, Libya, and Yemen, along with MOH, WHO, Academia and UNICEF Iraq, at-



Promise to IPC Actions.

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WHO/Europe Methodology Identifies Causes of Low Vaccination Uptake to Help Protect Health for All

[Catharina de Kat](#), WHO Regional Office for Europe



Under-vaccination can lead to outbreaks of dangerous vaccine-preventable diseases. A newly revised [WHO/Europe Tailoring Immunization Programmes](#) approach provides expanded guidance for identifying reasons why some people are not vaccinated and on tailoring interventions to remove the barriers they face. The aim is that everyone has equitable access to the health protection offered by vaccines.

Report of the 33rd Meeting of the European Regional Commission for Certification of Poliomyelitis Eradication (RCC)

[Catharina de Kat](#), WHO Regional Office for Europe



The [33rd Meeting of the European Regional Commission for Certification of Poliomyelitis Eradication](#) (RCC), held on 28-29 May 2019, reviewed annual updates submitted by the Member States of the WHO European Region on the status of the national polio eradication programme in 2018. Based on available evidence, the RCC concluded that there was no wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV) transmission in the WHO European Region in 2018. The RCC also concluded that Bosnia and Herzegovina, Romania and Ukraine remain at high risk of a sustained polio outbreak in the event of importation of WPV or emergence of cVDPV due to suboptimal programme performance, particularly low population immunity.

Routine Immunization Country Profiles for the 53 Member States of the European Region

[Catharina de Kat](#), WHO Regional Office for Europe



[Summaries of routine immunization and vaccine-preventable diseases surveillance data for all countries in the European Region](#) are now available. These summaries are based primarily on data for 2017 submitted in 2018 through the WHO/UNICEF Joint Reporting Form on Immunization and show countries' progress towards achieving European Vaccine Action Plan goals.

Report of the 8th Meeting of the European Regional Verification Commission for Measles and Rubella Elimination (RVC)

[Catharina de Kat](#), WHO Regional Office for Europe



The European Regional Verification Commission for Measles and Rubella Elimination (RVC) met on 12-14 June 2019 in Warsaw, Poland. It concluded that, as of the end of 2018, 37 Member States provided evidence to demonstrate that endemic transmission of measles had been interrupted, and 42 Member States provided evidence that endemic rubella transmission had been interrupted. Due to continuous transmission of measles in 2017 and 2018, the RVC concluded that measles transmission had been re-established in four countries that had previously eliminated endemic measles transmission. The report is available at this [link](#).

Report Card on Efforts to Prevent Global Pneumonia and Diarrhoea Deaths in Children Finds Stalled Progress

[Molly Sauer](#), International Vaccine Access Center, Johns Hopkins Bloomberg School of Public Health

The [10th annual Pneumonia & Diarrhea Progress Report Card](#) from the International Vaccine Access Center highlights increases in immunization coverage—but a universal failure to meet targets across 23 countries with the greatest burden of disease.

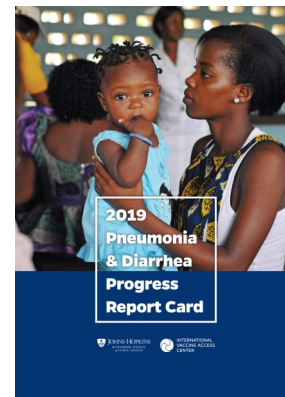
Globally, pneumonia and diarrhoea led to nearly one of every four deaths in children under five years of age in 2017. Released on World Pneumonia Day, the 2019 Pneumonia & Diarrhea Progress Report Card by the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health describes progress in fighting pneumonia and diarrhoea in countries with the highest absolute number of deaths and, for the first time, in countries with the highest rates of deaths from these illnesses.

This report analyzes how effectively countries are delivering ten key interventions to help protect against, prevent, and treat pneumonia and diarrhoea.

This year's report card finds health systems are falling short of ensuring the world's most vulnerable children have access to prevention and treatment services in the 23 countries that together account for 75% of global pneumonia and diarrhoea deaths in children under five. It describes progress in fighting pneumonia and diarrhoea in countries with the highest absolute number of deaths and, for the first time, in countries with the highest rates of deaths from these illnesses.

The report notes progress in Pakistan, which recently introduced rotavirus vaccine into its immunization programme, as well as in Nigeria, Indonesia, Angola, and Côte d'Ivoire.

The report card concludes that progress continues slowly with only a few of the 23 countries in the analysis positioned to meet GAPPD (Global Action Plan for Pneumonia and Diarrhoea) targets by 2025. Better data are still needed to track equitable access in the countries. The global community must increase investment and support countries in developing smart, sustainable strategies that close gaps and accelerate progress.



Power Quality Challenges in Low and Middle Income Countries (LMICs) - Data and Analysis

[Brian Pal](#), The Global Good Fund I, LLC / Intellectual Ventures

Poor power conditions are a major challenge to maintaining the vaccine cold chain in many LMICs, necessitating the development of specialized cold chain equipment (CCE) such as ice-lined refrigerators (ILRs) and solar direct drive (SDD) refrigerators to help keep vaccines at safe temperatures in areas with limited or no mains power. Even in places with an electrical grid connection or a generator, intermittent power can lead to ILRs failing to maintain a safe temperature, and erratic voltages can damage many types of medical devices and equipment. Despite these well-known issues, to date, data on power conditions in LMIC health facilities have been largely anecdotal or small-scale, which impedes evidence-based policymaking.

To quantify power availability and quality challenges, Global Good – in close partnership with Nigeria's National Primary Health Care Development Agency (NPHCDA) and Kenya's National Vaccines and Immunization Programme (NVIP) – has compiled an analysis of mains power data reported over nearly 18 months by WHO-prequalified ILRs operating in health facilities across Kenya and Nigeria. This analysis, co-authored by NPHCDA and NVIP officials, is based on approximately 96,000 facility-days of mains power data collected over a nearly 18-month period from ILRs operating in more than 300 health facilities spanning both countries. A few of the topics covered in detail in the analysis are:

1. A majority of facilities in both countries experienced extended power interruptions.
2. Voltages fluctuate significantly, and voltage stabilizers can increase the 'usable power' availability at many health facilities.
3. Damaging high voltage events are common and can persist for extended periods, highlighting the need for adequate voltage protection.

To download, please click on this [link](#) (PDF 4.5MB). We hope this analysis will prove valuable for specifications- and standards-setting bodies, equipment designers, and the governments and agencies that finance and procure priority medical equipment destined for use in LMIC health facilities.

Calendar

2020

February

4-5	Gavi High-Level Review Panel (2018 HSIS performance and 2020 renewal requests)	Geneva, Switzerland
11-13	SEARO & WPRO Regional Working Group meeting	Siam Reap, Cambodia
24-25	Global NITAG Network Meeting	Atlanta, USA

March

10-12	Global Vaccine and Immunization Research Forum (GVIRF)	Seoul, Korea
18-19	Gavi Board Meeting	Geneva, Switzerland
23-25	EPI Managers' meeting for East and South African countries	Addis Ababa, Egypt
25-27	Immunization Programme Managers Meeting for the European Region	Istanbul, Turkey
31Mar-2Apr	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland

April

28-30	Future Forum for Vaccination Demand	London, UK
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May

3-4	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
17-21	World Health Assembly (WHA)	Geneva, Switzerland
26-27	Gavi Programme and Policy Committee (PPC)	Geneva, Switzerland

June

3-4	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
22-26	18th Global Measles and Rubella Laboratory Network Meeting	TBD
30-2Jul	Africa Regional Immunization Technical Advisory Group (RITAG) meeting	Brazzaville, Congo

July

7-8	Gavi High-Level Review Panel (Vaccine doses for 2021 - all countries)	Geneva, Switzerland
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August

25-27	14th International Rotavirus Symposium	New Delhi, India
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