In this issue

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

News

UNICEF supporting fast-tracking of Ultra-Cold Chains for a billion COVID-19 vaccine doses

Anahitta Shirzad, UNICEF

A billion COVID19 vaccine doses which need to be stored in temperatures colder than winters in Antarctica are headed to 92 low- and lower-middle income countries and UNICEF is working hard to ensure Ultra-Cold Chains are in place to receive and preserve them.

Having already delivered and installed over 487 units of Ultra Cold Chains (UCC) in 57 countries for over 126 million doses of COVID-19 vaccines, UNICEF is in advanced stages of installing 251 units ina further 10 countries that will be able to store over 70 million doses of COVID-19 vaccines. Additionally, UNICEF is supporting UCC in another 25 countries through technical assistance.

ULTs procured by UNICEF through COVAX to the Government of Cambodia. Left UNICEF Representative, Ms. Foroogh Foyouzat. Right Dr Or Vandine, Secretary of state, Ministry of Health. Credit: @UNICEF2021.

"Efficiencies at scale is our driving moto with our teams clocking 12 days as the average lead time from the receipt of UCCs at port of entry to installation and functionality test," said Michelle Seidel, UNICEF Senior Advisor for Immunization. "We are looking at bringing the average time down to 10 days for the entire process of clearance, re-gassing, distribution and tests if we can get quicker in-country custom clearances," she added.

The existing vaccine cold chains in countries are typically designed for vaccine storage at +2 C to +8 C, and -20 C degrees Celsius but Pfizer-BioNTech vaccine requires temperatures between -60 C and -86 C. The availability of Ultra-Low Temperature (ULT) freezers is extremely limited in most of the low- and lower-middle income countries.

UNICEF Supply Division is procuring, installing as well as training recipient countries to handle and monitor UCC in partnership with other UN agencies, governments, multilateral institutions as well as private sector entities. Most importantly, 43% of ULT freezers are headed for the African region.

To ensure a full continuum of support, UNICEF is also deploying 75 Vaccine Management Specialists in 40 countries to ensure every vaccine dose counts.

SUBSCRIBE NOW
Send an email to listserv@who.int
with the following text in the body of the email:
subscribe GLOBALIMMUNIZATIONNEWS

VIEW PREVIOUS EDITIONS
For previous editions of the GIN,
visit the GIN archive on the WHO website.

Republic of Maldives conducts joint Post Introduction Evaluation (PIE) for COVID-19 vaccine and Human papilloma virus (HPV) vaccine (5-12 December 2021)

Aishath Thimna Latheef and Lokesh Alahari, WHO Country Office, Maldives

WHO Maldives supported the Ministry of Health (MoH) in conducting a classic PIE for both COVID-19 vaccine and Human Papilloma Virus (HPV) Vaccine. Maldives is one of the first countries to conduct a classic PIE for COVID-19 vaccination including international and national experts.

COVID-19 vaccination was introduced in Maldives on 1 February 2021. Since then, there has been significant progress in the rollout of COVID-19 vaccination with 72% of the total population vaccinated with the first dose and 67% vaccinated with both doses.

Health centre assessment. Credit; WHO Maldives.

The HPV Vaccine was introduced in Maldives as a campaign in 2019 targeting a multiage-cohort of girls aged 10-14 years followed by its introduction into the routine vaccination schedule for girls of 10 years of age.

What the PIE included:

a) **Desk review** of all guidelines, documents, and data.
b) **Field assessment** which involved visiting the Atoll hospitals, Island Health Centers (IHC), public and private hospitals and vaccine storage facilities.
c) **Health-worker, teacher, and Community interviews** were held to assess vaccine acceptance and awareness.

Healthworker Interview. Credits WHO Maldives.

d) **Site selection:** seven of the 20 Atolls and Greater Male' region were included in the PIE. One Atoll hospital, two IHCs and a resort/industrial island were visited by each team.
e) **Stakeholder meetings** were held with National Technical Advisory Committees and operational groups involved in decision-making, partners and developers of the Dhifaau web portal which is being used for real-time recording of COVID-19 vaccination.

PIE Teams: International experts from WHO, UNICEF, US-CDC and MM Global Health were part of the PIE teams. Each team also had programme managers from MoH, national partners, members of Maldives' Technical Advisory Group on Immunization and National Adverse Event following Immunization (AEFI) committee.

Cold chain monitoring. Credit: WHO Maldives.

The funding for the evaluation was provided through Gavi COVAX support. A real-time online web portal was used for data collection. The evaluation has helped the country to identify strengths which led to the achievement of high coverage for COVID-19 and HPV vaccines and also highlighted challenges which need to be addressed in order to improve the implementation of COVID-19 vaccination and routine immunization in the country.

Strategic Training Executive Programme (STEP) 2.0 aims to strengthen Zambia's supply chain network during the COVID-19 pandemic

Kali Bechtold and Kevin Etter, Yale Global Health Leadership Initiative and Gavi

The Strategic Training Executive Programme (STEP) 2.0, a six-month leadership solution for supply chain managers, launched its first fully virtual course (vSTEP) in October 2021, engaging 30 professionals at the national and sub-national level in Zambia. Participants are paired with a private sector expert from GlaxoSmithKline (GSK), Johnson & Johnson, or Merck and engage in a curriculum facilitated by Yale's Global Health Leadership Initiative that has been adapted to be relevant and feasible during the COVID-19 pandemic. At the end of the programme, participants will have completed individual transformation projects that diagnose and address a complex supply chain challenge within their sphere of influence.

STEP 2.0 includes practical skills building in adaptive leadership, change management, and strategic communication, equipping supply chain professionals to ensure the availability of critical vaccines and essential medicines in even the most challenging contexts. The programme traditionally includes a series of preparatory assignments, a five-day in-person forum, and follow up private sector coaching culminating in support of a transformational challenge.

Yale's experience adapting the Gavi-supported Expanded Programme on Immunization Leadership and Management Programme (EPI LAMP), the implementation of a systematic risk assessment, high levels of engagement from Zambia's Ministry of Health, and enthusiasm from private sector coaches has allowed for the seamless transition to a fully remote programme. The virtual STEP (vSTEP) includes weekly live, virtual seminars and monthly coaching sessions with private sector coaches. Preliminary results show high levels of participant engagement, including attendance in live virtual sessions and routine completion of programme requirements.

The vSTEP Zambia course has been made possible through financial support from GSK to the International Federation of Pharmaceutical Wholesalers, Inc. (IFPW) Foundation's collaborations with Gavi. For more information, please contact Lynka Ineza, Programme Manager at the Yale Global Health Leadership Initiative.

Needle-free injections address polio vaccine gaps in Somalia

Paul LaBarre, PharmaJet

The global incidence of polio has decreased by 99.9% since the foundation of the Global Polio Eradication Initiative. Now, the task remains to tackle polio in its last few strongholds. The 2018 polio outbreak in Somalia highlighted the risk of paralysis to children in under-immunized populations. In 2021, in response to that risk, WHO, UNICEF and local Somalia Health Authorities, with funding from the BMGF, launched a catch-up campaign to immunize children who missed their routine polio shots. PharmaJet's Needle-free injection system was selected to deliver the polio vaccine based on its proven cost-savings, ease of training, and improved coverage benefits.

Somali HCWs deliver a needle-free polio immunization.

In early September, PharmaJet experts conducted training in Mogadishu alongside UNICEF, WHO, and local health authorities who then cascaded the training to the lower levels. Two weeks later, the campaign began in Berbera, Somaliland. The first round of immunizations went extremely well: 100% of responses from caregivers surveyed reported they would be more likely to bring their child for vaccination in a future campaign that used needle-free injectors, citing the child's positive response to needle-free vaccination as the main reason. Of the healthcare workers surveyed, 100% said that using needle-free injectors could increase vaccination rates.

One month later, the mothers returned with their children for the second round of immunization and were already familiar with the Tropis device. This experience in Somalia mirrors Pharmajet's previous field experience in Pakistan where there was nearly 20% increase in coverage over previous campaigns when using needle-free delivery.

Fractional IPV (fIPV) has been found to be safe, effective, and immunogenic and is endorsed by WHO. Choosing fIPV instead of the full dose can stretch supplies and lower the cost of vaccination. Needle-free delivery can improve the beneficiary and caretaker experience and save costs.

EPI Monitoring and Catch-up application

DHIS2 based open-sourced application: available from App Hub at the University of Oslo

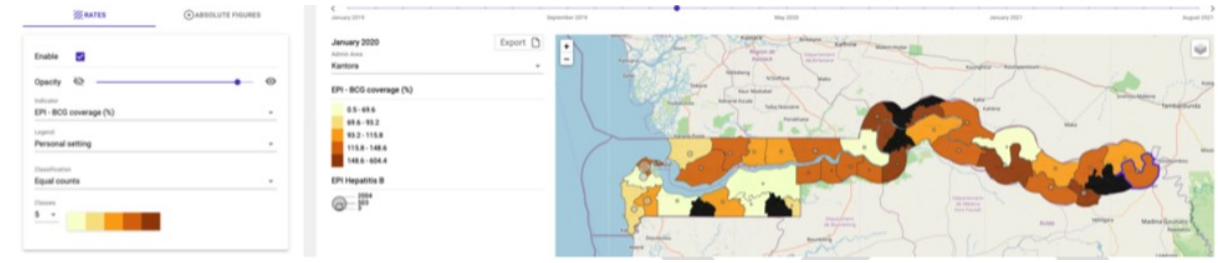
Raphael Girod, MAHA: Mapping & Analytics for Health Activities

Mapping and Analytics for Health Activities (MAHA), is a French company linking public health and information technology. MAHA is developing Geographical Information System (GIS) based applications and services. The MAHA team has produced a wide range of GIS products such as static maps (base maps, reporting maps, analytic maps, and infographics) or web applications (dynamic maps, dashboards) tailored to organization's activities: epidemiological follow-up, planning vaccination campaign, nutrition monitoring, and security management.

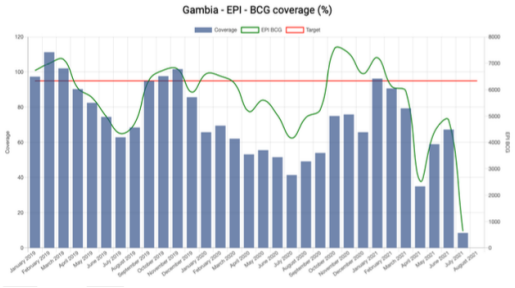
With the "EPI MONITORING & CATCH-UP APP", you can:

- Look at EPI related data through interactive maps at different administration scales, thanks to the embedded features such as the time slider, the zoom in /out function and several innovative data visualizations.

Get access to analytics and relevant layers of information which are understandable by experts who are mandated for communicating complexity with clarity, e.g. planners or epidemiologists



.



Thanks to a set of new indicators and innovative data visualizations, the App can also be used by decision-makers to evaluate the impact of the COVID-19 pandemic on Routine Immunization (RI) and the need for catch-up campaigns to boost routine immunization coverage.

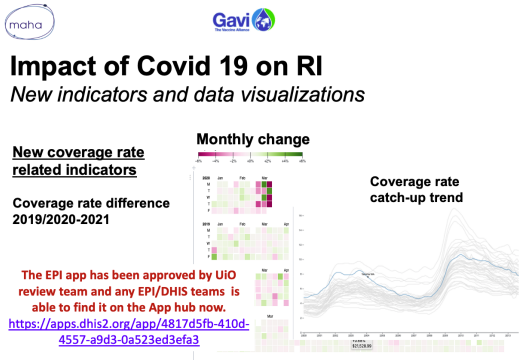
Additional information about the EPI Monitoring app

Link of the technical brief through MAHA web site

Link to the on-line demo application:
user : **admin** / password : **district**

The application is not only stored on the MAHA server but is also accessible to any stakeholders through the DHIS App Hub of University of Oslo. The EPI app has been approved by UiO review team in November 2021 and any EPI/DHIS teams is able to find it on the App hub now.

More information at this link.



Vaccine Logistic Management Information System: Barcoding on Vaccine Vial

Swarajh Mehta and Himansh Negandhi, Indian Institute of Public Health, India

Vaccination programmes are considered successful if a safe and potent vaccine reaches the beneficiary. The vaccine journey has multiple milestones from the manufacturing plant (Tertiary Packaging) to the last-mile health center (Secondary Packaging) to the vaccine recipient (Primary packaging). Vaccine related information is required at each milestone, where the existing system demands repeated data entry and is subject to potential errors.

To overcome this challenge, the WHO recommends GS1 compliant barcodes for secondary and tertiary packaging of vaccines— expected to be introduced by 31 December 2021— containing the Global Trade Item Number (GTIN), vaccine expiry date, and vaccine batch/lot number. With the GS1 Global Data Synchronization Network (GDSN) implementation, once vaccine content is uploaded into the system, it can be shared automatically. This implementation ensures that stakeholders at various levels have immediate access to accurate information, saving time and making it a 'zero error' system.

The Vaccine Innovation Prioritization Strategy (VIPS) alliance collaborates with Gavi, WHO, BMGF, UNICEF, and PATH to evaluate, prioritize and drive forward vaccine product innovations. In May 2020, the VIPS prioritized "Barcodes on primary packaging". Barcode encoded information can be scanned to automatically capture stored information, enable the tracking and monitoring of vaccine products in supply chains, and provide information to relevant stakeholders involved in the Vaccine Logistics Management Information System. Therefore, it mitigates the not-uncommon challenge of counterfeiting.

As the barcode system will be made effective for secondary and tertiary packaging soon, extending to primary packaging should not face many challenges. It will bring in advantages of tracking inventory, help estimate antigen wise vaccination coverage, and strengthen safety reporting. Furthermore, barcodes can be integrated with other data operating systems such as patient electronic medical records (EMR), thus enabling healthcare providers to monitor the vaccination of individual patients or vaccine-associated AEFIs.

REFERENCES

- https://www.gs1.org/standards/gs1-healthcare-gtin-allocation-rules-standard/current-standard#1-Introduction accessed on 26/10/2021
- Guidelines for the international packaging and shipping of vaccines, 6th edition. WHO/IVB/05.23. Freeze indicators on primary vaccine containters accessed on 24/09/2021.
- https://www.dcvmn.org/IMG/pdf/2020_07_16_vips_dcvmn_webinar.pdf accessed on 26/10/2021

FEATURE: Immunization in Guatemala

Implementing active ESAVI (Events Supposedly Attributable to Vaccination or Immunization) surveillance following COVID-19 vaccination among pregnant women in Guatemala

Suceth Santamarina, María Fernanda Velásquez, Jorge Hernández, Ingrid Contreras, Marc Rondy, Ericka Gaitán, Department of Epidemiology, Guatemalan Ministry of Health and Social Welfare and Pan American Health Organization-Guatemala

COVID-19 vaccination among pregnant women was implemented in late August 2021. PAHO has supported the Ministry of Health in establishing an active events supposedly attributable to vaccination or immunization (ESAVI) surveillance system through direct collaboration with the Department of Epidemiology, with protocol and questionnaire development and implementation, including a pilot test and training reproductive health technicians in 29 health areas. Ongoing support has also been provided in data analysis, technical advice, and monitoring at the national level.

Surveillance consists of telephone calls made by local reproductive health technicians in health areas to pregnant women at designated intervals following COVID-19 vaccination. Women are contacted at days 2, 7, 35-40 (Pfizer and Moderna vaccine recipients) and 60-65 (AstraZeneca vaccine recipients) post-vaccination, as well as seven (7) days after their scheduled delivery date. A standardized questionnaire is administered during every one of these phone calls. A pilot test was implemented in four health areas in early October 2021.

Between mid-October 2021 and mid-January 2022, ESAVI surveillance personnel in health areas have carried out 3,986 monitoring calls and received 813 ESAVI notifications (following the administration of 33,369 vaccine doses). The most common symptoms reported are injection site reactions (60% of notifications), headache (43%), and fever (31%). Of these reports, three have been reported as serious events (0.4%); two of which were determined to be unrelated to the vaccine or vaccination process by the National Committee on Evaluation of Serious ESAVIs and one is still under investigation.

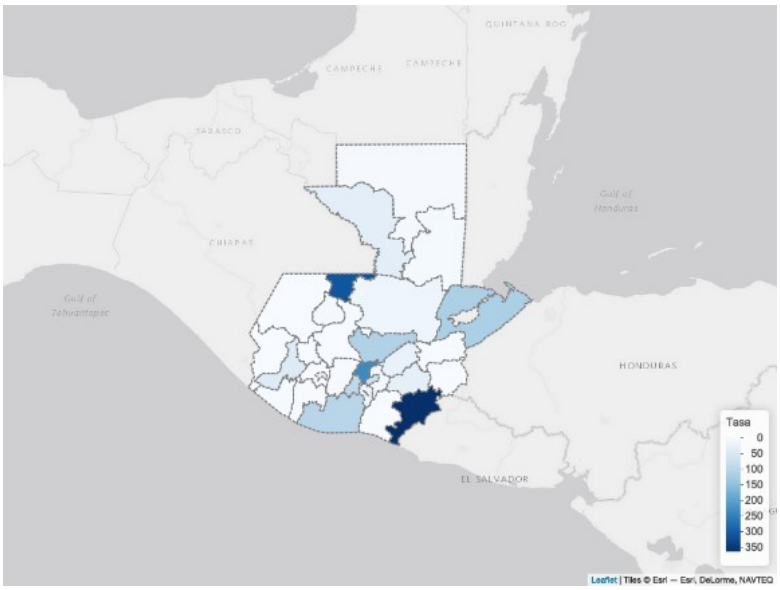


Figure 1. ESAVI monitoring rates in pregnant women following COVID-19 vaccination, by health area. Guatemala, October 2021-January 2022. Prepared by: Department of Epidemiology, Guatemala Ministry of Public Health.

The active ESAVI surveillance in Guatemala adds to the evidence from other countries that mRNA and AstraZeneca COVID-19 vaccines are safe among pregnant women.

Collaborative efforts with ancestral authorities as a key component to advance COVID-19 vaccination coverage in Guatemala

Milton Guzmán, Emma Marcela Pérez Conguache, Giovany Ujpan, Santos Estuardo Alvarado, Yamanik Cholotío, Lourdes Álvarez, Claudia Jarquin, Evelyn Balsells, Marc Rondy, Pan American Health Organization-Guatemala, Guatemalan Ministry of Health and Social Welfare (MSPAS) and Guatemalan Federation of Radiophonic Schools

Guatemala launched their COVID-19 vaccination deployment at the national level in February 2021. The first phase of deployment prioritized health workers and populations at higher risk due to age and comorbidities were prioritized in the second phase. Although vaccination coverage has increased steadily, marked differences have been observed between geographic areas, with lower coverage in rural localities and those with indigenous populations. Communication barriers were identified through an ethnoanthropological assessment in eight departments of the country. This assessment identified factors that affect decision-making to get vaccinated in Guatemala and provided key recommendations for more culturally relevant reporting.

Photo 1. Dialogue with the Intersectoral Environment and Land working group, in collaboration with Ancestral Authorities and PAHO in south Petén, January 2022. Credit: FGER.

A factor in preventing COVID-19 and promoting vaccination is the trust of the population in health personnel and institutional actions, without which greater efforts and investment of resources are required. Therefore it has been necessary to raise awareness and create links between different sectors so that the health issue is approached in a participatory manner.

With support from the Guatemalan Federation of Radio Schools (FGER), local facilitators were identified in 81 communities, 23 municipalities, and eight departments. The work involved ancestral leaders of the Maya, Xinka, and Garífuna peoples, as well as some dependencies of the Ministry of Health, such as the Education and Health Promotion Programme (PROEDUSA), Comprehensive Health Care System (SIAS), and the Health Care Unit for Indigenous Peoples and Interculturality (UASPIIG). A a series of dialogues were held between November 2021 and January 2022, to strengthen the knowledge and understanding of COVID-19, and the promotion of vaccination with key actors at the community level and indigenous peoples.

Photo 2. Dialogue with the Intersectoral Environment and Land working group, in collaboration with Ancestral Authorities and PAHO in south Petén, January 2022. Credt: FGER.

The participation of ancestral and community leaders through "circular dialogues" has transmitted reliable information to community members and provided opportunities to address limitations at the local level regarding access to health services, the management of COVID-19 and vaccination, with cultural relevance. This improved communication on comprehensive health care in an intercultural manner has allowed Ancestral Authorities, community authorities, and the Ministry of Health to work in a complementary manner, to increase the demand for COVID-19 vaccination, in rural communities with low coverage.

The direct participation of ancestral authorities and community leaders has revealed their commitment to actively support the implementation of health strategies with cultural relevance, aimed at valuing and strengthening the vaccination campaign against COVID-19 in Guatemala. It has also allowed an active approach to highlight the complementary role between institutional medicine and indigenous medicine in the management of the COVID-19 pandemic in Guatemala and the comprehensive improvement of health in vulnerable populations. This collaborative work will continue to be coordinated from the Guatemalan Ministry of Health, beyond the pandemic for the medium and long term.

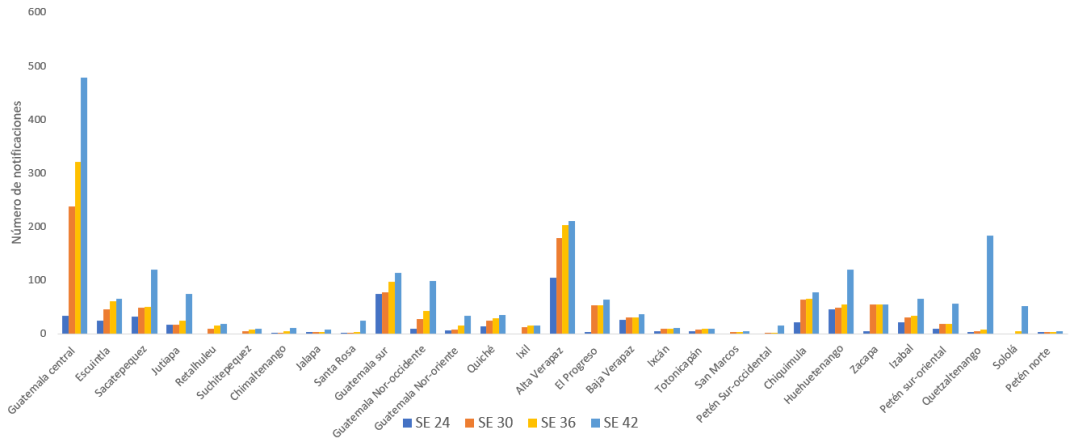
Boosting National COVID-19 Vaccination Activities in Guatemala through Shoulder-to-Shoulder Regional Technical Assistance

Ericka Gaitán, Frank Rivera, Efraín López, Mayra Corado, Enrique Chávez, Ingrid Contreras Roldán, Oscar Orantes, Claudia Jarquin, Evelyn Balsells, Marc Rondy, Ministry of Public Health Guatemala, Pan American Health Organization-Guatemala

Although COVID-19 vaccination roll-out in Guatemala has advanced steadily since February 2021, important differences in implementation indicators (vaccination coverage, Events Supposedly Attributable to Vaccination or Immunization (ESAVI) surveillance, and advancement of microplanning tools) are seen between health areas. As part of PAHO's efforts to support the Ministry of Health's (MOH) National COVID-19 Vaccination Plan, an initiative combining leadership from the MOH's National Immunization Programme, Department of Epidemiology, and Health Care Integrated System (SIAS, in Spanish) was implemented to provide regionally-focused technical assistance in campaign planning, logistics, and ESAVI surveillance to local health areas from July to December 2021. The main objective was to strengthen health areas in rolling out COVID-19 vaccinations, including implementing and complying with technical guidelines.

Following an interdisciplinary approach, 11 regional immunization focal points were trained and assigned to support 1-3 health areas in COVID-19 vaccination-related tasks (76% of health areas covered). Focal points worked shoulder-to-shoulder with health personnel at health areas and municipal levels to prioritize sites with low vaccination coverage. Vaccination activities were closely monitored and evaluated to present individual diagnoses by health area in activities related to COVID-19 vaccination microplanning, guideline implementation, and ESAVI surveillance, and to highlight areas for strategic improvement. Work plans were designed to target these areas and strengthen the communication between municipal, departmental, and national health authorities, as well as indigenous authorities. Focal points engaged local public and private entities to support vaccination efforts in each health area.

Technical assistance through regionalized focal points has strengthened vaccine delivery efforts at the local level and built capacity that can be expanded into routine immunization programmes. Although there are still critical areas to be addressed, having trained personnel specifically dedicated to strengthening vaccination campaigns at local levels can help to improve outcomes of COVID-19 and routine vaccination implementation activities.



ESAVI surveillance increased 4.4-fold through implementation of regionalized focal points, from epi week 24/2021 to epi week 42/2021. Focal points began field work in epi week 29, 32, and 34.

Using Rumor Detection and Scientific Information Mediation to Support COVID-19 Vaccination Communication in Guatemala

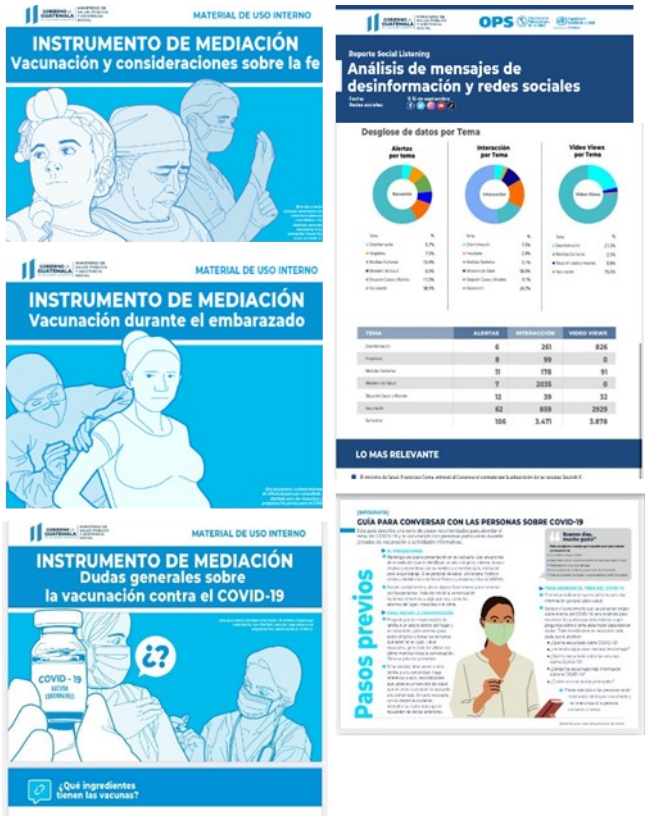
Pedro J. Muñoz Moscoso, Maria Fernanda Cacao, Gabriela Barrios, Lourdes Alvarez, Claudia Jarquin, Marc Rondy, Ministry of Public Health Guatemala, Comunique Guatemala, Pan American Health Organization-Guatemala

The COVID-19 vaccination campaign in Guatemala was deployed in February 2021 following a phased implementation plan. While vaccination has increased steadily, some important barriers have been identified by healthcare personnel regarding communication about COVID-19 vaccines.

To support the Ministry of Health's (MOH) communication strategy, PAHO has partnered with a local communication firm to bridge gaps and improve communication at the community level using two strategies: 1) identifying and analyzing misinformation messages, sources, and rumors related to COVID-19 vaccines; and 2) mediating COVID-19-related scientific information for use by MOH healthcare personnel in communicating vaccine-related information.

Using tools such as UReport, a rumor detection tool supported by UNICEF, and monitoring tendencies in social media, daily reports are generated to communicate trending topics directly to MOH personnel and recommend proactive communication responses. Communication kits with mediated information on specific topics of interest (COVID-19 vaccination in pregnant women and children, specific information about different vaccines, talking points for use with local news reporters, among others) are generated and shared on a timely basis with MOH.

Trainings on how to use these communication kits will be conducted with technicians from 29 health areas in Guatemala during the last week of November 2021. With these strategies, PAHO supports MOH COVID-19 vaccination communication efforts to reduce misinformation and increase vaccination uptake in Guatemala.



Sample of documents included in communication kits for use by MOH technicians in health areas in COVID-19 vaccine communication efforts.

Strengthening National COVID-19 Immunization and Surveillance Programmes in Guatemala through Timely Data Analysis and Presentation

Rafael León, Alejandro Vásquez, Luis Fernando Quezada, Kristen Brandt, Lesly González, Claudia Jarquin, Evelyn Balsells, Diana Sierra, Marc Rondy, Pan American Health Organization-Guatemala, Guatemalan Ministry of Health

Timely access to, and analysis of, surveillance data is essential for public health decision-making, which is especially important considering the current COVID-19 pandemic. Guatemala began COVID-19 vaccination in February 2021, following a phased implementation plan aligned with the WHO SAGE Roadmap.

Given the national scope, volume and urgency associated with implementing the COVID-19 National Vaccination Plan, it is imperative for the Guatemalan Ministry of Health (MOH) to use data collected through its programmes to plan, monitor, and evaluate vaccine roll-out in a timely manner. To support MOH efforts, PAHO-Guatemala has provided technical assistance to strengthen the National Immunization Programme (NIP) and the Department of Epidemiology (DE) in the automation of data analysis and presentation to inform decision making at the national level.

Technical assistance has been provided through a team of biostatisticians and epidemiologists supporting NIP and DE activities. The activities included designing, developing, and maintaining digital platforms to process, analyze, and present COVID-19 surveillance and vaccination data in Guatemala. This has enabled the NIP and DE to process large quantities of data collected on a daily basis by the MOH and to provide information to different stakeholders.

In collaboration with healthcare professionals from the DE and NIP, the biostatisticians have developed dashboards to present available data on COVID-19 cases and vaccination rates, with daily reports on vaccine coverage by department and health areas.

A dashboard with COVID-19 vaccine safety data obtained from ESAVI surveillance in country has also been developed. Dashboards have been instrumental in monitoring the progression of the COVID-19 pandemic and implementation of the National COVID-19 Vaccination Plan in Guatemala.

Call for expressions of interest

Call for expressions of interest to join the European Technical Advisory Group of Experts on Immunization

Catharina de Kat, WHO Regional Office for Europe

WHO/Europe is calling for expressions of interest from qualified experts to join the European Technical Advisory Group of Experts (ETAGE).

This is a great opportunity for experts in vaccine-related fields to contribute at regional level to preventing vaccine-preventable diseases.

For more information see
WHO/Europe | Vaccines and immunization - Call for expressions of interest in membership of the European Technical Advisory Group of Experts on Immunization (ETAGE)

To submit your application by 15 February 2022, please write to this email address.

Past Meetings/Workshops

28th Meeting Of The African Regional Certification Commission For Poliomyelitis Eradication (ARCC)

Hilaire DADJO, WHO/IST West Africa, Ado BWAKA, WHO/IST West Africa

Location: Virtual

Date: 23-25 November 2021

Participants: ARCC members, Polio experts, Representatives from Guinea-Bissau, Nigeria

Purpose: The purpose of the meeting was mainly to update the participants on the :

- Situation of polio eradication globally and in the African Region;
- Status of poliovirus containment globally and in the African Region;
- Situation of polio surveillance in Africa amidst COVID-19 pandemic
- Management of cVDPV outbreaks in the African region (including Nigeria)
- Role of ARCC in validating the absence of cVDPVs
- ARCC 2022 plan of action

Details: During the 2-day meeting, global and regional overviews of the efforts deployed in the polio eradication were provided. A decline in the number of Wild Polio Virus (WPV1) in the two remaining endemic countries (Afghanistan and Pakistan) was noted while the authorization from SAGE for wider use of nOPV2 (still under Emergency Use Listing) to respond to cVDPV2 in outbreak countries of the Region was appreciated by the ARCC. The ARCC took note of the preliminary evidence in some countries showing progress towards interruption of cVDPV2 transmission following the second nOPV2 round (Benin, Liberia, Congo, Niger, Sierra Leone and some states in Nigeria) with no cVDPV2 reported since the second round. Concerns were expressed about the global shortage of nOPV2 resulting in reduced scope, delay and suboptimal outbreak responses, critical surveillance gaps in some high priority countries, the decline in routine OPV3 and IPV immunization coverage, and the slow introduction of IPV2 in routine immunization schedules.

Before closure of the meeting, some country-specific recommendations were made to Guinea-Bissau and Nigeria, while the general meeting recommendations proposed focused on the Polio transition, the management of cVDPV outbreaks in the Africa Region, population immunity, surveillance and containment.

National Effective Vaccine Management Assessment (EVMA) 2.0 continuous Improvement Plan (cIP) Workshop, Malawi

Lokesh Sharma, Samuel Chirwa and Ghanshyam Sethy, UNICEF Malawi Country Office, Lilongwe, Malawi; Mike Nenani Chisema and Mphatso Mtenje, Ministry of Health (MOH), Malawi; Zainab Reda Berri, UNICEF ESAR Regional Office, Kenya; and John Phuka, University of Malawi College of Medicine (UMCM), Malawi

Location: Mponela, Malawi

Date: 1-3 December 2021

Participants: 30 attendees from MoH – EPI, Development Partners i.e. UNICEF, WHO, JSI, USAID, Village Reach etc.

Purpose: To discuss EVM findings and develop a comprehensive vaccine management improvement plan for the country by utilizing the knowledge and expertise of different stakeholders.

Group working on root cause analysis of EVM findings and writing recommendations for IP

Details: With the rising cost of vaccines and the greater storage capacity now required at every level of the cold chain, countries must maintain lower stock levels, reduce wastage, accurately forecast vaccine requirements, and prevent equipment breakdowns. This requires a consistently high standard of supply chain management, which can only be achieved if all the links in the supply chain comply with current good storage and distribution practices. The EVM initiative provides the materials needed to monitor and assess vaccine supply chains and to help countries to improve their supply chain performance. To assess the functionality of all the links in the supply chain, UNICEF and WHO have developed the Effective Vaccine Management Assessment 2.0 (EVMA 2.0) tool.

The EPI in Malawi was launched in 1979 and currently it is fully integrated into the Essential Health Care Package in the provision of preventive health services. Currently vaccines in the immunization schedule include BCG, OPV, IPV, DPT-HepB-Hib, Measles Rubella, PCV 13, Rotavirus and Td for pregnant women and women of child-bearing age (15-45 years). HPV is expected to be included as one of the vaccines for adolescent girls for the prevention of cervical cancer.

Malawi has a robust cold chain system in place to deliver effective vaccines all the way to the final mile. To get the vaccination to the last beneficiary, Malawi has one primary store, three sub-national stores, 29 last delivery stations, and over 825 service points.

In October 2021, Malawi conducted its third national EVM assessment. A total of 1 primary level store, 3 sub-national stores, 20 last delivery stations, and 58 service points were assessed. A three-day EVM cIP workshop was organized from December 1st to 3rd, 2021, to design a comprehensive improvement plan based on the findings of the National EVM assessment.

More than thirty participants from the Ministry of Health's EPI team, as well as immunization partners from UNICEF, JSI, WHO, USAID, and Village Reach, helped to create Malawi's comprehensive improvement plan. UNICEF being the lead immunization partner facilitated three day EVM 2.0 cIP workshop.

Simulation Exercise to strengthen Preparedness and early response capacity to Yellow Fever Urban Outbreaks in AFRO Region

Hilaire DADJO, WHO/IST West Africa

Location: Virtual meeting

Date: 14-15 December 2021

Participants: Approximately 60 national and international experts from :

- WHO/HQ, PAHO, AFRO, WCOs
- Local experts from Angola, Cameroon, Côte d'Ivoire, DRC, Ghana, Nigeria and Uganda.
- GAVI-Alliance, BMGF
- ICG Experts from the Yellow Fever International Coordinating Group (ICG)

Purpose:

- Strengthen country preparedness, readiness and response to yellow fever urban outbreaks
- Conduct an after-action review (AAR) of the simulation exercise
- Inform the EYE partners of specific opportunities for assisting countries in running simulation exercises

Details: Yellow Fever (YF) outbreaks in urban settings are a recent major public health threat , particularly in the Africa Region. During the YF epidemic that hit Angola in 2016, which spread to the Democratic Republic of Congo, Angola reported about 4,306 suspected cases with 376 deaths while DRC notified 2,987 cases, with 81 laboratory confirmed cases and 16 deaths. This situation prompted the development by WHO of a 10-year global strategy (2017-2026) to eliminate Yellow Fever.

To help develop capacity of staff in the Africa Region in active preparedness, readiness and response plans, a virtual Tabletop Simulation Exercise was organized from 14-15 December 2021.

Topics reviewed on Day 1 included: the recognition of phases of an outbreak; the first measures to put in place in the event of a suspect case; the legal/regulatory basis of actions to be taken; the communication channels to use to disseminate information; the leadership/coordination structures to be put in place; and the levels and actors to engage with, including the city authorities .

Topics reviewed on Day 2 included: yellow fever case management; the types of protocols that can be used or developed; the organization/activation of surveillance, including community-based surveillance; the type of measures to take for vector surveillance and control; the steps to take to organize vaccination; how to access yellow fever vaccines through the ICG mechanism; mobilization of local stakeholders; the strategic items to include in the communication plan; how to convince the population to use health services, and how to get them involved; and what kind of post vaccination strategies can be used, for example the After Action Review.

Upcoming Training

Full Learning Cycles offer unique opportunities to discover and discuss the issues that matter most to primary healthcare workers in LMICs.

Ian Steed, The Geneva Learning Foundation (TGLF)

The Geneva Learning Foundation (TGLF) invites sub-national and national healthcare workers to join its next Full Learning Cycles (FLCs) in English and French before 28 February 2022. FLCs are participatory learning programmes that focus on peer-to-peer dialogue and the solving of day-to-day challenges.

For global partners, engagement with participating sub-national and national staff offers unique opportunities to discover and discuss the issues that matter most, to understand their perspectives and responses to local challenges, and to engage in two-way dialogue with those on the frontline of service planning and delivery. The FLCs offer a unique opportunity to involve immunization staff from all levels in the co-development of strategies and implementation plans to advance IA2030.

During the FLC, participant "Scholars":

- analyse local context to identify priority challenges and the factors that would affect success in addressing them.
- develop a structured action plan based on this situational analysis; plans are reviewed and scored by peers, so Scholars provide feedback to others and receive advice on their own plans.
- participate in a four-week initial implementation kick off, setting weekly goals, sharing effective practices from their own contexts, generating new ideas, and building professional networks.

Participation helps to generate more motivated, energized and better-connected staff able to make a greater contribution to the performance of national immunization programmes and health systems.

Information about course participants and their projects is captured in a web-enabled database, including action plans and implementation reports, facilitating analysis of participants' projects and cohorts. Data visualization tools provide digestible and highly customizable graphical views of quantitative data.

To join the FLCs, candidates should apply before 28 February 2022 at:
English FLC
French FLC

Inequality monitoring in immunization: A new eLearning course

Ahmad Hosseinpoor, WHO HQ

Monitoring inequalities in immunization is an important part of efforts to promote equity. Systematic approaches to measure inequalities and understand its causes can offer information to guide countries to tailor policies, programmes, service provision and demand-related activities to close gaps in immunization.

This OpenWHO eLearning course examines the five general steps of inequality monitoring for immunization programmes. The target audience is primarily monitoring and evaluation officers for immunization and people who have basic knowledge and experience working with immunization data.

The course was developed based on the Step-by-step manual: Inequality monitoring in immunization, and will be translated to French, Spanish and Portuguese. A Record of Achievement is available to participants. The course is the first in a series of inequality monitoring eLearning courses to be hosted on OpenWHO.

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