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World Polio Day in the Americas: We Won't Stop until It's Done

Ana Elena Chévez, Lauren Vulanovic, and Eduardo Rivero, PAHO-Washington, DC and Elizabeth Thrush, UN Foundation

The United Nations Foundation (UNF) and the Pan American Health Organization (PAHO) held a celebration at UNF on 21 October 2019, to celebrate World Polio Day and simultaneously, honor the 25th anniversary of the certification of the Americas as polio-free. Public health professionals, immunization experts and representatives of various partners – who for decades contributed to the fight against this disease – participated in the event.

- UNF's Deputy CEO, Ambassador Elizabeth Cousens, opened the ceremony, congratulating PAHO and all the countries of the Americas for maintaining polio-free status for more than a quarter of a century and stated: "The UN Foundation is proud to work with all partners to support the Global Polio Eradication Initiative. We will continue to advocate for the polio resources needed until the job is done, and no child will ever have to fear polio again."

Celebrating 25 years of Polio Status in the Americas



Amb. Elizabeth Cousens, UNF. Credit: UNF.

Celebrating 25 years of Polio Status in the Americas



Amb. John Lange, UNF. Credit: UNF.

Ambassador John Lange, Senior Fellow at UNF, recalled, "This success has been led by the five core partners –WHO, UNICEF, CDC, BMGF, and Rotary International – along with governments from donor and affected countries, other civil society organizations, and many others." In another part of his speech he stressed that polio eradication was one of the first priorities of the UN Foundation, stating "UNF made its first grant to GPEI in 1999 and is proud to have been a founder of the Polio Advocacy Group in the year 2000."

Dr Ana Elena Chévez, PAHO regional advisor and leader of the polio programme in the Region, recapitulated the process that PAHO Member States followed to achieve and maintain polio elimination in the Region for almost 30 years and recalled, "As long as there is still one case of polio in the world, the risk persists, so it is necessary that the Americas, amidst this celebration of accomplishment, does not become complacent." She concluded, "We are proud of these 25 years, but we won't stop until it's done. We won't stop until every child, in every corner of the world, can live in a polio-free world."



Dr Ana Elena Chévez, PAHO. Credit: UNF.



Mike McGovern, Rotary. Credit: UNF.

In his speech on behalf of Rotary International, Mr Mike McGovern, referred to the achievements and the challenges that remain, "Everyone is working to get this done. We had a few setbacks, but I'm still confident we are going to get this done[...]. We are going to make sure that we not only eradicate polio, but that we sustain a polio free world."

To conclude the ceremony, Dr Jon Andrus, former Deputy Director of PAHO and professor at the Colorado School of Public Health, recalled the great figures of eradication and said, "These heroes left us a legacy of leadership that went well beyond the success of polio eradication. However, I want to make it clear that the real heroes are the women and men who work day-to-day in the field, at the point of service, who provide the necessary actions to eradicate polio, but also strengthen other essential immunization services."



Dr Jon Andrus. Credit: UNF.

In the Region of the Americas, nine out of 10 children receive the first dose of the polio vaccine, however, only 87% complete the third dose. According to PAHO estimates, around four million children in the Region live in municipalities with medium and high risk of polio.

WHO AFRO and EMRO joint efforts to stop circulating vaccine-derived polio virus type-2 (cVDPV2) transmission in the Horn of Africa (HOA) 2019

Chukwuemeka Agbo and Carolyne Gathenji, World Health Organization Headquarters

The ongoing cVDPV2 outbreak in the Horn of Africa on the Somalia and Ethiopia border is a public health emergency. While some Somali clans in border communities share the same culture, norms, and religion, the area is characterized by having porous borders, a formal and informal mobile population, insecurity and low immunization coverage. The first case of cVDPV2 was reported in April 2019 in Las Anood in Somalia. By mid-August 2019 a total of six cases had been reported in both countries. Four broad steps were used by the two WHO Regional Offices, EMRO and AFRO, with other GPEI Partners, to respond to the outbreak.



Cross-border coordination of vaccination teams from Ethiopia and Somalia

Firstly, a joint risk assessment was conducted to determine the scope of the outbreak and plan for three outbreak response campaigns. The target population was approximately 1.1 million and 586,511 children under five years in Somalia and Ethiopia respectively.

Secondly, two synchronized cross-border operational micro-planning and coordination meetings were held for field staff in Somalia and Ethiopia in June and July 2019 respectively. A3 printed maps with all communities in the border districts were used to facilitate the process, supporting team work to mobilize and vaccinate children across borders.

Thirdly, a joint advocacy effort and launch of the campaign between Ethiopia and Somalia was carried out on 17 August 2019, with the participation of high level stakeholders from both government and partner institutions, religious and clan leaders, and women's groups.

And lastly, three synchronized outbreak response campaigns were conducted between May to September 2019 prioritizing high-risk populations, active surveillance and re-enforcing routine immunization. The quality of the [campaign](#) was enhanced through real-time monitoring and feedback to the operational level for timely revaccination and mop-up in poorly performing areas. Post campaign coverage assessments of all three rounds indicated that in Ethiopia Round-Zero was 91%, Round-1 was 86.5% and Round-2 was 97%; while for Somalia, Round-Zero was 92%, Round-1 was 95.9% and Round-2 was 98.7%. Less than 3% of children were missed in the border areas in all rounds.

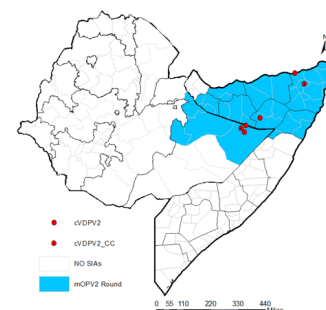
Rotarix® Multi-Monodose Blow-Fill-Seal (BFS) Tube

[Tathyana Christiano Giannotti](#), Shailesh Mehta, Ved Singh, GSK

Given the increase in the number of vaccines delivered through the World Health Organization (WHO) Expanded Programme on Immunization (EPI), Gavi, the Vaccine Alliance, has projected that the cold chain capacity will need to be increased fourfold by 2020.

With a new presentation of [Rotavirus vaccine known as BFS \(Blow-Fill-Seal\) tube](#) being introduced by Myanmar in Q1 2020, new considerations for programmatic suitability of vaccines will certainly emerge in the light of potential cold chain volume and transportation costs, especially in low resource settings.

The new presentation of rotavirus vaccine is a liquid, multi mono-dose tube. Each tube contains 1.5 ml of Rotarix® oral suspension, equivalent to a single dose. This presentation, which contains five single doses connected by a bar with a single VVM and 10 strips per package, results in a 30% reduction of cold chain volume which will have in turn result in a reduction in cold chain and transportation costs. More information on the new presentation can be found on the GAVI website on the [Rotavirus Vaccines Profile \(pages 12 and 16\)](#). More information (training slides, leaflet, video in English and shortly in French) will soon be available on the WHO [training](#) site.



Map showing districts for cVDPV2 outbreak response campaigns in Ethiopia and Somalia



Rotavirus vaccine known as BFS (Blow-Fill-Seal) tube

Joint National and International Expanded Programme on Immunization (EPI) and Vaccine Preventable Disease Surveillance (VPDS) Review in Maldives

18-27 August 2019

Shushil Pant and Sigrun Roesel, World Health Organization South-East Asia Regional Office (WHO SEARO)

The review highlighted that the Maldives has had a very strong immunization programme for several decades. It has been among the earliest countries in the South East Asia Region to verify the elimination of maternal and neonatal tetanus, reach polio eradication, verify the elimination of measles and reach rubella control. The Maldives has an exemplary hepatitis B vaccination programme and the government has recently invested in the introduction of HPV vaccine. The elimination of malaria and recent certification of the elimination of HIV and syphilis mother-to-child transmission are also impressive achievements. Overall, the health programme of the Maldives is remarkable for its reach to the island level.

The review noted the extremely high commitment of health care workers, and a very positive attitude among most of the population towards vaccination. However, several challenges, some of them longstanding, exist that need to be addressed immediately and comprehensively to protect the long-term quality of the programme. These mainly refer to funding for immunization, development of human capacity and enhancing monitoring and evaluation.

Key recommendations from the review included the suggestion to review the funding allocation to the immunization programme, taking into account the need to protect current investments in immunization through supervision and monitoring activities and to consider establishing a line item for immunization in the national budget.

The review highlighted the necessity to significantly expand the capacity of staff at central level with trained data managers or epidemiologists for surveillance, public health communication specialists and dedicated training coordinators, focused on in-country training.

In the existing health delivery setting, it will be critical to coordinate training and supervision with other programmes and communicate from the senior level to health staff the need for changes in work practices.

Recommendations from the review will support the Maldives vision of 2020: Year of Public Health.



Members of the Joint EPI and VPDS review

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Past Meetings/Workshops

2019 Measles & Rubella Initiative (M&RI) Partners' Meeting: "Measles Moves Fast, We Must Move Faster"

James Noe, American Red Cross

Location: Washington, DC, USA

Date: 11- 12 September 2019

Participants: 105 participants representing 32 organizations actively working towards preventing measles and rubella disease globally. Organizations represented included M&RI founding partners -- American Red Cross, the Centers for Disease Control (CDC) and Prevention, the United Nations Foundation, UNICEF, World Health Organization – and other organizations including the Bill and Melinda Gates Foundation (BMGF), Gavi the Vaccine Alliance, the Taskforce for Global Health, India Ministry of Health and Family Welfare, John Snow, Inc, LDS Charities of the Church of Jesus Christ of Latter Day Saints, Lions Club International, Medecins Sans Frontieres, Ministry of Health & Social Protection of Colombia, Ministry of Public Health Madagascar; Pan American Health Organization, Philippines Red Cross, Serum Institute of India, as well as concerned individuals.



2019 Measles & Rubella Initiative Partners Meeting (Michael McColpin/United Nations Foundation)

Purpose: The 2019 Measles & Rubella Initiative Partners' Meeting focused on the situation and challenges related to the current global increase in measles cases and how the M&RI partnership and its supporters can better address issues related to the outbreaks.

Details: The meeting was hosted by the American Red Cross at its National Headquarters in Washington, DC. Day one began with a panel discussion by the leadership from the five founding partners and Gavi. The panel members shared their perspectives, demonstrating and renewing their commitment to protecting children and communities against measles and rubella. Other highlights of the day included a keynote address by Dr Jeffrey Koplan (former Director of the CDC) looking back at his career within vaccination programmes and some of the root causes of vaccine hesitancy. Additionally, country level experiences during the recent measles outbreaks in Columbia, Madagascar, the Philippines, and the U.S. were shared, with a focus on improving routine immunization systems. Participants also discussed progress in the development of a rapid diagnostic test for measles, and the future direction of global immunization work, including the vision of Gavi and the BMGF. M&RI shared their draft strategic vision post 2020 and solicited comments from participants. Anyone interested in providing feedback on the strategic framework is welcome to do so via this [link](#).

Highlights of the second day included an opening address by Dr Julie Hall from the International Federation of the Red Cross/Red Crescent on support for measles outbreaks in complex settings; an update by Dr Rik de Swart on measles induced immuno-amnesia; as well as panel discussions on communications needs and vaccine hesitancy and demand issues. Additionally, participants discussed the development and timeline for a microneedle patch and a new initiative by the American Red Cross to develop a Five-Point Plan to engage community service organizations in supporting routine immunization at the subnational level. One of the most moving presentations of the meeting was given by Ms Grace Melia, the founder of Rumah Ramah Rubella in Indonesia, describing the challenges of raising a child with congenital rubella syndrome (CRS.) The meeting concluded with a call to action stating that we must continue our efforts to prevent, identify, and conduct effective responses to measles outbreaks around the world and to work towards achieving a world without measles, rubella, and congenital rubella syndrome.

The presentations from both days have been posted on the Measles & Rubella Initiative website, and can be found at this [link](#).

The 12th meeting of the Regional Certification Commission for Polio Eradication (RCCPE) in WHO South-East Asia

Sigrun Roesel, World Health Organization South-East Asia Regional Office (WHO SEARO)

Location: Dhaka, Bangladesh

Date: 18-19 September 2019

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

- Purpose:
- To review update reports from each country in the WHO South-East Asia (SEA) Region on maintaining polio-free status, including poliovirus laboratory containment, as per requirements of the 'Polio Eradication & Endgame Strategic Plan 2013-2018'.
 - To review the implementation status of the recommendations made at the 11th meeting of the SEA-RCCPE.
 - To update the Global Certification Commission (GCC) on the polio-free certification status and Polio Endgame implementation of the South-East Asia Region.

Details: Based on reports received by NCCPEs and presentations made at the 12th RCCPE meeting, the RCCPE concluded that the WHO South East Asia Region has remained free from indigenous wild poliovirus during the period under review. As such, more than eight years have passed since the last wild poliovirus (WPV) case was detected in January 2011.

While acknowledging the continued efforts in global polio eradication, the RCCPE was deeply concerned about continued WPV1 transmission and the ongoing and new outbreaks of circulating vaccine derived poliovirus (cVDPV), especially type 2.

Noting recent cVDPV type 1 outbreaks in Papua province of Indonesia and Kayin state of Myanmar, and while appreciating the immediate actions taken by both countries, the RCCPE cautioned that gaps in surveillance and population immunity, especially in inaccessible and conflict areas, along with inadequate outbreak preparedness will further facilitate virus spread. The RCCPE urged that lessons learned from these outbreaks in the Region should be documented and shared with other countries. NCCPEs should convene a meeting with their national programmes as soon as possible, but no later than December 2019, to conduct country specific risk assessments at subnational level to prioritize risk mitigation for importation or emergence of cVDPV type 2.



Group photo from the 12th meeting of the RCCPE in WHO SEARO

National workshop to prepare rapid responses to imported cases of Measles, Rubella and Congenital Rubella Syndrome

[Jazmina Umaña](#), Ministry of Health-Nicaragua

Location: Managua, Nicaragua

Date: 18-19 September 2019

Participants:

- Personnel from Nicaragua's Expanded Programme on Immunization for the country's departments and municipalities, as well as from departmental surveillance.
- Interim PAHO/WHO Representative in Nicaragua, Dr Celia Riera, and General Director of Public Health Surveillance of the Ministry of Health, Dr Martha Reyes.



Participants at workshop on rapid responses to imported cases of measles, rubella, and congenital rubella syndrome, September 2019. Credit: Ministry of Health-Nicaragua

Purpose: Strengthen national and departmental capacities to rapidly respond to imported measles and rubella cases.

Details: Nicaragua has not had any cases of measles and rubella since 1995 and 2004, respectively, and no cases of congenital rubella syndrome since 2005. Analyzing the current epidemiological situation of measles and measles outbreaks, the country has decided, with help from international experts and PAHO/WHO, to train local teams in preventive actions that allow a timely and effective response to the possibility of imported measles cases, as established by the Regional Monitoring and Re-verification Commission (RVC) for Measles and Rubella Elimination. It is important to highlight the high commitment from participants in the workshop which will be replicated in the 19 Local Integrated Health Care Systems of the country.

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Vaccination Demand Hub Workshop

Elisabeth Wilhelm, Lisa Menning, WHO Headquarters, Benjamin Hickler, UNICEF, Susan Mackay, and Molly Abbruzzese, UNICEF, GAVI Secretariat, US CDC, and Bill & Melinda Gates Foundation

Location: Kathmandu, Nepal

Date: 25-27 September 2019

Participants: GAVI, UNICEF, WHO, CDC, USAID, Bill & Melinda Gates Foundation, IFRC, John Snow International, Civil Society Organizations, academics and representatives from Myanmar, Indonesia, India, Pakistan, Afghanistan and Nepal.

Purpose: To find global, regional and country alignment on strategies to promote community acceptance and demand of immunization, sharing experiences and shaping the direction of the Demand Hub's developing agenda.

Details: In the context of stagnating global vaccination coverage, increased threats to vaccine acceptance due to misinformation, and the growing need to diagnose and improve the interaction between community demand and service delivery, global partners have established the Hub for Vaccination Acceptance and Demand (or "Demand Hub"), a mechanism for partner coordination of efforts to promote community acceptance and uptake of immunization services in low- and middle-income countries. The Hub will support harmonization, alignment, and innovation in relation to promoting vaccination acceptance and resilient demand.



Group photo at the Vaccination Demand Hub Workshop, 25-27 Sept 2019 in Kathmandu, Nepal

At this third Hub meeting, participants worked to advance efforts in several workstreams including: CSO engagement, applying behavioral sciences for behaviorally informed interventions, measuring the behavioral and social drivers of vaccination, improving service experience to increase uptake, and updating strategies to better prevent and respond to vaccine-related events.

Countries found their country priorities reflected in the work of several of these streams. Innovation and better evidence generation was identified as a need across all workstreams to promote resilient demand for vaccines, which is intimately connected to both community acceptance and health service delivery. After the meeting, all session materials and a summary Powerpoint of key outcomes were shared. Conclusions and recommendations will guide overall Hub planning as well as future engagement with regions and countries.

This recognition of the interplay between health system factors and issues of community acceptance and demand is featured in the new [Immunization Agenda 2030](#) and GAVI 5.0 strategies, which prioritize total health equity with a systems approach to reach the last child first and building better service delivery experiences for all.

Second meeting of experts to review the regional guide on ESAVI (Adverse Event Following Immunization) Surveillance

Desiree Pastor and Pamela Bravo, PAHO-Washington, DC, USA

Location: Santiago, Chile

Date: 7-8 October 2019

Participants:

- Country representatives with expertise on ESAVI surveillance from Argentina, Chile, Colombia, Costa Rica, Mexico, Peru and the United States.
- PAHO/WHO officials, CDC officials
- Experts on the topics of immunization, pharmacovigilance, clinical, signal detecting and social communication.



Purpose: Generate final recommendations to develop and implement the Regional Guide on ESAVI Surveillance in the Americas

Participants of the Second Meeting of Experts to Review the Regional Guide on ESAVI Surveillance in Santiago, Chile. Credit: PAHO/WHO.

Details: Experts in the surveillance of events supposedly attributable to vaccination or immunization (ESAVIs) were convened by PAHO/WHO to review the second version of the Regional Guide on ESAVI Surveillance in the Americas. This activity is a follow-up to the commitments made during the first meeting of experts, which took place in Bogotá in March 2019.

The regional manual is based on the WHO [global manual](#) published in 2014, evidence from reviews of the scientific literature and results from visits to specific countries (Chile, Colombia, the Dominican Republic, and Mexico), where in-depth interviews were conducted with experts, focusing on identifying and understanding the flow of reporting and investigation of an ESAVI from the local to national levels.

The proposed methodology focused on the comprehensive review of key chapters of the manual, such as: *Principles and Models for ESAVI Surveillance*; *Considerations for the Implementation of ESAVI Surveillance at the National Level*; *ESAVI Identification and Reporting*, *ESAVI Research*, *Causality Analysis* and *Final Classification of ESAVI and Risk Communication*. Using a review guide, participants were oriented to review specific sections of the chapters mentioned above, and the feedback received was discussed in plenary. The Regional Guide on ESAVI Surveillance in the Americas will be published by PAHO within the next year.

Hands-on training on immunization survey data analysis

Carolina Danovaro, WHO HQ; Dale Rhoda, Biostat Global Consulting (BGC); Kathleen Wannemuehler, University of Wisconsin; John Nedgwa Wagai, Independent Consultant; Mamadou S. Diallo, UNICEF HQ; Reda Sadki, The Geneva Learning Foundation

Location: Madrid, Spain

Date: 14-18 October 2019

Participants: 17 epidemiologists and statisticians, working in 15 different countries, who had received survey data analysis training mostly through Survey Scholar Module A3 on survey data analysis and interpretation in the “analyst track” (see below). Facilitators were statisticians from BGC, U. of Wisconsin, Infocare and UNICEF and an adult-learning specialist from the Geneva Learning Foundation.



Group photo from the hands-on training on immunization survey data analysis

Purpose: To further develop a cadre of professionals who can support immunization survey analysis, as in-country partners or as consultants. A particular focus was placed on measles post-campaign coverage surveys.

Details: Through a mix of interactive lectures and mainly small-group hands-on work with real survey data, participants were trained to:

1. Recognize the most common immunization indicators obtained from household surveys
2. Understand the current recommendations on survey data analyses, mainly those listed in the [2018 WHO Vaccination Coverage Cluster Survey Reference Manual](#)
3. Design a survey analysis plan, with a focus on measles post-campaign coverage surveys (PCCS)
4. Calculate sampling weights and use them for survey data analysis
5. Use “Vaccination Coverage Quality Indicators (VCQI)” or other analysis programmes to analyze survey data

Participants were epidemiologists and statisticians, most of whom had received data analysis training through WHO/EPI’s flagship capacity-building initiative Survey Scholar, a distance-based approach with three modules on surveys, of 6 weeks each. A small number of Survey Scholar Alumni were selected, for this more advanced hand-on training on immunization survey data analysis, among those who satisfactory completed Module A3 on survey data analysis and interpretation in the “analyst track”.

This capacity-building is one of several activities that WHO’s Expanded Programme on Immunization (EPI), IVB Department has supported since releasing a working draft of its revised WHO Vaccination Coverage Cluster Survey Reference Manual. Of note, Gavi-supported countries need to have survey coverage estimates every three to five years, plus conduct post-campaign coverage surveys (PCCS) following any supplementary immunization activities (SIAs) supported by the Vaccine Alliance.

This workshop was supported by Gavi, the Vaccine Alliance, the Bill & Melinda Gates Foundation and the generous time contributions from the workshop facilitators. All materials can be accessed [here](#).

Workshop on the use of surveillance and coverage data for evidence-based decision-making and planning for sustaining measles and rubella elimination

Pamela Bravo, Karen Lewis-Bell, Everton Kidd and Claudia Ortiz, PAHO

Location: Grenada

Date: 22-24 October 2019

Participants: Immunization and surveillance managers of the following seven English-speaking Caribbean countries: Antigua and Barbuda, Bahamas, Belize, Dominica, Grenada, St. Kitts and Nevis and St. Lucia.

Purpose: To perform a risk assessment analysis for measles virus transmission at the district level, using surveillance and vaccination coverage data as well as other variables that may increase the risk of virus importation and transmission, such as high influx of tourists.

Details: The risk assessment was conducted using the PAHO adaptation of the WHO Measles Risk Assessment Tool which enabled countries to conduct an analysis of their risk for measles and use the information generated to develop plans of action to sustain elimination of measles and rubella in 2020.



Participants at the workshop on data use for measles and rubella elimination, Grenada, October 2019. Credit: PAHO/WHO.

Overall, the results showed the need for complete and accurate coverage and surveillance data, as well as the importance of enforcing surveillance activities through the implementation of active case search especially in the context of on-going arbovirus infections, such as dengue fever, which also presents with fever and a rash. The importance of performing an analysis of population immunity by cohorts at the district level, to more accurately determine the susceptible population in need of supplementary vaccination activities was also highlighted. This is especially important since, given their small target population size, Caribbean countries do not conduct follow-up campaigns but administer and record individual delayed doses with the MMR vaccine every month at the health facility level. Thus, population immunity levels may be higher than the reported annual routine coverage over the last five years.

The use of the tool by the workshop participants provided valuable feedback to improve and release the final version of the tool, including the country report template and user guide.

Resources

2020 Guidelines for Gavi support

[Reme Lefevre](#), Gavi, the Vaccine Alliance

Gavi, the Vaccine Alliance is pleased to announce that the 2020 application guidelines for Gavi support are now available [here](#).

The 2020 guidelines are very similar to the 2019 ones, waiting for bigger changes in line with the ongoing funding policy and portfolio management review in preparation of the Alliance's 2021-25 strategy ('Gavi 5.0').

The guidelines underline the importance to:

- identify children who did not receive any vaccination or are under-immunized;
- focus on additional flexibilities on operational cost support for measles/measles-rubella follow-up campaigns to ensure that Gavi support strengthens routine, improves MCV coverage, and that investments are aligned to what is supported under Health system strengthening (HSS);
- use the supplementary immunization activities (SIA) readiness assessment tool and submit a technical report following the campaign when applying for MenA and Yellow Fever campaign;
- prioritize vaccination of HPV routine cohort and may only be able to support the multi-age cohort (MAC) once additional vaccine supply is available; and
- choose to introduce TCV in large countries either nationally or in a phased manner or sub nationally based on risk.

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 has developed a number of eLearning modules. The ilearn platform can be accessed by everyone via [Gavi's eLearning system](#). Please note that the following modules are intended to support high quality applications:

- How to use the Gavi country portal for vaccine applications
- How to use the Gavi budgeting and planning template

For any additional information you are invited to contact the [Gavi Secretariat](#).

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Calendar

2019

November

12-14	Africa Regional Immunization Technical Advisory Group (RITAG) meeting	Brazzaville, Republic of the Congo
18-22	Global Rotavirus and Pediatric Diarrhea Surveillance meeting	Rio de Janeiro, Brazil
19-22	AFRO East & South Sub-Regional Working Group	Harare, Zimbabwe
19-23	American Society of Tropical Medicine and Hygiene (ASTMH) 68th Annual Meeting	Washington DC, USA
24-26	Global consultation on Implementing School Entry Checks for Vaccination Status	Kuala Lumpur, Malaysia

December

2-3	Global Vaccine Safety Summit: updating the blueprint and celebrating 20 years of GACVS	Geneva, Switzerland
3-5	Gavi Board Meeting	New Delhi, India
4-5	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland

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
31 Mar-2 Apr	Strategic Advisory Group of Experts (SAGE) on Immunization	Geneva, Switzerland

May

26-27	Gavi Programme and Policy Committee (PPC)	Geneva, Switzerland
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June

3-4	Global Advisory Committee on Vaccine Safety	Geneva, Switzerland
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July

7-8	Gavi High-Level Review Panel (Vaccine doses for 2021 - all countries)	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](#)