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News

Saline Cure 2021 in Ingall, Agadez Region, Niger: WHO supports vaccination against COVID-19, catch-up of zero dose and unvaccinated nomadic children

Guylain Kaya Mutenda Sheria, WHO Country Office, Niger
Participants: Kaya Mutenda Sheria, Batoure Oumarou, Tombokoye Harouna, Gbaguidi Aichatou Diawara, EL KHALEF Ishagh, Haladou Moussa, Kone Aminata, Abdou Batoure,Toga, N'tia Fabien, Joseph Biey

The department of Ingall in the Agadez region hosted one of the most prestigious cultural festivals in Niger from 16 to 19 September 2021. This festival is an annual gathering of herders (nomads) from different parts of Niger and neighboring countries. It also attracts festival-goers who make the journey to Ingall for commercial exchanges, tourism or other social reasons.


Vaccination of nomadic children in Niger.

During this festival, the herders travel with their wives and children as well as their herds. This gathering is therefore an opportunity for providing human and animal health services such as:

- Vaccination and deworming of livestock,
- Vaccination of nomadic children against vaccine-preventable diseases,
- Awareness-raising in the areas of control and prevention of epidemic-prone diseases as well as attendance at health facilities,
- Mobile courts to establish civil status documents.


Vaccination of nomadic tribespeople against COVID-19 in Niger.

Taking this opportunity, WHO provided the Ingall health district with technical and financial support thanks to Gavi, the Vaccine Alliance funds to carry out vaccination against COVID-19 for people over 18 years and to vaccinate zero-dose and unvaccinated children against several childhood vaccine preventable diseases. Three days of work resulted in the following outcomes:

- 155 children aged zero-11 months vaccinated with the first dose of pentavalent vaccine and 22 vaccinated with the third dose of pentavalent vaccine, reducing the number of zero-dose children in this health district from 184 to 29.
- 76 children vaccinated with the first dose of measles vaccine, and seven with the second dose.
- 414 herders over 18 years old vaccinated against COVID-19 with Johnson and Johnson vaccines.
- 28 people vaccinated with the second dose of AstraZeneca vaccine and two people with Sinopharm.

To complete the vaccination schedules, the Ingall district has to share the vaccination data from this festival with the districts these nomadic families came from and organize cross-border vaccination activities every month with neighbouring districts.

How the Eastern and Southern African Region achieved 100% vaccine stock and consumption reporting rates

Michelle Seidel, UNICEF

Immunization stock management is an essential component to achieving the Sustainable Development Goals (SDG)s, specifically Goal 3.8, "Ensuring affordable essential medicines and vaccines for all". The UNICEF and WHO Joint Reporting Form (JRF) analysis indicates 46% of developing countries witnessed service interruptions due to stockouts in 2019, an increase from 30% in 2014. Sub-optimal stock management (SM) both increases operational and opportunity costs, and causes demand to stagnate, specifically affecting marginalized populations.

Robust stock management systems, regular reporting, and consistent feedback are critical for reducing stockouts, decreasing vaccine wastage rates, identifying areas in need of technical support, and most importantly, strengthening country capacity. Since January 2021, ESAR has increased vaccine stock and consumption reporting rates from 35% to 100%, as well as increasing data quality and interactions with 21 Country Offices (COs).

How did ESAR achieve 100% reporting in six months?

1. Synergy

Under the leadership of the regional cold chain specialist, a team was developed that focused specifically on strengthening immunization supply chains (iSC). Roles were delegated with specific thematic focuses in various areas of iSC, e.g. cold chain equipment (CCE), stock management, data management, and Effective Vaccine Management (EVM), thus strengthening the region's coordination and ability to support countries.

2. Improved Communication

ESARO adopted an open door, informal communication policy using informal communication methods such as WhatsApp, through which the Regional Office (RO) encouraged around-the-clock interaction, fostering timely follow-up. Further, the 'speak it my way' modality was adopted. This meant that for the francophone ESAR countries , RO colleagues took a special interest in sending chat messages and emails in the country's official languages, thereby increasing response rates.

3. Feedback Mechanisms

Finally, ESARO developed timely feedback mechanisms to provide countries with interpretations of their monthly Key Performance Indicator (KPI) data. A feedback timeline was established which defined when ESARO would remind, follow up, report, and provide feedback to countries, creating an efficient monthly cycle. Once data was collected from countries, ESARO reviewed the analysis, and alerted countries of vaccines close to expiry (at-risk vaccines) and of imminent or existing stock outs. Using the data, ESARO was also able to assist countries in resolving bottlenecks and calling urgent attention to stock-outs.

For more information, contact Dereje Haile, Cold Chain Specialist (ESARO) or Michelle Seidel, Senior Advisor Immunization (Copenhagen).

Support for COVID-19 Vaccination Micro-Planning in Cayambe and Guamote Municipalities in Ecuador

Gabriela Pertuz, national consultant, Gladys Ghisays, international consultant, Sonia Quezada, regional advisor on health services, and Alvaro Whittembury, Immunization Advisor, PAHO-Ecuador

In April 2021, Ecuador began the mass vaccination of its population against COVID-19 by prioritized groups, an action that posed enormous challenges at all levels, given the variability and magnitude of the populations to be covered.

In this context, in addition to PAHO tools and instruments, health teams of the Municipalities of Cayambe, led by its mayor, and Guamote, with support from the PAHO-Ecuador technical team, relied on careful microplanning to implement the mass vaccination. The main steps to be implemented at the municipal level were identified, and with the participation of key local actors, expansion of vaccination teams, coverage of logistical aspects, and implementation of vaccination in accordance with WHO's technical recommendations, the goal was achieved.

Meeting to discuss COVID-19 Vaccination Micro-Planning in Cayambe and Guamote Municipalities in Ecuador. Credit: PAHO/WHO.

Additionally, an Excel tool was designed to monitor progress of the vaccination planning and execution, which allowed the timely identification of the need to modify vaccination and communication strategies to reach underserved communities, such as rural, indigenous, and Afro-descendant populations.

The evaluation of this experience showed that micro-planning and local leadership help to solve technical doubts among local health teams, and also to strengthen the bond between the local health teams and the community. Cayambe and Guamote are an example of what local leadership and technical support can achieve for the benefit of the population.

Success Factors of the 9-100 Plan against COVID-19 in Ecuador

José Ruales, Ministry of Public Health, Ecuador, Nancy Vásconez, World Bank, Ecuador and Alvaro Whittembury, PAHO-Ecuador

With a strong political decision from the President of the Republic of Ecuador, the 9-100 plan was developed, with the commitment to fully vaccinate nine million Ecuadorians against COVID-19 within the first 100 days of government. This goal, which corresponds to 71.4% of the population aged 16 and over, was met ahead of schedule.
Open diplomacy with manufacturing countries and laboratories was a key success factor, as it allowed the acquisition and donation of sufficient vaccines. The constitution of a solid operational team in the Ministry of Public Health, and its immunization programme, had a positive influence on having a vaccination plan and structured micro-planning in place prior to the start of vaccination, with training and updates of technical guidelines on the use of vaccines.
It was important to have:

- Updated georeferenced data from the electoral roll (National Electoral Council), in vaccination centres vaccinating in electoral precincts, which made it possible to locate the population according to their place of residence..
- A timeline with the number and goal of the first and second doses to be applied, by type of vaccine, with differentiated strategies according to the four vaccination phases and prioritized risk groups, accompanied by assertive social communication.
- Daily monitoring of doses administered by type of vaccine and verification of stock balances by levels; an efficient logistics and cold chain based on the experience of the Ministry of Public Health; supervision of vaccination centers implementing improvements as needed; and availability of public information online through the "vaccinometer."

A key success factor was the coordination and collaboration of the public sector, businesses, universities, armed forces, national police, local governments, towns, and national and cantonal emergency operations committees, among others. Technical support and financing from international cooperation, PAHO/WHO, World Bank, Inter-American Development Bank (IDB), Banco de Desarrollo de América Latina (CAF), in their respective competencies, was key. Finally, the cornerstone for success has been the health personnel at all levels, willing, experienced, trained and tireless in the face of this enormous challenge.

Governors of Bolivia Committed to Vaccination

Max Enriquez, EPI Manager, Ministry of Health-Bolivia

In the framework of the COVID-19 pandemic, six governors of Bolivia met in Santa Cruz de la Sierra, on 30 July 2021, at the *First National Summit: Bolivia United for Vaccination*. Vaccination coverage in the routine immunization programme was analyzed and the risks for the general population, from the newborn to the elderly, were discussed. Challenges faced by health personnel to achieve the regional vaccination goal of 95% for each of the vaccines were also identified.

As part of their commitment, the governors ratified that vaccination is an essential service that must be maintained in the context of the pandemic, and that all necessary efforts must be made to preserve the country's status as measles, rubella (MR) and polio free. In addition, they highlighted the importance of sustaining comprehensive vaccination, from the newborn to the elderly.

They declared the national vaccination campaign against MR and polio, that began on 1 August 2021, as a high priority. Likewise, they committed to allocate the funds needed to sustain the different components of the immunization programme, including human resources, cold chain, communication and social mobilization.

They also requested that the Ministry of Health and Sports of the Plurinational State of Bolivia ensure the allocation of sufficient vaccines and supplies, in accordance with the provisions of the Vaccine Law (Law No. 3300). Subsequently, three more governors also signed the commitment, making the slogan of "Bolivia United for Vaccination" a reality. This national summit will be followed by municipal summits in the nine departments of Bolivia in order to put the priority of vaccination in Bolivia on the political agenda.

Governors of Bolivia at *First National Summit: Bolivia United for Vaccination*. Credit: PAHO/WHO.

Countries of the WHO European Region adopt new regional immunization agenda for coming decade

Catharina de Kat, WHO Regional Office for Europe

An ambitious strategy to ensure equitable and life-long protection from vaccine-preventable diseases was adopted by the 71st session of the WHO Regional Committee for Europe.

A bottom-up approach to build back better

The European Immunization Agenda 2030 (EIA2030) was formulated through a consultative process involving Member States and partners to build forward stronger, by creating more resilient immunization systems and structures. It is based on lessons learned and the key pillars of immunization equity, life-course immunization and tailored local solutions that address vaccination demand and acceptance in the population. EIA2030 is one of the flagship initiatives of the European Programme of Work, 2020 –2025 – "United Action for Better Health in Europe".

Read more at this link.

View document:
European Immunization Agenda 2030: draft for the Seventy-first Regional Committee for Europe

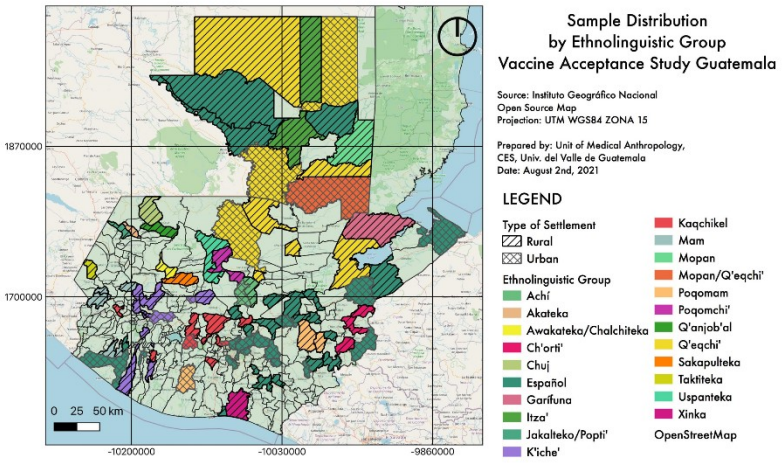
Video:
Partner insights – European Immunization Agenda 2030 Introduction to a new strategy for joint action
Illustrated video.

An Ethnographic Approach to Tailoring COVID-19 Vaccination Communication Strategies in Guatemala

Claudia Jarquin, Mónica Berger, Jose Milton Guzman, Lourdes Álvarez, Marc Rondy, Pan American Health Organization – Guatemala

The swift roll-out of COVID-19 vaccines has been a major game-changer in most developed countries, contributing to significant reductions in COVID-19-related hospitalizations and deaths. In developing countries, nonetheless, rollouts have moved at a slower pace due to issues of varying complexity.

Guatemala began COVID-19 vaccination in February 2021, following a phased implementation plan prioritizing healthcare workers and those at greater risk of severe COVID-19. To promote COVID-19 vaccination, health authorities have implemented a massive communication campaign providing standard information on vaccination phases and data on vaccine safety and efficacy. This campaign is broadcasted in various languages spoken in Guatemala.



Map of selected health districts for interviews. Source: Labetnográfico Guatemala.

By mid-August 2021, vaccination was available to any citizen over the age of 30. At that time, Ministry of Health (MoH) data showed overall vaccine coverage with at least one dose at 28% among adults. However, significant differences in vaccine coverage by department (ranging from 14%-48%) showed great inequities in vaccine access between poorly vaccinated rural and well vaccinated urban settings.

PAHO Guatemala, in support of the MoH, partnered with the local ethnographic investigation firm Labetnográfico and Universidad del Valle de Guatemala to provide key anthropological data to create culturally- and linguistically-appropriate communication messages. The project, launched early August 2021, will rely on interviews with local intercultural liaisons, traditional leaders/healers, and end users among prioritized groups in each of the 22 Guatemalan departments. Group discussions and analyses will be used to validate culturally pertinent delivery mechanisms and key messages.

The data collected will provide key evidence for tailoring communication campaigns at local levels to increase vaccine uptake among all age groups and departments, thus contributing to reducing the burden of COVID-19 and inequities in vaccination access between urban and rural areas in Guatemala.

Brazilian Municipality of Aracaju Protects Houseless Population with COVID-19 Vaccine

Karina Zambrana, Lely Gúzman, and Luís Felipe Sardenberg, PAHO, Brazil

One of the strategies used by Brazil to protect its population from COVID-19 is vaccinating houseless people in places occupied by them, as well as in shelters and healthcare facilities. In the municipality of Aracaju, in the state of Sergipe, this action has been carried out since June 2021 through the *Consultórios na Rua* (Street Outreach Offices), which provides care with a multidisciplinary team.

The *Consultório na Rua* team vaccinates houseless people in places occupied by them, as well as in shelters and healthcare facilities. Credit: Ivve Rodrigues, PAHO/WHO.

The inclusion of houseless people in Brazil's immunization campaign was made by the country's Ministry of Health in its National Plan for the Operationalization of COVID-19 Vaccination, developed with support from the Pan American Health Organization (PAHO).

In Aracaju, the *Consultório na Rua* team is composed of social workers, a physician, a psychologist, and nurses. One of the nurses is Keila Cristina Costa, who has been providing care to this population since 2017 and, this year, joined the *Consultório na Rua*. "Many houseless people believe that, because they use alcohol and drugs, vaccination can have a harmful effect on their bodies," says Costa, adding that she explains the benefits of vaccination and that there is no evidence of a negative association between substance abuse and COVID-19 vaccination. The *Consultório na Rua* team also takes actions to reduce the risks of substance abuse and other harmful behaviors.

The *Consultório na Rua* team vaccinates houseless people in places occupied by them, as well as in shelters and healthcare facilities. Credit: Ivve Rodrigues, PAHO/WHO.

Joyce Barreto Andrade was one of the persons vaccinated in a shelter. "I'm feeling great. Now I know I'm protected. There's still a lot (of challenges) ahead and I will keep taking care of myself. I want this pandemic to end quickly," she says.

The Brazilian government estimates that 140,000 people over the age of 18 are houseless in the country. Therefore, the Ministry of Health of Brazil has encouraged, with PAHO support, an active search to immunize the whole population living in this condition.

Delta Variant of SARS-CoV-2 identified in Gopalganj district, Bangladesh

Fabia Hannan Mone, WHO Country Office, Bangladesh

The Delta variant of SARS-CoV-2 is dominating throughout the country resulting in higher case incidence in Bangladesh. At first, the Delat variant was prominent in border districts but later spread more rapidly than two other identified sub-types.

The case rate declined from November 2020 to February 2021 and increased from March 2021 in Gopalganj, a south-central district of the greater Faridpur belt with a topographical border that connects it to seven other districts. The sharp rise of COVID-19 cases was observed from the last week of May 2021 including the death rates in Gopalganj.

High number of COVID-19 cases were detected in the same household followed by the unexpected death of a family member. In total, 50 COVID-19 cases out of 252 samples were identified. Most of them were from the same family and members who attended the funeral. The presence of the Delta variant was suspected by the official team. So, on 28 May 2021, positive samples were sent to the Institute of Epidemiology, Disease Control, and Research (IEDCR) for Genome Sequencing. On 3 June 2021, the IEDCR confirmed the presence of the Delta **variant** in seven samples out of 11 samples.

Observation of sample collection at a health facility in Gopalganj District, Bangladesh. Credit: Fabia Hannan Mone/WHO.

Following the detection of the Delta variant in Gopalganj district, a stringent lockdown was maintained till 14 July 2021 in Gopalganj to counteract COVID-19 transmissions. Over 1600 cases were found COVID-19-positive in July 2021 (as of 22 July 2021), which is six times greater than in May 2021. These are potential signals indicating the drastic increase in COVID-19 cases after Delta variant identification.

In Bangladesh, a total of 11,40,200 COVID-19 cases and 18,685 deaths were reported as of the 22 July 2021 press release by the Directorate General of Health Services (DGHS). A two-week containment was declared again from 23 July to 14 August 2021 to combat COVID-19 transmission all over Bangladesh.

Read more on the Delta Variant at

1. https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---20-july-2021
2. https://www.dhakatribune.com/bangladesh/nation/2021/06/05/covid-19-indian-variant-found-in-7-samples-from-gopalganj
3. http://103.247.238.92/webportal/pages/covid19.php

Past Meetings/Workshops

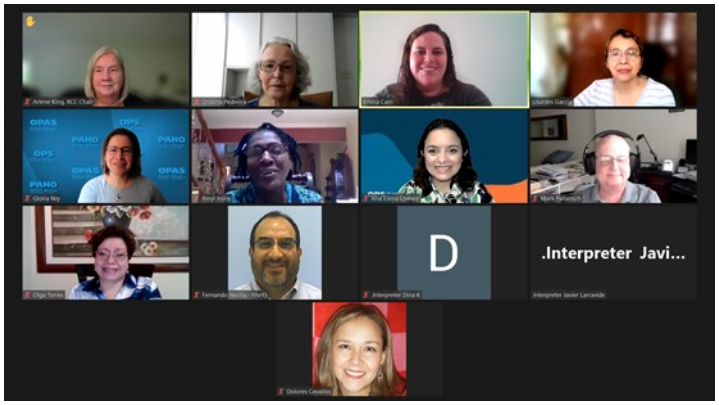
13th Meeting of the Regional Certification Commission (RCC) for the Polio Endgame in the Region of the Americas

Emilia Cain, Ana Elena Chevez and Gloria Rey-Benito, PAHO

Location: Virtual meeting

Date: 15 September 2021

Participants: Arlene King, RCC Chair; Cristina Pedreira, RCC member; Lourdes García, RCC member; Beryl Irons, RCC Member; Mark Pallansch, RCC member, Olga Torres, RCC member, Emilia Cain, PAHO, Ana Elena Chevez, PAHO, and Gloria Rey-Benito, PAHO. Jose Felix Sanchez and Angela Gentile, both RCC members, could not participate in the meeting.



RCC Meeting held 15 September 2021. Credit: PAHO/WHO.

Purpose: To present and discuss the methodology that will be followed by the RCC to review, discuss, and validate annual country polio statuses and updated polio containment reports.

Details: Each year, the RCC meets to review, discuss, and validate annual country reports on polio status and updated containment reports. Given the COVID-19 pandemic, this year's meeting was virtual. The RCC expects to receive 23 annual reports (from 22 countries and one sub-region), representing a total of 43 countries and territories, as well as six containment reports.

The review of the reports is a thorough process that consists of several steps: the reports are assessed independently by two RCC members, the conclusions and recommendations are then discussed between the two reviewers, and finally the validation results are presented to all RCC members to develop final country recommendations.

Once all the reports have been reviewed, a meeting report with general recommendations will be published. Additionally, letters with specific recommendations will be sent to all countries. The process will be supported by members of PAHO's Comprehensive Family Immunization Unit, who act as the RCC Secretariat.

Translating Theory into Action: ESAVI (Events Supposedly Attributable to Vaccination or Immunization) Surveillance Regional Training Workshops in Guatemala

Suceth Santamarina[1], Maria Fernanda Velásquez[1], Jorge Hernández[2], Claudia Jarquin[1], Ingrid Contreras-Roldán[1], Marc Rondy[1], Ericka Gaitán[2]
[1] PAHO Guatemala
[2] Department of Epidemiology, Guatemalan Ministry of Health and Social Welfare (MoH)

Location: Sacatepéquez, Quiché, Alta Verapaz, Quetzaltenango, Zacapa, Retalhuleu, Petén, Guatemala

Date: 3-19 August 2021

Participants: 173 epidemiologists, medical chiefs, and statisticians from 28 health areas and 41 national hospitals in Guatemala; Ministry of Health (MoH) Department of Epidemiology (DE) staff, and PAHO consultants

Purpose: To train participants on the adequate use of the recently updated ESAVI surveillance protocols in Guatemala, as well as monitoring and data analysis related to ESAVI surveillance. Additionally, the workshops sought to reinforce the importance of monitoring vaccine safety events potentially related to any vaccine given as part of the national immunization schedule in Guatemala, establish an intersectoral analysis process to exchange relevant vaccine safety information at the local levels, and provide a brief reinforcement of ESAVI clinical management at the local level.

Dr Ericka Gaitán (Guatemala MoH) training participants on ESAVI surveillance protocols. Credit: PAHO/WHO.

Details: As part of the national COVID-19 vaccine implementation campaign, PAHO has supported the Guatemalan MoH in strengthening ESAVI surveillance through direct collaboration with the DE and National Regulatory Agency. This included updating the national ESAVI surveillance manual and data collection forms, based on the regional surveillance protocol developed by PAHO. The Guatemalan MoH published the updated ESAVI surveillance manual in July 2021.

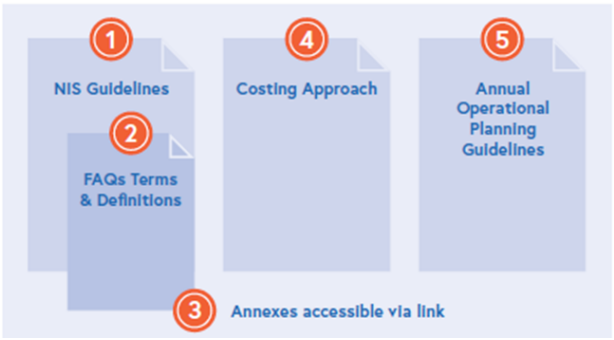
To strengthen ESAVI surveillance at local levels, the DE, in coordination with PAHO, Central American Council of Health Ministers (COMISCA) and USAID, held ten two-day regional workshops to train epidemiologists, statisticians, and doctors from health areas and national hospitals on the adequate implementation of updated protocols. Trainers reinforced the objectives of ESAVI surveillance and discussed differences between serious and non-serious ESAVIs, reviewed the importance of reporting both types of ESAVIs, the proper use of notification tools, and detailed overviews of the processes for serious ESAVI investigation and evaluation by the Guatemalan National Committee on Evaluation of Serious ESAVIs. All participants received copies of training materials, the ESAVI surveillance manual, and forms.

Participants completed pre- and post-workshop evaluations, which revealed important improvements in knowledge about ESAVI surveillance objectives, protocols, and use of reporting tools.

Resources

National Immunization Strategies (NIS) Guidelines

Johanna Fihman, WHO headquarters



WHO and partners have worked together to develop a framework to support countries in strategy development. The **National Immunization Strategy (NIS)** guidelines, published in August 2021 build on the experience of comprehensive multiyear plans (cMYPs), and call for:

- Greater **integration of immunization with other health interventions**, national planning cycles and UHC target setting
- An increased focus on **long-term goals** with intermediary objectives and **key strategies** needed to achieve them
- **Country ownership** with inclusive design processes, as well as **tailored approaches** that take account of local and national context
- A negotiation process with Ministry of Health and Finance leading to **an agreed financial envelope** to fund key strategic priorities; and
- Increasing reliance on **domestic sources of funding**.

The NIS focuses on a strategic period of 5 years and defines:

- The immunization **vision** to be achieved over the long term (generally 10 years).
- Specific **objectives** – intermediate outcomes along the way to reaching the vision - to be achieved at the end of the strategic period (5 years).
- Priority **strategies**, consisting of **a costed set of interventions** to achieve the objectives, as well as the measures to mitigate against risks associated with the selected interventions.

The NIS guidelines are available on the WHO website:

1. **NIS Guidelines**: a step-by-step guide for country stakeholders on how to develop an NIS
2. **NIS FAQs**: further details, including **definitions** of key concepts and terms
3. **NIS Annexes**: supporting documents, including templates and country examples
4. **NIS Costing Approach (NIS.COST)**: Developed by UNICEF, a Google sheet application to support the estimation of NIS resource requirements to be available shortly
5. **Annual Operational Planning (AOP) guidelines**: guidance and tools to support the transition from the NIS into actionable tasks at https://immunizationeconomics.org/unicef-national-planning-and-budgeting

The WHO NIS Team is working closely with Regional Offices and partners to support the roll out of the NIS approach and guidelines. Contact at NIS@who.int.

Health worker training packages: Communicating with patients about COVID-19 vaccination Communicating with health workers about COVID-19 vaccination (2021)

Catharina de Kat, WHO Regional Office for Europe

Two new training packages in English are available to provide a structured approach to assist health workers with:

- interpersonal communication during COVID-19 vaccination consultations, tailored to specific patient positions on vaccination; and
- knowledge and communication skills to build their confidence and support them in their ability to promote acceptance of COVID-19 vaccination among other health workers.

WHO/Europe | Vaccines and immunization - Communicating with health workers about COVID-19 vaccination (2021)
WHO/Europe | Vaccines and immunization - Communicating with patients about COVID-19 vaccination - training package

Preparing countries for COVID-19 vaccine allocation and roll-out surge

Etienne Franca, WHO headquarters

According to its latest supply forecast, COVAX expects to have access to 1.425 billion doses of vaccine in 2021. Of these doses, approximately 1.2 billion will be available for the lower income participants in the COVAX Advance Market Commitment (AMC). This allocation surge will help protect 20% of the population—or 40% of all adults—in all 92 AMC economies except for India. Over 200 million doses will be allocated to self-financing participants. The key COVAX milestone of two billion doses released for delivery is now expected to be reached in the first quarter of 2022.

To help support preparedness and planning, routine coordination and reviews take place among immunization partners and implementers on with a focus on key areas such as supply, logistics, utilization and human resources required to implement COVID-19 vaccination.

To support COVID-19 vaccine introduction, recent publications include:

- Guidance on developing a national deployment and vaccination plan (NDVP - UPDATED) for COVID-19 vaccines in EN AR CH FR and RU.
- The COVID-19 Vaccine Introduction and deployment Costing tool (CVIC tool)
- COVID-19 vaccine post-introduction evaluation (cPIE) guide: interim guidance, 25 August 2021
- Guidance on conducting vaccine effectiveness evaluations in the setting of new SARS-CoV-2 variants: interim guidance, 22 July 2021 – Addendum to Evaluation of COVID-19 vaccine effectiveness – in EN CH FR RU SP PT.
- Job aid: How to manage storage and distribution of COVID-19 Vaccine Janssen delivered at -20°C and +2 to +8°C temperatures? EN FR
- Sinovac CoronaVac® vaccine explainer in all UN languages and Portuguese.
- Administering the BIBP/Sinopharm and CoronaVac/Sinovac COVID-19 vaccines training video
- How to manage COVID-19 vaccines without VVM at vaccination service points? (updated)

A vaccination team goes door-to-door in a working class neighbourhood of Puerto Inirida, Colombia, to offer COVID-19 vaccinations on 17 March 2021.

As more doses of the Pfizer-BioNTech COVID-19 vaccine become available to AMC participants, the CRD is developing several resources to support countries in the vaccine roll-out. A dedicated resource page on TechNet-21 has available resources, including:

- Training on Pfizer BioNTech COVID-19 mRNA Vaccine COMIRNATY® (Tozinameran)
- Training on handling, storing and transporting Pfizer BioNTech COVID-19 Vaccine COMIRNATY® (Tozinameran) is available in English, Arabic, French and Russian.
- COVID-19 Vaccine Rollout Technical brief on delivery strategies options

COVID-19 vaccines arrive in Guatemala via COVAX Silvia Cucul, a health worker and originally from the department of El Quiché, currently works at the Campur Health Post around older adults and children. "On this day we are grateful to receive the vaccine," she said.

Also available online:

Frequently asked questions - COVID-19 vaccines and breastfeeding based on WHO SAGE interim recommendations
COVID-19 immunization in refugees and migrants: principles and key considerations: interim guidance, 31 August 2021

A webinar training series is also available on: Costing, Budgeting, Financing and Delivery of COVID-19 Vaccines.

Influenza vaccination during the COVID-19 pandemic

Morgane de Pol, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) and Health Policy Partnership (HPP)

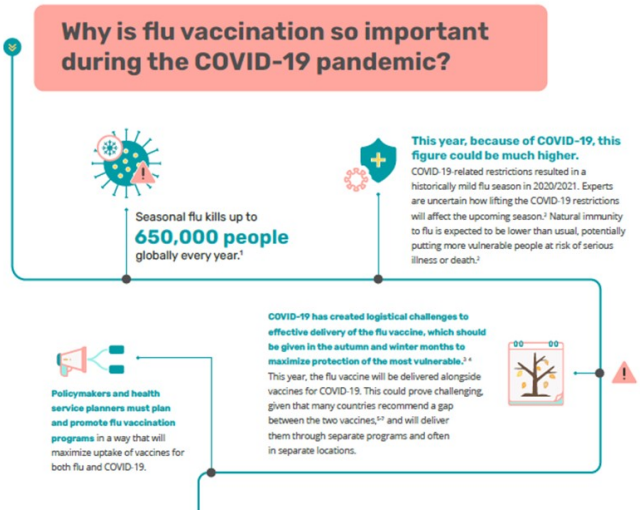
The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) and Health Policy Partnership (HPP) launched a report on ramping up and safe delivery of flu vaccination programmes during the COVID-19 pandemic. Given the continued impact of the COVID-19 pandemic and the unpredictability of the flu virus, flu vaccination could be more important than ever in the 2021/22 flu season in protecting the most vulnerable people and preventing health systems from becoming overburdened.

The report aims to support policymakers, health service planners and other key stakeholders in the planning and delivery of the 2021/2022 flu vaccination programme.
The report:

- Describes the unique challenges to preventing flu during the COVID-19 pandemic.
- Defines priority groups for vaccination.
- Outlines the following four policy priorities for addressing those challenges so that the most vulnerable people are protected from flu during the upcoming flu season:
  - Convenient access to the flu vaccine in community and healthcare settings that are COVID-19 safe.
  - Reimbursement for all priority groups.
  - Optimal timing of flu vaccines while taking COVID-19 vaccine schedules into account.
  - Tailored communication campaigns that deliver targeted messages to specific populations.

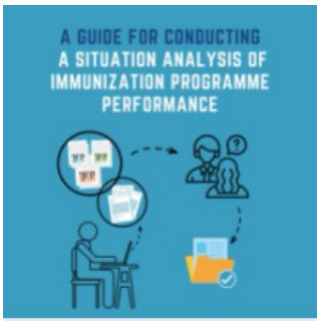
The report calls governments for action to adapt vaccination programmes and policies to the challenges of the pandemic. By focusing on the above priorities, policymakers, those planning flu vaccination services and other key stakeholders, can minimize the potentially devastating result of seasonal flu on individuals and healthcare systems which are already struggling with the impact of COVID-19.

The report is accompanied by an infographic that highlights priority areas and provides guidance for policymakers and health planners to take action.
Learn more at this link, on this webpage and on this page.



Guide and Workbook for Conducting a Situation Analysis of Immunization Programme Performance

Samir Sodha, WHO Headquarters



The working drafts of the *Guide and Workbook for Conducting a Situation Analysis of Immunization Programme Performance* is now available.

A situation analysis or desk review is commonly recommended for many activities including EPI Reviews and National Immunization Strategy (NIS) development. The objective of this guidance is to enable national immunization programmes to conduct these situation analyses or desk reviews in a systematic way to identify and prioritise critical programme barriers, highlight programme success, and identify evidence gaps to be addressed. This process has been piloted in multiple countries (Burkina Faso, Indonesia, Liberia, Zambia) in the context of different activities, including EPI Reviews. The accompanying Excel-based workbook is a useful tool to assess and document the status of the immunization programme under review. It provides a detailed list of barriers and targeted questions for a step-by-step systematic documentation of available evidence.

For further information or an expression of interest to use this methodology in the countries you are working with please contact Samir Sodha or Dijana Spasenoska.

"Time for action: toward an intersectional gender approach to COVID-19 vaccine development and deployment that leaves no one behind"

Tracey Goodman, WHO Headquarters

This article provides a critical review of the role of sex and gender dimensions from vaccine development to delivery. It offers six recommended actions for incorporating an intersectional gender lens in COVID-19 vaccine development and deployment efforts. This topic and a longer Working Paper was presented and discussed by the SAGE Working Group and demonstrates WHO's efforts to incorporate a gender lens into the development process of its guidelines and recommendations.
Free to access link: http://gh.bmj.com/cgi/content/full/bmjgh-2021-006854

Methodological guidance on how to cost an immunization campaign

Laura Boonstoppel, ThinkWell

Immunization campaigns are an important delivery strategy used to improve coverage and decrease morbidity and mortality from vaccine-preventable diseases. It is crucial that the costs of different immunization campaigns, including those integrated with the delivery of other health interventions, are accurately estimated to inform planning, budgeting, and resource mobilization.

Global evidence on what it costs to conduct a campaign is limited. Available estimates vary widely, and the extent to which cost variation is driven by differences in costing study methodologies or campaign operations is not clear, making the evidence hard to compare. Without a clear understanding of the methodological differences between the studies, it is difficult to use such results to budget and plan future campaigns.

To address these issues, with support from the Bill & Melinda Gates Foundation, ThinkWell has developed a methodological guidance to help standardize immunization campaign costing methods.

Although various guidance documents cover the costing of health interventions and the costing of routine immunization programmes specifically, none discuss the specifics of costing immunization campaigns. This new guide offers methodological advice for field researchers, country practitioners, and academics worldwide on costing an immunization campaign. This guide complements the literature on costing studies with specific methodological considerations for immunization campaigns, clear instructions fitting potential scenarios, and concrete examples. It is intended to improve the standardization of campaign costing processes and reporting, enhance the availability and comparability of evidence, and improve its use by country and global stakeholders.

New publication estimating the cost of conducting a Measles-Rubella vaccination campaign in India

Laura Boonstoppel, ThinkWell

From 2017 to 2020, India undertook a large-scale measles-rubella (MR) vaccination campaign to eliminate measles, and to control rubella and congenital rubella syndrome. More than 324 million children aged between nine months and 15 years were vaccinated with a dose of MR vaccine.

The actual delivery cost of conducting a MR vaccination campaign in India was not known and has not been estimated previously.

To fill the gap on campaign costing evidence both in India and globally, ThinkWell and the International Vaccine Institute, with support from the Bill & Melinda Gates Foundation, have conducted a study to estimate the cost of India's MR campaign. The study estimated the incremental financial cost in three Indian states (Assam, Gujarat, Himachal Pradesh) and the full economic costs in one state (Uttar Pradesh).

A few key findings from the study:

- The financial delivery cost per dose of the MR campaign including all partner support ranged from US$0.16 (INR 10.95) in Uttar Pradesh to US$0.34 (INR 24.13) in Gujarat.
- In Uttar Pradesh, the full economic delivery cost per dose was US$0.87 (INR 61.39).
- The key financial cost drivers were incentives related to service delivery and supervision, the printing of reporting formats for record-keeping, social mobilization, and advocacy.
- The financial delivery cost per dose estimated was higher than the government's pre-fixed budget per child for the MR campaign, probably indicating an insufficient budget. However, the study also found underutilization of the MR budget in two states, and use of other sources of funding for the campaign. This indicates a potential need for more flexibility around the use of campaign budgets in Indian states.

The cost estimates generated in this study can help inform planning, budgeting, and cost projections for future immunization campaigns in India and other countries.

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
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
Global Polio Eradication Initiative
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)

COVID-19 Vaccines Newsletter (AFRO)

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

Immunization Newsletter (PAHO)

The Civil Society Dose (GAVI CSO Constituency)

TechNet Digest

Vaccine Delivery Research Digest (Uni of Washington)

Gavi Programme Bulletin (Gavi)

Immunization Economics Community of Practice