

## In this issue

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

### News

- [Technical Co-operation for EPI in Cuba to Cope with the COVID-19 Pandemic](#)
- [Over 1 million African children protected by first malaria vaccine](#)
- [WHO supports vaccination of non-malicious children along the corridors of passage in Tahoua Region: 6 - 7 may 2022](#)

### Job Opportunity

### Past Meetings/Workshops

### Resources

### Links

# News

## Vaccination Week in the Americas 2022: “Are You Protected? Get All Your Shots”

Maite Vera Antelo, Gabriela Andraca, Alba Maria Roperio, [PAHO-Washington, DC](#)

The 20th Vaccination Week in the Americas (VWA) was celebrated from 23-30 April 2022, with the call to action “Are you protected? Get all your shots”. This year's VWA campaign set out to support countries in closing immunization gaps, wherever they are. The main objective was to reach those who have not yet received the full benefits of routine immunizations and/or the COVID-19 vaccine and to accelerate the achievement of WHO's global goal of vaccinating 70% of the population in all countries of the world.

### VWA in the countries of the Region

As a result of activities carried out under the VWA umbrella, more than 1.03 billion people have been vaccinated against multiple diseases over the past 20 years. In 2021 and 2022, countries have also used VWA to continue vaccination efforts against COVID-19.

For the 20th birthday of VWA, 44 countries and territories in the Region participated in this initiative with the goal of reaching more than 139 million people to ensure vaccination against vaccine-preventable diseases, including COVID-19.

According to national plans reported this year:

- 17 countries in the Region used VWA to continue COVID-19 vaccine administration efforts, administering more than 12 million doses during this week.
- 22 countries and territories planned to use this year's campaign to strengthen national immunization programmes and administer multiple vaccines to improve vaccination coverage that has been affected by the pandemic.

Vaccination Week in the Americas has become a key driver of immunization progress in the Americas and has given countries an annual opportunity to highlight the essential work of national immunization programmes. VWA is an exceptional example of what can happen when countries work together, across national borders and in different languages, to improve the health of their populations and leave no one behind.

For more information on VWA 2022, please visit this [website](#).



## Global Immunization Newsletter: we are moving to a new format!

The Global Immunization Newsletter will soon be moving to a new format, and this will be the final edition in the current PDF layout. But fear not! If you are subscribed to the GIN, you will continue to receive the newsletter in future, so please look out for the new design and layout. See you on the other side soon 😊

## Technical Cooperation for EPI in Cuba to Cope with the COVID-19 Pandemic

### [PAHO-Cuba](#)

On 11 March 2020, after the World Health Organization (WHO) declared COVID-19 a pandemic, Cuba confirmed its first cases. This led to the reorganization of the technical cooperation of the Department of Family, Health Promotion and Life Course (FPL), in order to participate and accompany the country's response in vulnerable groups, such as children, adolescents and the elderly.

For the Expanded Programme on Immunization (EPI), through the project to strengthen effective vaccine management in the Region of the Americas, with the support of Gavi, the Vaccine Alliance, 400,600 1ml syringes were purchased for administering COVID-19 vaccines; 500 thermos flasks with a double set of cold packs for transporting vaccines; safety goggles; 200 domestic refrigerators with a capacity of 100-200 liters; 80 WHO-prequalified refrigerators; and 1,580 continuous temperature recording devices with an external reading device. In addition, 90,000 copies of the model for registering Events Supposedly Attributable to Vaccination or Immunization (ESAVIs) were printed.

In addition, through emergency funds earmarked for immunization in response to COVID-19, 55 more prequalified refrigerators were acquired, which, like the previous 80, have a capacity of 98.5 liters for vaccine storage and an autonomy of more than 50 hours. With the 335 refrigerators purchased between 2020 and 2021, the storage capacity at vaccination points will be increased by more than 33,200 liters.

Different technical and training meetings were also held, such as: follow-up of the regional ESAVI surveillance system; updating of online information reporting forms, such as the Electronic Joint Reporting Form (eJRF); presentation to specialists from the Ministry of Public Health (MINSAP) and the Finlay Vaccine Institute of the WHO "CAPACITY" tool, an evaluation tool that supports countries to establish their immunization priorities.



New refrigerators for EPI in Cuba. Credit: PAHO/WHO.

Source for article: Pan American Health Organization. Boletín de la Cooperación Técnica Cuba: "Andar la salud", January-April 2022. Cuba: PAHO; 2022 [accessed May 25, 2022]. Available at this [link](#).

## Over 1 million African children protected by first malaria vaccine

[Kirsten Kelleher](#), WHO Headquarters

As reported by WHO on World Malaria Day and the start of World Immunization Week in late April – **more than 1 million children in Ghana, Kenya and Malawi have now received one or more doses of the world's first malaria vaccine**, three years on for the pilot programme coordinated by WHO. The malaria vaccine pilots, first launched in Malawi in April 2019, followed by Ghana and Kenya soon thereafter, have shown that the RTS,S vaccine is safe and feasible to deliver, and that it substantially reduces deadly severe malaria.

These findings paved the way for the historic [October 2021 WHO recommendation](#) for the expanded use of RTS,S among children living in settings with moderate to high malaria transmission. If widely deployed, **WHO estimates that the vaccine could save the lives of an additional 40 000 to 80 000 African children each year**.

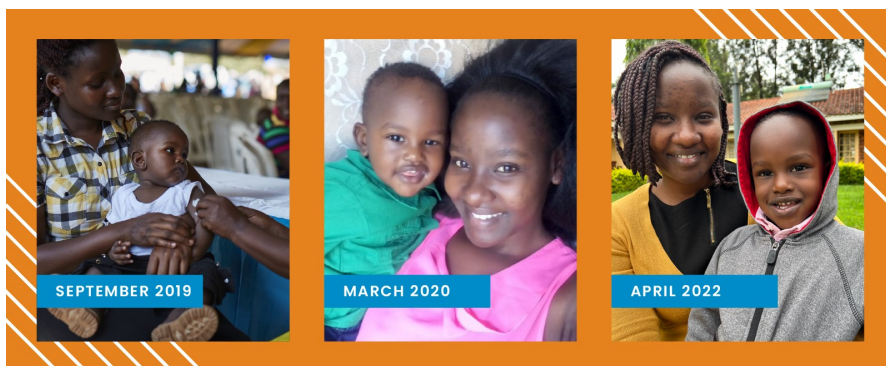
More than US\$ 155 million has been secured from [Gavi, the Vaccine Alliance](#) to support the introduction, procurement and delivery of the malaria vaccine for Gavi-eligible countries in sub-Saharan Africa. [WHO guidance is available to countries](#) as they consider whether and how to adopt RTS,S as an additional tool to reduce child illness and deaths from malaria.

Read the full [WHO press release](#).

Read this related feature story: "[Innovation at work: reflections from Malawi on the world's first malaria vaccine, RTS,S, in childhood vaccination](#)".

See the updated [WHO position paper](#) on the malaria vaccine (March 2022).

Please [subscribe](#) to the **MVIP Bulletin** for regular news and updates on the first malaria vaccine.



In Kenya, Elian was the first child to receive the RTS,S malaria vaccine through routine immunization as part of a pilot programme in Ghana, Kenya and Malawi. Now age 3, Elian is fully vaccinated and healthy.

### MVIP

Malaria Vaccine Implementation Programme

The Malaria Vaccine Implementation Programme is a collaboration of the Ministries of Health in Ghana, Kenya and Malawi, WHO, PATH, GSK, UNICEF and partners.



## WHO supports vaccination of nomadic children along the corridors of passage in Tahoua Region: 6 - 7 may 2022

Kaya Mutenda Sheria, Batoure Oumarou, Tombokoye Harouna, Gbaguidi Aichatou Diawara, El Khalef Ishagh, Haladou Moussa, Charles Thea, N'tia Fabien, Han Yue, Ntsahngono Emilienne, Mouhoudine Yerima, WHO Country Office, Niger

In the Health Districts of Abalak and Keita of the Tahoua Region, there are corridors of passage for the nomadic population, a highly mobile population who often move with their family and cattle in the research of pasture and water. The children of the nomadic population often miss essential health services such as routine vaccination and are therefore susceptible to vaccine-preventable diseases, malnutrition and other diseases such as malaria.

To ensure vaccination services for children of the nomads, WHO supported the Tahoua Regional Department of Public Health in implementing a strategy that consisted of deploying vaccination teams along the corridors of the nomadic passage combined with other health interventions, including the promotion of hygiene and sanitation, the distribution of long-lasting insecticide-treated nets and the screening of malnourished children aged 0-59 months with the collaboration of community leaders, village chiefs as well as community relays recruited within the community who supported awareness-raising amongst the population. The strategy also integrated agricultural services in vaccination activities to ensure better uptake of health services of the nomadic population.

By the end of the interventions, 76 children under 5 years of age had received catch-up vaccination (among them :37 children with Penta1, 10 with Penta 2, 23 with IPV1, 3 with MCV1 and 3 with MCV2); long-lasting insecticide-treated nets had been distributed to more than 20 households; and 7 malnourished children had been identified who had then been referred to the integrated health center in urban Keita.

As the nomadic population constitutes a specific population group that is always on the move, contacts have been made with the Health District of Tahoua and Malbaza as their next settling locations in order to complete their vaccination schedule.



Vaccination of Nomadic Child



Vaccination team along corridor of nomadic passage



Malnutrition screening

Nomadic children received long-lasting insecticide-treated

# Job Opportunity

## Opportunity: Programme analyst at ThinkWell

[Christina Banks](#), ThinkWell

ThinkWell are seeking a remote Program Analyst to provide support to ThinkWell's immunization economics work initially, including a key project aimed at estimating the cost of delivering COVID-19 vaccines in low and middle income countries, and other health economics and health financing work in the future. This is a remote post and can be based anywhere worldwide.

This role requires exceptional quantitative skills, strong research capacity, the ability to effectively synthesize and visualize findings, translate messages for various audiences, and provide management and coordination support

Some key qualifications required:

- BA/BS and 5+ years experience or graduate degree and 3+ years experience in (health) economics, healthcare management, global health, health policy or related field;
- Relevant work experience in a management consulting firm, bilateral or multilateral development agency, and/or international NGO, preferably with some experience managing projects in low- or middle-income countries;
- Full English fluency, fluency in French is highly desirable, additional languages a plus.

For more details and to apply please click this [link](#).

### Global Immunization Newsletter: we are moving to a new format!

The Global Immunization Newsletter will soon be moving to a new format, and this will be the final edition in the current PDF layout. But fear not! If you are subscribed to the GIN, you will continue to receive the newsletter in future, so please look out for the new design and layout. See you on the other side soon 😊

# Past Meetings/Workshops

## Regional NITAG Meeting

Jennifer Sanwogou, [PAHO-Washington, DC](#)

**Location:** Virtual

**Date:** 8 March 2022

**Participants:** 140 participants from 23 countries: Argentina, Bolivia, Barbados, Belize, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago and Uruguay. Participants included NITAG members, EPI managers, CDC and PAHO.

**Purpose:** Share updates on the Global NITAG Network (GNN)  
Share results of the last regional NITAG needs assessment  
Discuss NITAG challenges and identify main needs and priorities  
Explore the need to create a Spanish-speaking NITAG network in the Region

**Details:** PAHO convened a regional NITAG meeting via Zoom, with TAG Chair, Peter Figueroa presiding the meeting, and PAHO FPL Director, Andres de Francisco Serpa, opening the meeting by welcoming all participants and encouraging the sharing of experiences and lessons learned among NITAGs to improve and strengthen National Immunization Programmes.

Presenter Magdalena Bastias (GNN) gave an update on the GNN, survey results conducted during the COVID-19 pandemic, as well as informed the participants on new training materials and assessment tools available on the GNN website. Key next steps for the GNN include fostering the exchange of information between NITAGs and GNN, planning the fifth GNN meeting, participating in a NITAG resource center audit, and conducting trainings of trainers.

Presenter Jennifer Sanwogou gave a brief regional overview of the NITAGs in the Region of the Americas and provided results of a 2020 NITAG needs assessment. Some key factors affecting the functionality and sustainability of NITAGs, the access to information and quality of recommendations, and the integration into policy decision-making processes include, among others: 1) the lack of financial resources for NITAG activities; 2) the lack of public information on recommendations and working processes; and 3) a lack of formal processes and communication challenges.

A four-question survey was shared with NITAG members during the meeting to get an updated perspective of NITAG opinions given the current COVID-19 pandemic. Most of the participants noted that having a legal framework and being transparent with the public are critical to strengthening NITAGs.

## Strengthening Epidemiological Surveillance of Vaccine-Preventable Diseases in Guatemala: Capacity-Building Workshops to Implement OBRA Recommendations

Ericka Gaitán and Suceth Santamarina, Department of Epidemiology, Guatemalan Ministry of Public Health and Fernanda Velásquez, Coralia Cajas, Oscar Orantes and Marc Rondy, [Pan American Health Organization](#) Guatemala

**Location:** Guatemala City, Guatemala

**Date:** 31 March 2022

**Participants:** 38 participants including representatives from the Guatemalan Ministry of Public Health's Department of Epidemiology, National Immunization Programme (NIP), Integrated Healthcare System (SIAS), Information Systems (SIGSA), National Health Laboratory (LNS), and Hospital Coordination Unit; health care workers and social work personnel from five health areas and one national reference teaching hospital; Guatemalan Social Security Institute (IGSS); Polio and Measles Eradication Committees; and representatives from the Guatemalan NITAG (CONAPI), World Bank, and PAHO-Guatemala.



Participants in the 2022 vaccine-preventable disease capacity-building workshops implemented by the Guatemalan Ministry of Public Health's Department of Epidemiology.

**Purpose:** The workshop objectives were to: discuss topics relevant to vaccine-preventable disease surveillance, review and analyze recommendations made by the OBRA evaluation committee and other regional vaccine-preventable disease committees to the Ministry of Health, and implement these into a redesigned operational plan for vaccine-preventable disease surveillance for 2022-2023.

**Details:** Following the 2019 detection of three vaccine-derived poliovirus (VDPV) strains through environmental surveillance in Guatemala, the Ministry of Health implemented a series of activities based on the National Poliomyelitis Outbreak Response Plan. Their response was evaluated by an independent committee following the Global Polio Eradication Initiative's OBRA guidelines, who generated a series of recommendations to be implemented by the Ministry of Public Health to reduce the risk of poliovirus reintroduction in Guatemala.

To implement these recommendations into the 2022-2023 work plans, the Department of Epidemiology held a series of seven capacity-building workshops over a two-month period covering topics relevant to vaccine-preventable disease surveillance in Guatemala. Lectures were presented by national and international experts, both in-person and virtually, who also participated in thought-provoking panel discussions.

Working groups were established to design specific work plans focusing on epidemiological surveillance, immunization, information systems, health promotion, monitoring, and evaluation. The workshops established a platform for key personnel to critically analyze the role of their units in strengthening vaccine-preventable disease surveillance in Guatemala, as well as an opportunity to collaborate and design an interinstitutional work plan.

The 2022-2023 work plan developed included suggestions to incorporate international standardized case definitions, improve data collection, and strengthen inter-institutional collaborations to support surveillance and vaccination efforts for vaccine-preventable diseases in Guatemala.



## Initial Results from Safety Monitoring Following COVID-19 Vaccination among Pregnant Women in Guatemala and New Strategies for Continuation

Suceth Santamarina and Ericka Gaitán, Department of Epidemiology, Guatemalan Ministry of Public Health and Fernanda Velásquez, Coralia Cajas, Oscar Orantes and Marc Rondy, [Pan American Health Organization](#) Guatemala

**Location:** Guatemala City, Guatemala

**Date:** 8 April 2022

**Participants:** 40 participants including epidemiologists and healthcare workers involved in ESAVI monitoring in six health areas, representatives from the Guatemalan Ministry of Public Health's Reproductive Health program and Department of Epidemiology, and representatives from PAHO-Guatemala.

**Purpose:** The main objectives of this meeting were to present results from ESAVI monitoring following COVID-19 vaccination among pregnant women in Guatemala from October 2021-March 2022, as well as identify gaps in protocol implementation and opportunities for improvement.



Health personnel in Quetzaltenango, Guatemala met to discuss COVID-19 vaccination among pregnant women with local midwives.

**Details:** COVID-19 vaccination among pregnant women in Guatemala was implemented in late August 2021. As part of national efforts to increase data on the safety of COVID-19 vaccines in pregnant women, PAHO has partnered with the Department of Epidemiology in Guatemala's Ministry of Public Health to establish COVID-19 vaccine safety monitoring in this target group, and provided ongoing support in data analysis, technical advisory, and follow-up at the national level.

The Department of Epidemiology held a virtual meeting with local epidemiologists, healthcare workers, and national-level reproductive health programme staff to present initial results after four months of surveillance. Results showed that 25/29 health areas are notifying any ESAVI among vaccinated pregnant women, who have reported mainly local injection site reactions. The meeting also offered an opportunity for epidemiologists and staff directly involved in surveillance activities to discuss their experiences implementing post-COVID-19 vaccine safety monitoring in pregnant women, identify issues, and confer on protocol modifications and new strategies to improve data quality.

Among the main concerns identified with implementing COVID-19 vaccine surveillance were diminishing call volumes, missing fields in the questionnaire, lack of involvement from local midwives, and lack of integration with national ESAVI surveillance information systems, among others. Participants collaboratively discussed possible solutions, and new strategies and steps to incorporate these into surveillance protocols. Following this meeting, the Department of Epidemiology will publish an updated version of the surveillance protocol and design training materials to provide updates to personnel involved at the local level.



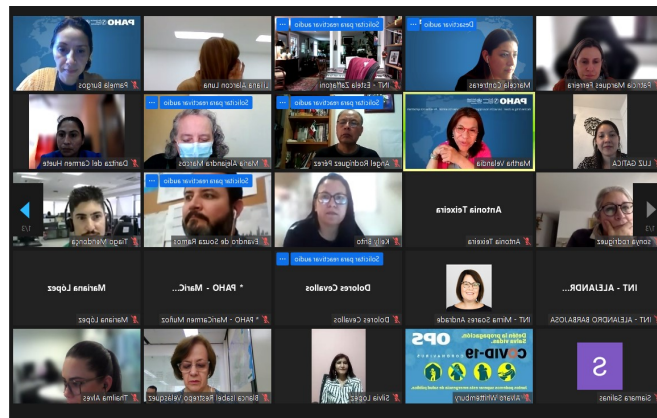
## Sharing Lessons Learned on Monitoring Vaccination Coverage in Urban and Peri-Urban Populations of Large Cities in the Region: Locate to Vaccinate!

Martha Velandia, Immunization data team, [PAHO](#)

**Location:** Virtual

**Date:** 4-5 May 2022

**Participants:** 102 participants, representing 35 cities from 10 countries in the Region: Argentina, Brazil, Chile, Colombia, Ecuador, Honduras, Mexico, Nicaragua, Paraguay, Peru, and advisors from PAHO's Comprehensive Family Immunization Unit data team. The meeting was attended by authorities and technical teams from Expanded Programmes on Immunization (EPI), data management areas, and national and subnational levels in Ministries of Health of the Region of the Americas.



Meeting on monitoring vaccination coverage in urban and peri-urban populations of large cities in the Americas. Credit: PAHO.

**Purpose:**

- Share lessons learned on the monitoring of vaccination coverage in urban and peri-urban populations of large cities in the Region.
- Share experiences and strategies implemented in large cities to improve the system for monitoring and evaluating vaccination coverage in large cities, disaggregated at the neighborhood and locality level. Effective and differentiated strategies are being established to increase immunization coverage in urban and peri-urban populations, favouring universal access and good use of vaccines, reaching the unvaccinated in accordance with the strategic priorities of the 2030 Immunization Agenda focused on coverage and equity, and aiming at the revitalization of immunization programmes by enhancing the use of digital tools in the analysis of information.

**Details:**

*Locate to vaccinate!* is a statement that came from the city of Bogota and represented the spirit of the meeting, the result of which will make it possible to move forward with a proposal for a protocol to evaluate coverage, through a methodology that will incorporate geographic analysis in the monitoring of vaccination to reach local territorial units within each large city.

Through the experience shared in the presentations, it was possible to learn about the strategies and experiences that each city has implemented for vaccination monitoring at the neighborhood or smaller geographic unit level. As a result of the group work, relevant inputs were obtained, identifying facilitating aspects, limitations, requirements and needs to improve the analysis; key information to develop a proposal to support the monitoring methodology and territorial analysis linked to vaccination records to assess disparities in vaccination coverage in urban vulnerable groups, and establishing essential elements for the construction of a monitoring protocol to reach those neighborhoods where coverage has not been achieved and to advance in vaccination equity, to leave no one behind!

## Resources

### Why Gender Matters: Immunization Agenda 2030

[Stephanie Shendale](#), WHO Headquarters

WHO, UNICEF and Gavi have collaborated to develop a new resource manual on the how and why for integrating gender considerations into immunization planning and programming, in line with Immunization Agenda 2030 (IA2030).

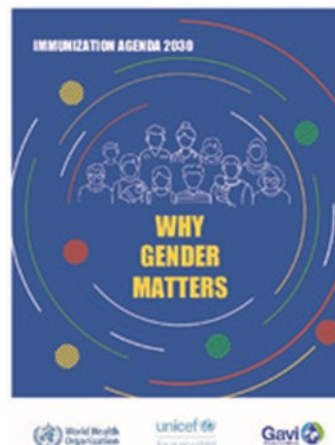
**Why Gender Matters: IA2030** explains the need for mainstreaming of gender across the core principles and strategic priorities of IA2030. It:

- Aims to **improve awareness and understanding** of how gender-related barriers can affect immunization programme performance;
- Provides practical **“how to” concepts, tools, methods, and actions** that can be used to effectively integrate a gender perspective into immunization programmes;
- Includes **metrics to identify gender-related barriers to immunization**; and
- Links to other available **resources and tools for gender-responsive programming**.

This is a user-friendly resource for everyone engaged in supporting, managing or implementing immunization programmes – managers and service providers, as well as the staff of ministries of health and other sectors (e.g. ministries of education, ministries of gender, ministries of finance), civil society, international organizations and donor partners involved in realizing the IA2030 vision of a world where everyone, at every age fully benefits from vaccines for good health and well-being.

Available in English and French [here](#).

Visit the WHO IVB webpage on gender for more [information](#).



## Behavioural and social drivers of vaccination New WHO Position Paper, and tools and guidance

[Lisa Menning](#), WHO Headquarters

What drives the uptake of vaccines? WHO is pleased to announce the launch of new tools and guidance on behavioural and social drivers (BeSD) of vaccination – intended to support programmes and partners to collect, analyse and use data on BeSD to understand reasons for low uptake and to inform programme implementation and evaluation.

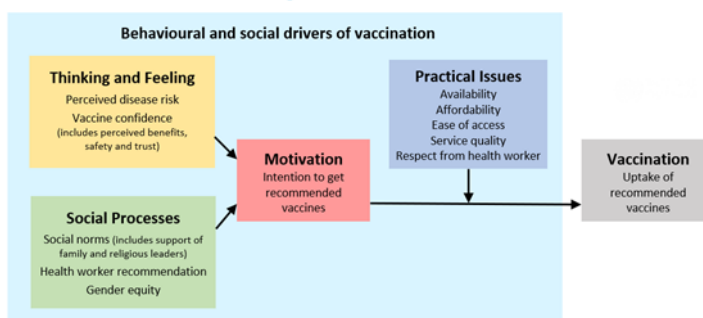
The tools consist of surveys, qualitative interview guides, and priority indicators (corresponding to 5 priority questions, for the minimum use) for childhood vaccination and for COVID-19 vaccination.

With the oversight of a WHO working group on BeSD, these tools and the related guidance are the product of an intensive process of initial tool development, field testing and validation, with many stages of iteration and input from many colleagues and partners worldwide. The outputs and findings of this process were presented to the WHO Strategic Advisory Group of Experts on immunization (SAGE) at its meeting in October 2021.

Resulting from the SAGE October 2021 meeting is the first WHO position paper to be published on BeSD of vaccine uptake, summarizing the current WHO position and recommendations on use of the new BeSD tools and resulting data to prioritize local interventions.

These tools and indicators for childhood vaccination and COVID-19 vaccination represent an important advance for immunization programmes to guide well-informed programme planning and implementation.

### What drives vaccine uptake?



Above image: The BeSD framework, showing the 4 domains of behavioural and social drivers of vaccination. Developed by the WHO BeSD working group. Based on Brewer et al. *Psychol Sci Public Interest*. (2017).

### READ MORE:

[WHO Position Paper on behavioural and social drivers.](#)

[Tools and guidance on behavioural and social drivers.](#)

(Added languages coming soon!)

## Quality immunization services: a planning guide

[Francine Ganter Restrepo](#), WHO Headquarters

It is no longer enough for services to be available or accessible; vaccination services must be of sufficient **quality** to respond to the needs of the communities they serve. *Quality Immunization Services: a planning guide* is a short and actionable tool to support programme managers and implementers to boost the quality of immunization services.

The Quality Immunization Services Planning Guide highlights the foundations of high quality and people centered immunization services: 1) Incorporate quality across all levels of the health system, 2) Ensure equitable access, 3) Use data to drive action. This guide serves as a practical tool by putting forth the key actions to take towards implementing quality services.

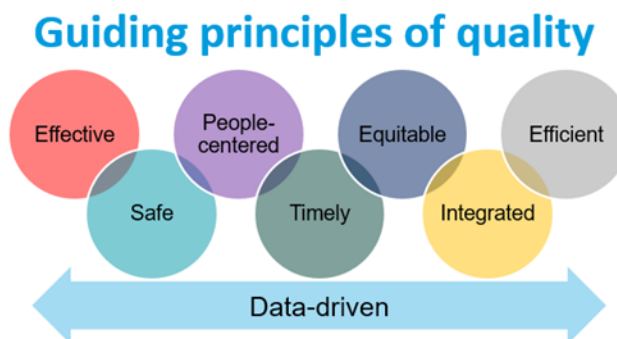
Importantly, the guide offers step-by-step direction for the design, delivery and evaluation of quality immunization services to increase equitable vaccination coverage and to reduce drop-out rates. Linkages are made with strategies for strengthening primary care and universal coverage.

The evidence-based guide was developed through an inclusive and iterative process with valuable inputs from a diverse group of global and regional partners through the Vaccination Demand Hub. Members of the WHO Quality Taskforce and Technical Expert Network also contributed their expertise and experience.

Image:

**READ MORE:**

[Quality Immunization Services - planning guide](#)



The above visual shows the 7 pillars of quality immunization services, including ongoing use of data for planning and evaluation.

## Closing Gaps: Human centred design for tailoring immunization programmes

[Francine Ganter Restrepo](#), WHO Headquarters, and [Michelle Dynes](#), UNICEF

To reach populations under-served by immunization programmes requires locally tailored and people-centered strategies. *Human centred design for tailoring immunization programmes* supports those at a sub-national level to systematically diagnose the barriers to uptake (using tools on [behavioural and social drivers](#)) and co-design solutions that incorporate the end-user perspectives.

The array of challenges facing many programmes today underscores the need to strengthen national immunization programmes to support equitable access and resilient demand for vaccination. Understanding and responding to the needs of under-served and prioritized populations requires locally tailored strategies that emphasise a participatory and inclusive process.

For such cases, WHO and UNICEF have created a consolidated and simplified guide for co-design that is specifically intended for low-resource settings. In four stages, *Diagnose*, *Design*, *Implement*, and *Evaluate*, the HCD-TIP guide offers a step-by-step and practical approach to problem solving, including many adaptable templates and tools to enable programmes and partners to get started quickly and easily.

HCD-TIP can be used for any priority group or vaccine across the life course and enhances the ability of programmes to partner with communities to design more locally tailored interventions, services, systems, or other strategies to increase vaccination uptake.

**READ MORE:**

[Closing gaps: Human centred design for tailoring immunization programmes](#)



## Global Health Matters podcasts: paths to a disease-free world – control, eliminate, eradicate

[Garry Aslanyan](#), WHO Headquarters

A series of podcasts, focusing on the role and importance of immunization in helping control, eliminate or even eradicate vaccine-preventable and other diseases of public health importance is now available. The series features the views and standpoints of key global experts in the field of polio eradication, malaria elimination, onchocerciasis control, COVID-19, HIV/AIDS, global health research and disease surveillance and vaccine safety.

[Click on the following links to listen to the podcasts.](#)

<https://tdr.who.int/global-health-matters-podcast/paths-to-a-disease-free-world-control-eliminate-and-eradicate>

<https://tdr.who.int/global-health-matters-podcast/championing-health-equity-in-south-africa>

<https://tdr.who.int/global-health-matters-podcast/discoveries-from-vaccine-implementation>



## COVID-19 Vaccine Delivery Partnership (CoVDP) Situation Report - Issue 2 - April 2022

[Kelli Cappelier](#), WHO Headquarters

The CoVDP is an interagency effort launched by UNICEF and WHO, in consultation with Gavi, [the Vaccine Alliance](#), in January 2022. The CoVDP provides targeted support to countries to address urgent bottlenecks and help them accelerate their COVID-19 vaccination efforts, to close the equity gap and ensure people are protected everywhere, as the pandemic continues to evolve. The CoVDP will provide monthly updates on progress, challenges, and best practices, illustrating how the Partnership is supporting countries most in need.

The CoVDP SitRep will cover updates on COVID-19 vaccination in all 92 Advanced Market Commitment (AMC) countries, with a particular focus on the 34 countries identified with the partners in January 2022 for concerted support.

In order to receive the future issues of the SitRep directly, please sign up for the distribution list [here](#).

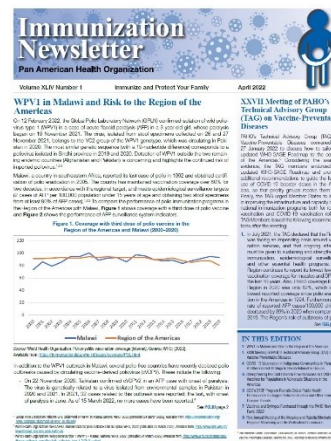
## New Issue of PAHO's Immunization Newsletter is Published

Martha Velandia, [Octavia Silva](#), PAHO

In [this edition](#) of the [Immunization Newsletter](#):

- WPVI in Malawi and Risk to the Region of the Americas
- XXVII Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-Preventable Diseases COVID-19 Vaccination in Indigenous Communities in Paraguay: A Differentiated Strategy to Reach Vulnerable Groups
- Strengthening the Cold Chain to Provide Access to COVID-19 Vaccines for Populations in Vulnerable Situations in the Americas
- CDC's STOP Programme Recruits Global Public Health Professionals to Support Polio Eradication and Other Emerging Disease Threats
- Vaccines and Syringes Purchased through the PAHO Revolving Fund, 2022
- First Annual Meeting of the Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission

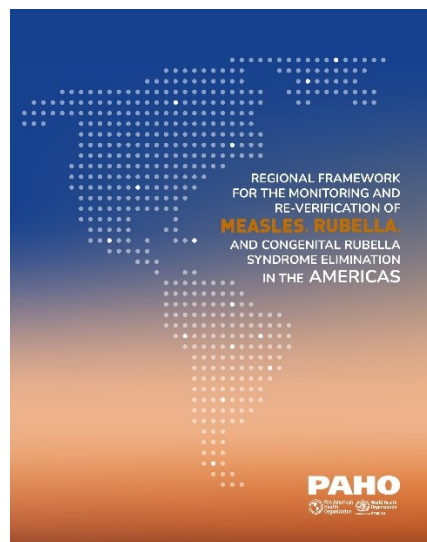
This issue is available in English, [Spanish](#), [Portuguese](#), and [French](#).



## PAHO Publishes Regional Framework for the Monitoring and Re-Verification of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas

[Desiree Pastor](#), Gloria Rey-Benito and Pamela Bravo-Alcántara, PAHO

The [Regional Framework for the Monitoring and Re-Verification of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas](#) aims to guide Member States and National Sustainability Committees on the requirements and procedures for monitoring and re-verifying measles and rubella elimination.



The Regional Framework maintains some elements from the original 2011 Plan of Action for documenting and verifying elimination, while providing sound and updated guidance adjusted to new epidemiological scenarios. Endemic countries will now have to document absence of measles virus transmission for more than one year and the national capability to sustain measles and rubella elimination, in order to meet the criteria for re-verification.

The Framework also includes the template for country reports, a tool that operationalizes the technical guidance and standard procedures of the Framework, so that countries annually submit a body of evidence regarding their sustainability efforts.

The Framework was developed and critically reviewed by the Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission, a new body of independent experts appointed in 2019 that will guide the process for re-verifying and monitoring the sustainability of elimination.

This Regional Framework will remain flexible to adapt to country realities and to the measles and rubella epidemiological context, which can be reflected with the inclusion of new surveillance indicators and the availability of new laboratory diagnostic tests. As the Region of the Americas continues to gain experience in the sustainability of elimination of vaccine-preventable diseases, this Regional Framework will be updated accordingly.

The Framework is also available in [Spanish](#).

## Implementing a Movement for Immunization Agenda 2030: the first four months

[Ian Steed](#), The Geneva Learning Foundation (TGLF)

At the 2021 World Health Assembly, Dr Tedros called for 'a groundswell of support for immunization.' Since March 2022, over 8000 health professionals from more than eighty countries have joined a 'Movement for Immunization Agenda 2030'. Through the Movement, they connect with peers and global experts to analyze and develop responses to challenges they are facing.

*"The global role on immunization is to bring together everything that is known by people at the grassroots level. That's where the action is. Our guidance is basically one means to share knowledge and expertise that's coming from the grassroots level around the world with others who may not have had that experience yet." - Kate O'Brien, Director of Immunization, World Health Organization (WHO)*

Charlotte Mbuh is a former immunization data manager from Cameroon, now working with The Geneva Learning Foundation (TGLF). It has struck her how often new members of the Movement say: "I thought my country was the only one facing this challenge."

In the first sixteen weeks of the Movement, participants shared ideas and experience of improving immunization, analyzed challenges they were facing, and developed, peer reviewed and started to implement action plans.

*"The Movement helped me and encouraged me. The Women Who Deliver Vaccines [a collective of women leaders in immunization] inspired me to improve our risk communication." – Female public health nurse, Ghana*

Data generated through Movement activities are reflected in case studies and learning reports in conjunction with health workers and IA2030 Working Groups: Movement for IA2030 case studies and learning report: <https://tinyurl.com/8enr8wnr>

An [Instagram photo exhibition of IA2030 in action](#) has been developed.

To get involved, contact [ian.steed@learning.foundation](mailto:ian.steed@learning.foundation)

### Global Immunization Newsletter: we are moving to a new format!

The Global Immunization Newsletter will soon be moving to a new format, and this will be the final edition in the current PDF layout. But fear not! If you are subscribed to the GIN, you will continue to receive the newsletter in future, so please look out for the new design and layout. See you on the other side soon 😊

## 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](#)