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News

"Mum, you are the superhero for getting my vaccine despite all the difficulties"

Immunization and Vaccine Development (IVD) Programme, WHO Country Office, Bangladesh

Immunization in Bangladesh set to get back on track amidst COVID-19 pandemic and massive flooding

Access to vaccination services on a boat in flood affected Companigunj, Sylhet, Bangladesh.

Immunization rates that saw a sharp decline from April to May 2020 due to COVID-19 implications are getting back on track due to extra efforts initiated by the government.

According to service utilization data from the national Management Information System (MIS), the number of immunization sessions held dropped by 18% in April 2020 and by 22% in May 2020, and routine immunization coverage for Penta3 and Measles and Rubella (MR) vaccine first dose was almost 50% lower in April 2020 compared to the same period in 2019. According to DHIS2 data, around 381,092 children missed their first dose of MR vaccine and 363,126 children missed the three doses of pentavalent vaccine between January and May 2020. And this picture is worse in City Corporations. COVID-19 has resulted in irregular service provision due to key immunization personnel at upazila level and vaccinators being repurposed to COVID-19 related activities, a reduction in demand for vaccination due to fear of COVID, limitation in population movement due to lock down restrictions, and a significant number of health workers that continue to get infected with the new coronavirus.

To add to this, severe monsoon flooding has been affecting many parts of the country, further hampering the efforts to maintain routine immunization services.

Leaving no one behind: Vaccination on a boat due to flooding, Companigunj, Sylhet.

Throughout all this, the Government of Bangladesh (GoB) remains committed to saving the lives of children and mothers and the commitment from health care workers and mothers is simply commendable. To avert further setbacks in routine immunization, the GoB, in consultation with WHO and UNICEF, has issued national guidelines on the continuation of immunization during COVID. The guidelines include recommendations for line listing children who have missed or not completed their vaccinations when possible, and for strengthening immunization monitoring tools e.g. the dashboard, vaccine alerts, and the bulletin. These measures will build on the high demand for vaccination that still exists in the country despite the current challenges.

Due to COVID-19, the GoB also had to postpone a nationwide mass MR campaign that was scheduled to start in mid-February 2020, targeting around 33 million children aged nine months to nine years.

WHO is supporting the GoB to fully resume routine immunization activities to regain the historically high immunization coverage lost due to COVID-19, and to further improve vaccination to achieve the MR elimination goal.

Burkina Faso resumes polio vaccination campaigns in compliance with COVID-19 preventive measures

Hilaire Dadjo, WHO/IST West Africa

Burkina Faso conducted a polio vaccination campaign from 3-6 July 2020 in compliance with COVID-19 preventive measures following months of interruption of mass vaccination activities due to the COVID-19 pandemic declared in the country on 9 March 2020. A total of 174,304 children under five years were targeted in the two districts of Bittou and Ouargaye, in the Centre-East region.

Hand marking without touching the fingers. Credit: CH Dadjo, WHO.

The 2,000 vaccinators and health workers were all carefully trained before the campaign on preventive measures including physical distancing and handwashing practices. They were consequently equipped with a total of 41,250 masks and 200 litres of hand sanitizer packaged in small bottles. As the region is also subject to insecurity, soldiers were requested to protect all areas conducting the activity.

OPV Administration without touching the mouth of the child. Credit: CH Dadjo, WHO.

The quality of the campaign was assessed through Lot Quality Assurance Sampling (LQAS) and Independent Monitoring (IM) methods. Results obtained confirm that no district failed the LQAS assessment, the IM indicated that 99% of communities were informed ahead of the campaign, that only 1% of children were unvaccinated and only Kanyire community within Fotigue health facility was not well covered in the district of Bittou.

Burkina Faso has been declared polio-free since 2015 but notified a first case of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Ouargaye on 3 January 2020. As of 23 July 2020, the surveillance system in the country has detected nine cases of cVDPV2 in 2020, which calls for a robust response. Two additional rounds will be conducted with the first one scheduled from 7-10 August 2020.

Resumption of routine immunization during COVID-19 pandemic in Myanmar

Htar Htar Lin, Ministry of Health & Sports, Myanmar, Satish Gupta and Nay Myo Thu, UNICEF Myanmar and Stephen Chacko, WHO Country Office, Myanmar

Following the first identification of COVID-19 confirmed case in Myanmar on 23 March 2020, the country's priority was to effectively control COVID-19 transmission, hence immunization activities were temporarily halted from April 2020.

Since this temporary suspension, the Ministry of Health and Sports (MOHS), with the support of UNICEF and WHO, has worked proactively to resume routine immunization activities as early as possible. According to COVID-19 surveillance data in the first week of May, the local transmission was lowest, hence it was decided to resume routine immunization (RI) in Mid May 2020 (see trends shown in Figure 2 below).

Figure 1: Social Distancing during immunization session. Credit- Tin Aung, Unicef Myanmar.

To ensure systematic resumption of RI, the national immunization programme, in consultation with WHO and UNICEF (country and regional offices) and under the technical guidance of the NITAG (National Immunization Technical Advisory Group), developed the resumption plan with the overall aim of ensuring all eligible children who missed immunization during the temporary suspension period, received the antigens for which they were eligible at minimal risk of COVID-19 transmission.

The primary target was children who missed routine immunization sessions during the temporary suspension in April and May 2020, and in addition, children who had missed routine immunization in the past were also targeted during resumption. The resumption was started in 98 hospitals (100 bedded and above) & 330 township hospitals on 18 May 2020. This was followed by outreach immunization in subcenters and villages from 1 June 2020. In Myanmar, the majority (nearly 80%) of vaccinations take place in fixed and outreach sessions at health facilities.

The resumption plan has been developed with the following major four objectives;
•To ensure all eligible children who missed immunization during temporary suspension period (or before), are vaccinated;
•To ensure the immunization services with minimal or no risk of COVID-19 transmission;
•To ensure facility readiness for effective COVID-19 prevention during immunization sessions;
•To create opportunity for improving community awareness of COVID-19 through immunization sessions.

Figure 2: Comparative Penta3 coverage from Jan- June in 2019 and 2020.

Standard Operating Procedures (SOPs) were developed with an emphasis on social distancing, limiting injection load per day, hand-washing, face masks and other infection prevention measures by using an innovative infographic training module (video recording and YouTube presentation) to communicate with health workers. Checklists were provided at all service delivery levels to assess readiness. The monitoring and supportive supervision was done either remotely or through in-person visits, by central, state/region and township level supervisors, focusing on correct preparation of the list of children to be vaccinated and the session plan as per the SOPs, on the immunization site preparation in line with COVID-19 prevention measures, and on the adequacy of supplies for infection prevention and control. The public was informed through state-owned media one week before resumption together with DOs and DONTs at the vaccination session to be safe. The initial reports show that an upturn in vaccination coverage remains slow, and sustained efforts are needed to increase access and demand to get immunization coverage back to pre COVID -19 levels.

Ending the decade with sustained coverage at 85%, varied trends and more vaccines in the vaccination schedule

WHO/UNICEF WUENIC team

Since 2000, WHO and UNICEF have jointly produced annual national immunization coverage estimates for Member States. The 2019 revision, published on 15 July 2020, covers 40 years of coverage estimates (1980-2019). The estimated number of vaccinated children are calculated using population data provided by the 2019 World Population Prospects (WPP) from the UN.

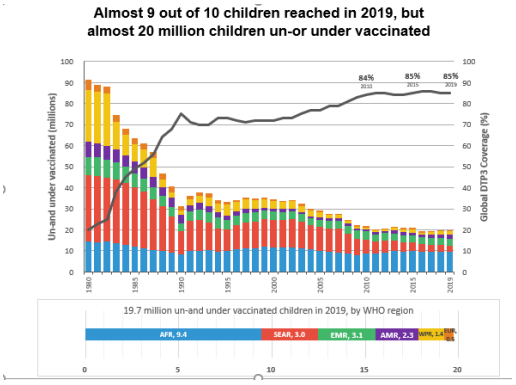


Figure 1

Global vaccination coverage – the proportion of the world's children who receive basic vaccine-doses i.e. three doses of diphtheria-tetanus-pertussis (DTP3), three doses of polio (OPV3), and the first dose of a measles-containing vaccine (MCV1) – has remained at the same level, 85%, over the past decade (Figure 1).

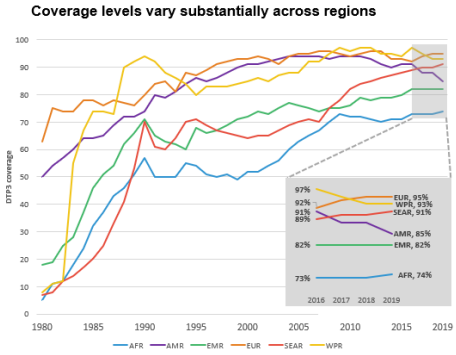


Figure 2

Unpacking the global estimates to show regional trends in coverage, however, reveals considerable unevenness in progress. While making progress, the African region still lags behind other parts of the world; South East Asia has made significant progress; while the region of the Americas has dropped an alarming 12% between 2010 and 2019 (Figure 2).

During 2019, about 10% of infants worldwide (14 million infants) did not receive any dose of DTP-containing vaccine. These "zero-dose" children live disproportionally in the African continent and in countries affected by conflict. The "zero-dose" children are the target of the Immunization Agenda 2030 (IA2030) whose ultimate goal is to make vaccination available to everyone, everywhere by 2030. Furthermore, global coverage of DTP3 and MCV1 was 85%, leaving 19.7 million children unvaccinated or undervaccinated and 10 countries (Nigeria, India, Democratic Republic of Congo, Pakistan, Ethiopia, Brazil, the Philippines, Indonesia, Angola and Mexico) accounted for 12.2 million (62%) of these children. Among these ten countries, only India has reached a high level of coverage (91% for DTP3), but, given that India has the world's largest birth cohort, it is still included in this list as the number of un- or under-vaccinated children in India is substantial. Additionally, middle income countries are occupying an increasing share of the list of countries with most undervaccinated children.

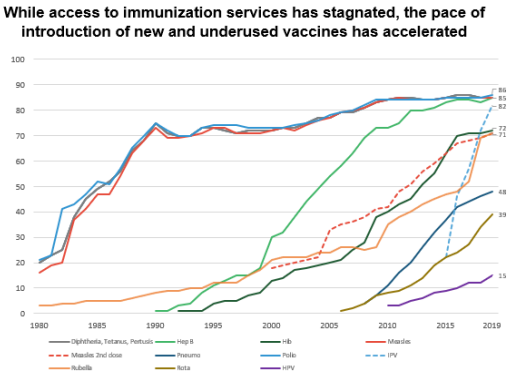


Figure 3

The WUENIC also show that the introduction of new vaccines, i.e. vaccines against hepatitis B, *Haemophilus influenzae* type b (Hib), pneumococcal conjugate vaccine (PCV), rotavirus, inactivated polio vaccine (IPV), and Human Papilloma Virus vaccine, has accelerated (Figure 3).

For the second consecutive year, there is also data on the coverage of human papillomavirus (HPV) vaccine, which protects girls against cervical cancer later in life. In 2019, estimated global HPV vaccine coverage (full schedule) was 14% for girls and 3% for boys, with a mean performance coverage (last dose) of 52% among girls.

For further information please see:
WHO Data
UNICEF
Summary slides
News release

Over 4000 immunization professionals join the Scholar COVID-19 Peer Hub

Ian Steed, The Geneva Learning Foundation

4761 applications have been made to the Scholar COVID-19 Peer Hub. Applicants come from 96 countries, and 25% of applicants are female.

The purpose of the Scholar Peer Hub is to work with partners to connect immunization professionals across national and organizational boundaries working to maintain and, where necessary, restore routine immunization services in the context of COVID-19.

The Peer Hub will continue throughout 2020. Participants will participate in voluntary activities, that support participants to deliver on what they are being asked to achieve by their employers, in line with country plans.

Activities include:

- Contributing to and using the Ideas Engine, a new repository collecting and sharing practices helping to adapt to the pandemic;
- Action planning and peer review of participant plans in line with Country Continuity Plans.

Twenty-nine per cent of applicants are sub-national Ministry of Health (MoH) staff, while 23% work at national MoH level. Non-Governmental Organizations (NGO) staff (13%), consultants (13%), and WHO country office and sub-regional staff (7%). Remaining applicants come from other UN organizations, WHO headquarters, academia, and global health partners.

72% of applicants stated that they were currently involved in the COVID-19 response in their countries, with another 14% stating that they expected to become involved soon. A further 11% stated that their work was being affected by COVID-19.

The top four critical challenges named by applicants were:

Caregivers may be reluctant to come to health facilities for fear of COVID-19 infection (28%)
Healthworkers may have concerns over their safety while conducting immunization sessions (15%)
Lack of confidence by the community in vaccination (14%)
Inadequate communication and/or community engagement to create demand for vaccination (13%)

The Geneva Learning Foundation is eager to explore with partners how this unique knowledge-and-action network can synergize with national and international health partners to strengthen skills and motivation to implement country COVID-19 continuity plans. To explore partnership opportunities, please send an email.

Past Meetings/Workshops

Meeting of the Eastern Mediterranean Regional Technical Advisory Group (RTAG) on Immunization

Quamrul Hasan, and Sondos Mubarak, WHO EMRO

Location: Virtual

Date: 13 – 14 April 2020

Participants: RTAG members including the Chairperson; Regional Verification Commission (RVC) Chairperson; Director – Communicable Diseases, EMRO; Regional Advisor and team members of the Immunization, Vaccine Preventable Diseases and Polio Transition (IVP) unit of EMRO; Regional Advisor – Global Health Initiative, EMRO; Regional Immunization Head, UNICEF Middle East and North Africa Regional Office (MENARO); Regional immunization specialist (ROSA); Regional head of the Gavi Secretariat.

Purpose: To review regional progress, challenges and constraints facing the achievement of the goals of the Eastern Mediterranean Vaccine Action Plan (EMVAP) and provide advice on the way forward; brief RTAG members on the progress in verification of elimination of measles and rubella and hepatitis B control in the region; review the standard operating procedures of the RTAG; discuss impact of COVID-19 pandemic on immunization programmes in the region and measures to mitigate it.

Details: In the context of the COVID-19 pandemic, the meeting was held virtually. Eight out of ten member of the RTAG attended the meeting.

The RTAG was briefed on the COVID–19 pandemic situation and its impact on immunization programmes in the region by the Department of Communicable Disease (DCD) and Regional Adviser IVP/EMRO. Proposed amendments to the Standard Operating Procedures (SOPs) of the RTAG were reviewed by the RTAG, discussed and endorsed. The IVP team presented progress and challenges faced by the region in achieving the EMVAP 2016-2020 goals including vaccination coverage, progress in regional elimination & control targets, Vaccine Preventable Diseases (VPDs) outbreaks & responses, new and underutilized vaccine introduction, and immunization data quality for guidance on way forward. The Chairperson of the RVCs briefed the RTAG on the verification of VPD elimination and control targets and the progress made so far in countries in the Eastern Mediterranean Region.

Appreciating the effort of the secretariat, the RTAG provided guidance and advice for regularly monitoring the impact of the COVID–19 pandemic on national immunization programme functions and sustaining vaccination coverage during the pandemic. The RTAG also made recommendations for countries to meet the regional and global goals and to plan to track and catch-up missed children during the pandemic as soon as possible, with guidance from the NITAG.

Workshop to validate the Reaching Every District (RED) guide with Coverage and Equity Assessment approach for better planning and implementation of immunization activities

WHO Country office, Niger

Location: Dosso, Niger

Date: 7-13 July 2020

Participants: Thirty-Five participants representing eight regions of Niger (Agadez, Diffa, Dosso, Maradi ,Niamey, Tahoua, Tillabery, Zinder),Technical partners (WHO, UNICEF, Gavi and JSI), experts from the Ministry of Health and from Civil society Organizations.

Purpose: To train a pool of regional trainers and adapt the revised RED guide to the Niger coutry context.

Details: The revised RED guide, updated in 2017 by WHO and UNICEF, includes, in addition to the five standard components of the Expanded Programme on Immunization (EPI), innovations in terms of coverage and equity assessment, such as: integration of health services; provision of vaccines across the life-course; taking into account urban, poor and marginalized populations; and pays special attention to insecurity and conflict areas. The immunization micro-planning activities from health facilities, which feeds into the development of the District Annual Action Plans, must now be carried out using the adapted data collection tools from the guide.

Besides the training of the pool of regional trainers, the meeting also made it possible to adapt the document to Niger country's context. On the sidelines of the workshop, two experience-sharing panels were organized on the implementation of specific strategies in certain regions of Niger; including the urban strategy in the Niamey capital city region and the nomadic strategy in the Diffa region.

Next steps:
The development of the District Action Plans for 2021 will build on the analysis using the new RED, coverage and equity assessment guide. Commitments have been made on all sides to reach and vaccinate all children through rigorous planning, regular monitoring, sharing of experiences and a periodic review of the implementation of the different strategies.

Workshop to validate immunization norms and standards in Niger

Kaya M Kaya Mutenda Sheria, Batoure Oumarou, Tombokoye Harouna, Gbaguidi Aichatou Diawara, EL Khalef Ishag, Haladou Moussa, Mocktar Mohamed Hakim, Biey Joseph, WHO Country office, Niger

Location: Niamey, Niger

Date: 15-18 July 2020

Participants: Thirty-two participants representing eight regions of Niger (Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillabery, Zinder), Technical partners (WHO, UNICEF, Gavi, JSI), Experts from the Ministry of Health (EPI, Nutrition, Finance, and Human Resources).

Purpose: To finalize and validate the EPI norms and standards that were revised last year to include new developments in immunization, and improve quality of immunization services, and vaccination coverage.

Details: The Ministry of Health organized a five-day workshop to finalize and validate the revised EPI norms and standards as a tool to improve immunization services and quality management of logistics, data quality, governance, financing, communication, surveillance and service delivery. WHO provided financial and technical support to the workshop.

The EPI norms and standards is a guiding document which clearly defines strategies and processes for the planning implementation, monitoring and evaluation of immunization activities in the framework of the EPI programme. The document is a reference for all immunization stakeholders in the country.

During the workshop new developments in immunization as well as inputs and comments from technical experts on the document were discussed, and when deemed pertinent, integrated into the final document which was validated at the end of the workshop.

Staff from the subnational level shared their experiences with providing vaccination services in the context of the COVID-19 pandemic and the main challenges that need to be addressed.

Next steps:
Following its validation, disseminate the document to all districts, health facilities, and in-country immunization stakeholders, as well as monitor the implementation of the revised norms and standards during supervisory visits.

Burkina Faso takes the revised Mid-Level Managers (MLM) Training Course

Edinam Agbenu, Hilaire Dadjo and Pamela Mitula, WHO/IST West Africa

Location: Koudougou, Centre-West Region

Date: 21-25 July 2020

Participants: Ten staff of its Expanded Programme on Immunization (EPI) , facilitated by the WHO Country Office supported by IST West Africa.

Group photo of the participants during the MLM training course.

Purpose: To train the trainers on a selection of revised MLM modules.

Details: The WHO Africa Regional Office (WHO/AFRO) has recently revised and updated the MLM modules, including launching them online for self-guided learning, and countries in the Region are in the process of using the updated modules to train their health workers.

The modules taught included "Solving Immunization Problems"; "Planning"; "Supportive Supervision"; "Surveillance of Vaccine Preventable Diseases" and "EPI Review". The second and last series has been planned for October 2020 and will include the remaining nine modules on, "Communication and Community Engagement"; "The Role of the EPI Manager"; "Costing and Financing" and "Immunization Safety".

For Dr Issa Ouedraogo, the EPI Manager Burkina Faso, "the ultimate goal of our EPI Programme is to leave no child unvaccinated. To support and lead this, we need competent workers who can deeply reflect, conduct regular data analysis for action, which in turn will empower them while they are on their job".

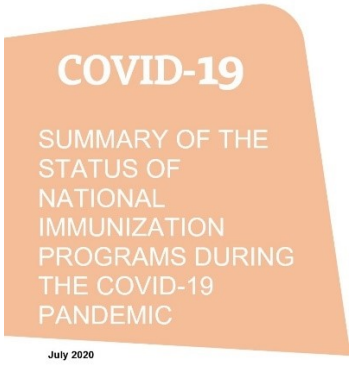
The last MLM Course taken by Burkina Faso's teams dates back to 2002. Since that time, the immunization system has changed and improved significantly with several new vaccines being introduced (PCV13, Rotateq, second dose of Measles, Measles/Rubella and MenAfriVac) and good coverages sustained over the last 10 years. In addition, the Head of State has been appointed a Gavi World Champion for Immunization. The EPI Programme aims to safeguard these achievements while it struggles to respond to new challenges as a result of the COVID-19 Pandemic.

Participants during a working group session.

Resources

The Status of National Immunization Programs in the Americas during the COVID-19 Pandemic

Marcela Contreras, Cuauhtemoc Ruiz, Martha Velandia, Maite Vera Antelo, Lauren Vulanovic, Pan American Health Organization



To ensure that immunization remains a primary health service prioritized to prevent communicable diseases, thus reducing pressure on health services during the COVID-19 pandemic, the Pan American Health Organization (PAHO) has worked in several areas. These include developing guidelines to continue vaccination in the context of COVID-19, monitoring the pandemic's impact on vaccination coverage and measles vaccination campaigns, and strengthening vaccination against seasonal influenza.

In addition, PAHO's Comprehensive Family Immunization Unit has worked with countries to monitor the functioning of immunization services and the main challenges they face in reaching their populations in the context of the pandemic.

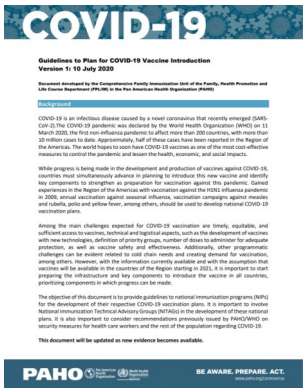
The document "Summary of the Status of National Immunization Programs in during the COVID-19 Pandemic" (in Spanish, soon to be available in English) for the Region of the Americas collects the main findings and developments of the situation as found from information obtained through an internal pulse poll sent every two weeks to immunization focal points and advisors in PAHO country offices.

Some of the main findings highlight the improvement in the provision of vaccination services over time. However, the drop in population demand for vaccination services has impacted coverage in the Region. Countries have also implemented innovative strategies to reach populations and continue vaccinating even while they highlight the difficulties that laboratories and epidemiological surveillance have faced due to the prioritization of COVID-19 cases.

We hope this document supports immunization monitoring and follow-up processes at the regional and national levels, and that it serves as a resource so countries can develop guidelines and strategies to address these difficulties and ensure the vaccination of their entire populations.

Guidelines to Plan for COVID-19 Vaccine Introduction

Comprehensive Family Immunization Unit, Pan American Health Organization



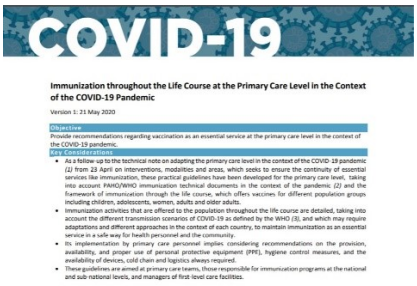
While progress is being made in the development and production of vaccines against COVID-19, countries must simultaneously advance in planning to introduce this new vaccine and identify key components to strengthen as preparation for vaccination against this pandemic. Experiences gained in the Region of the Americas with vaccination against the H1N1 influenza pandemic in 2009, annual vaccination against seasonal influenza, vaccination campaigns against measles and rubella, polio and yellow fever, among others, should be used to develop national COVID-19 vaccination plans.

Among the main challenges expected for COVID-19 vaccination are timely, equitable, and sufficient access to vaccines, technical and logistical aspects, such as the development of vaccines with new technologies, definition of priority groups, number of doses to administer for adequate protection, as well as vaccine safety and effectiveness. Other programmatic challenges will be related to cold chain requirements and capacity and creating demand for vaccination. However, with the information currently available and with the assumption that vaccines will be available in the countries of the Region starting in 2021, it is important to start preparing the infrastructure and key components to introduce the vaccine in all countries, prioritizing components in which progress can be made. The objective of this document is to provide guidelines to national immunization programmes (NIPs) for the development of their respective COVID-19 vaccination plans.

Immunization throughout the Life Course at the Primary Care Level in the Context of the COVID-19 Pandemic

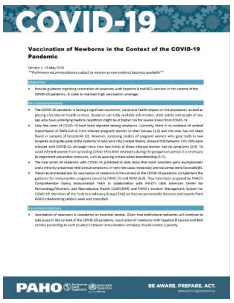
Comprehensive Family Immunization Unit, Pan American Health Organization

The objective of this document is to provide recommendations regarding vaccination as an essential service at the primary care level in the context of the COVID-19 pandemic. As a follow-up to the technical note on adapting the primary care level in the context of the COVID-19 pandemic from 23 April 2020 on interventions, modalities and areas, which seeks to ensure the continuity of essential services like immunization, these practical guidelines have been developed for the primary care level, taking into account PAHO/WHO immunization technical documents in the context of the pandemic and the framework of immunization through the life course, which offers vaccines for different population groups including children, adolescents, women, adults and older adults.



Vaccination of Newborns in the Context of the COVID-19 Pandemic

Comprehensive Family Immunization Unit, Pan American Health Organization



The objective of this publication is to provide guidance regarding vaccination of newborns with hepatitis B and BCG vaccines in the context of the COVID-19 pandemic, in order to maintain high vaccination coverage.

New Issue of PAHO's Immunization Newsletter is Published

Comprehensive Family Immunization Unit, Pan American Health Organization

In this edition:

- Update: The Immunization Program in the Context of the COVID-19 Pandemic
- In Memory of Dr Louis Z. Cooper (1931-2019)
- Vaccination Week in the Americas 2020 in the Context of COVID-19
- Vaccination of Newborns in the Context of the COVID-19 Pandemic
- Framework for Decision-making: Implementation of Mass Vaccination Campaigns in the Context of COVID-19

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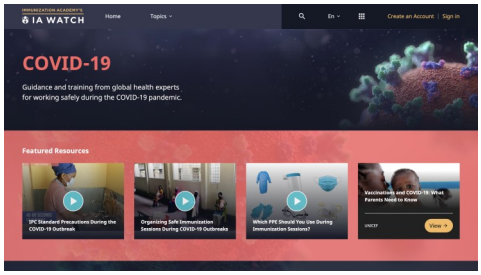
Immunization Academy and WHO Launch Video Lessons on Immunizing Safely During COVID-19

Alice Bumgarner, Immunization Academy

Immunization Academy, in collaboration with WHO, has created three new video lessons related to COVID-19. The videos, all under eight minutes in length and available for download, address the following topics:

- IPC Standard Precautions During the COVID-19 Outbreak
- Organizing Safe Immunization Sessions During COVID-19 Outbreaks
- Which PPE Should You Use During Immunization Sessions?



Topic page.

All three videos are based on an interactive webinar presented by WHO in May 2020 on how WHO IPC recommendations for COVID-19 can be operationalized in the context of immunization.

The videos are available in English, French and Spanish on the COVID-19 topic page of the IA Watch website. Additionally, on this page users will find other COVID-19 resources from WHO and partner organizations.

Video screenshot.

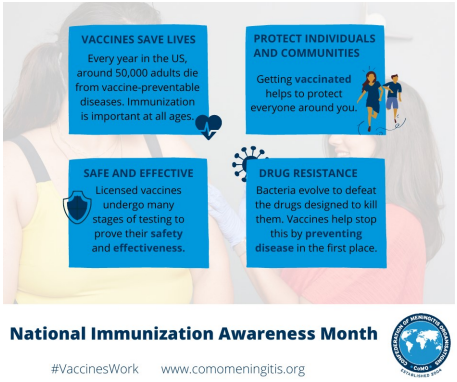
IA Watch is the Immunization Academy's video lesson website for immunization professionals. The website features 120+ instructional videos on essential skills in cold chain management, vaccine delivery and surveillance and more, and is available in English, French, Swahili, and Hausa. Nearly 80,000 users across the globe have watched IA Watch's video lessons since its launch in 2017.

In addition to watching and downloading videos, users can connect with community members through the member directory, track their progress on the leaderboards, and build watchlists with their favorite videos.

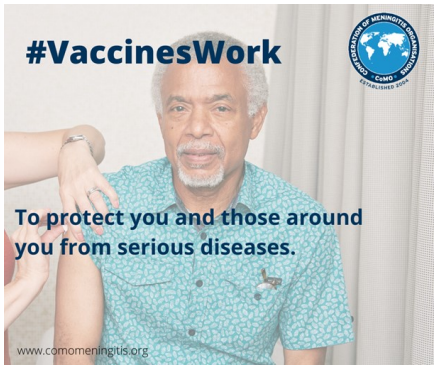
The importance of Vaccination

Molly Patrick, Confederation of Meningitis Organisations

The Confederation of Meningitis Organisations (CoMO) have released a series of infographics to raise awareness of the importance of vaccines in preventing life-threatening diseases. It is National Immunization Awareness Month in the U.S in August, and CoMO are campaigning globally to get people to ensure they are up to date with their vaccinations - especially as many schools, colleges and universities are planning to re-open in the coming months.



Immunization rates have dropped worldwide during the COVID-19 pandemic. The World Health Organization has said that this 'alarming' decline threatens to reverse decades of progress and that 'the avoidable suffering and death caused by children missing out on routine immunizations could be far greater than COVID-19 itself.'



As social distancing measures begin to lift, everyone has a responsibility to protect themselves and their community from serious, yet preventable, diseases.

You can download the resources and find more information on this webpage.
Please contact this email address for more information.

Publication of the data and subnational administrative coverage data reported by WHO Member States on immunization

Laure Dumolard, WHO Headquarters

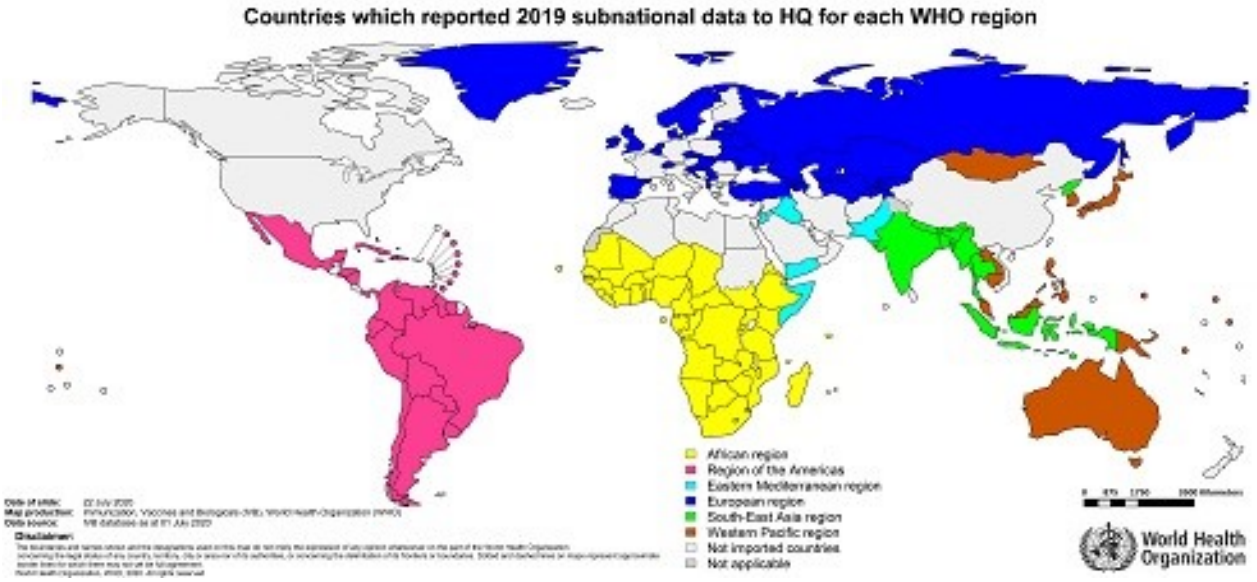
Since 1998, WHO and UNICEF annually collect data on national immunization systems through the WHO/UNICEF Joint Reporting Form on Immunization (JRF). The JRF collects national level data on reported cases of selected vaccine-preventable diseases, immunization coverage, recommended immunization schedules, supplementary immunization activities, vaccine supply, and other information on the structure, policies and performance of national immunization systems.

In addition to contributing to numerous publications, this data is the main source of information for WHO Member States and Partners for annual review at the World Health Assembly (WHA), on the progress made towards achieving the Global Vaccine Action Plan (GVAP) goals.

The WHO vaccine-preventable diseases monitoring system is updated with 2019 data and can be accessed through country profiles, or by subject. By visiting our website, you will be able to view and download graphs of indicators over-time, as well as other analyses such as slides on the status of introduction of new and under-utilized vaccines, and summary presentations of routine immunization key indicators.

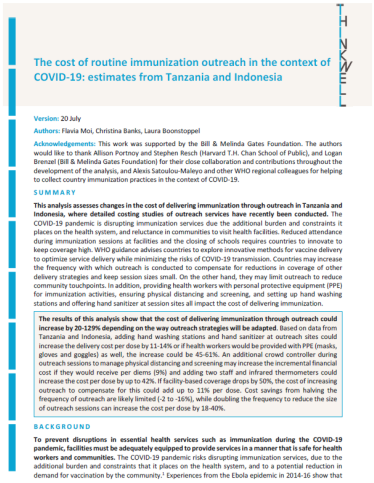
You will also find subnational immunization coverage data reported by WHO Member States since 2017. Member States were asked to report their numerator (number of doses administered), denominator (number of eligible individuals) and coverage data (% of eligible individuals receiving the relevant dose of vaccine) for the first and third dose of DTP-containing vaccines (DTP1, DTP3) and measles-containing vaccines (MCV1) from their second administrative level ("*admin2*", often called districts).

In 2020, 140 Member States shared their subnational data, either from their first subnational administrative level ("*admin1*") or *admin2* level for DTP1, DTP3 and/or MCV1. Data has been shared for nearly 21,000 *admin1* and/or *admin2*, and represents approximately three quarters of the total number of surviving infants worldwide. Among them, 95 Member States report coverage for DTP3 at *admin2* level, and 45 Member States report coverage for DTP3 at *admin1* level only.



Estimates from Tanzania and Indonesia on the cost of adjusting routine immunization outreach strategies due to COVID-19

Flavia Moi, ThinkWell


The cost of routine immunization outreach in the context of COVID-19: estimates from Tanzania and Indonesia

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SUMMARY

This analysis assesses changes in the cost of delivering immunization through outreach in Tanzania and Indonesia, where detailed costing studies of outreach services have recently been conducted. The COVID-19 pandemic is disrupting immunization services due the additional burden and constraints it places on the health system, and reluctance in communities to visit health facilities. Reduced attendance during immunization sessions at facilities and the closing of schools requires countries to innovate to keep coverage high. WHO guidance advises countries to explore innovative methods for vaccine delivery to optimize service delivery while minimizing the risks of COVID-19 transmission. Countries may increase the frequency with which outreach is conducted to compensate for reductions in coverage of other delivery strategies and keep session sizes small. On the other hand, they may limit outreach to reduce community touchpoints. In addition, providing health workers with personal protective equipment (PPE) for immunization activities, ensuring physical distancing and screening, and setting up hand washing stations and offering hand sanitizer at session sites all impact the cost of delivering immunization.

The results of this analysis show that the cost of delivering immunization through outreach could increase by 20-129% depending on the way outreach strategies will be adapted. Based on data from Tanzania and Indonesia, adding hand washing stations and hand sanitizer at outreach sites could increase the delivery cost per dose by 11-14% or if health workers would be provided with PPE (masks, gloves and goggles) as well, the increase could be 45-61%. An additional crowd controller during outreach sessions to manage physical distancing and screening may increase the incremental financial cost if they would receive per diems (9%) and adding two staff and infrared thermometers could increase the cost per dose by up to 42%. If facility-based coverage drops by 50%, the cost of increasing outreach to compensate for this could add up to 11% per dose. Cost savings from halving the frequency of outreach are likely limited (-2 to -16%), while doubling the frequency to reduce the size of outreach sessions can increase the cost per dose by 18-40%.

BACKGROUND

To prevent disruptions in essential health services such as immunization during the COVID-19 pandemic, facilities must be adequately equipped to provide services in a manner that is safe for health workers and communities. The COVID-19 pandemic risks disrupting immunization services, due to the additional burden and constraints that it places on the health system, and to a potential reduction in demand for vaccination by the community.[1] Experiences from the Ebola epidemic in 2014-16 show that

Using primary data from recent costing studies from Tanzania and Indonesia, ThinkWell, supported by the Bill & Melinda Gates Foundation, estimated the incremental cost per dose of changing outreach immunization by: providing personal protective equipment (PPE) for health workers, instituting additional infection prevention and control (IPC) measures at outreach sites, deploying extra staff to ensure physical distancing and screen patients for COVID-19, and changing the size and frequency of outreach session. Our analysis showed that:

- Adding hand washing stations and sanitizer at outreach sites could increase delivery cost by 11-14%, while providing masks, gloves, and goggles for health workers could bring an increase of 45-61%;
- Deploying one additional crowd controller for physical distancing and screening may increase costs by 9%, while adding two extra staff and an infrared thermometer could increase costs by 42%;
- Halving the frequency of outreach to reduce contacts between health workers and the community would bring limited cost savings (-2 to -16%), while doubling the frequency to reduce the size of sessions and facilitate physical distancing could increase costs by 18-40%;
- Increasing the volume of doses delivered through outreach to compensate for a drop in facility-based attendance of 50% could increase costs by 11% per dose;
- The combined effect of compensating for a 50% immunization drop at facilities, providing PPE to health workers, instituting additional IPC measures at immunization sites, and deploying two additional workers with an infrared thermometer for distancing and screening could increase costs by 88-129%.

These illustrative findings demonstrate the potential cost implications of adapting outreach immunization during the COVID-19 pandemic and can help policymakers define the right measures for their specific country context.

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
Boost – A Global Community of Immunization Professionals

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 Academy
International Association of Public Health Logisticians
Immunization Economics resource
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)

WHO/Europe Vaccine-preventable diseases and immunization (VPI) news (EURO)

Immunization Newsletter (PAHO)

The Civil Society Dose (GAVI CSO Constituency)

TechNet Digest

Rota*Flash* (PATH)

Vaccine Delivery Research Digest (Uni of Washington)

Gavi Programme Bulletin (Gavi)

Immunization Economics Community of Practice