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First in Africa! Liberia introduces typhoid conjugate vaccine

[Adolphus Clarke](#), Ministry of Health, Liberia

On 5 April 2021, Liberia made history as the [first country in Africa](#), and second country globally, to introduce typhoid conjugate vaccine into its routine childhood immunization programme. Beginning with a week-long campaign, Liberia vaccinated more than 1.5 million children aged nine months to 15 years old across the country. Now, Liberia is integrating typhoid conjugate vaccine into the routine immunization programme for all children at nine months old.

Typhoid is endemic in Liberia. Estimates show that there were more than 5,800 typhoid cases in 2019, and nearly 60 percent were in children younger than 15 years old. The introduction of this vaccine demonstrates the strong leadership and commitment of Liberia to protect its children from vaccine-preventable diseases so that they can reach their full potential.



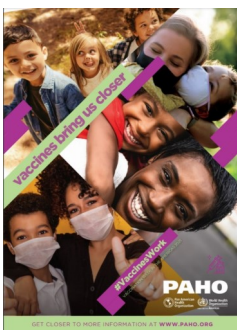
Rokie smiles after receiving her typhoid conjugate vaccine in Monrovia as part of Liberia's vaccine introduction campaign. Credit: PATH/Nurudeen Sanni.

Vaccination Week in the Americas 2021 is Celebrated in the Region of the Americas

Alba Maria Ropero, Margherita Ghiselli, Lauren Vulanovic, Maite Vera Antelo, Gabriela Andraca, [Octavia Silva](#), PAHO-Washington, DC

[Vaccination Week in the Americas \(VWA\) 2021](#) was held from 24-30 April 2021 within the epidemiological context of the COVID-19 pandemic, which continues to be the global reality. The slogan for this year's VWA campaign was "Vaccines bring us closer #GetVax" and the campaign emphasized the essential role of vaccination in helping control the COVID-19 pandemic, as well as other vaccine-preventable diseases.

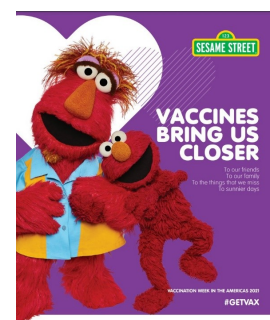
The introduction of COVID-19 vaccines in the countries of the Region has placed immunization programmes at the center of the response to the pandemic. This represented a significant opportunity to also reinforce the importance of vaccination and vaccines from the routine programme in preventing disease outbreaks, as well as maintaining healthy populations. The countries of the Region utilized VWA 2021 to convey these important messages to their populations.



Since the creation of the VWA in 2003, more than 908 million people of all ages have been vaccinated against a wide range of diseases under the umbrella of this initiative. This year, countries in the Americas set out to reach nearly 100 million people and continued to use differentiated strategies to ensure vaccination against vaccine-preventable diseases, including COVID-19.

To celebrate the launch of VWA 2021 and its 19 years, PAHO organized a [regional virtual launch event](#) with participation from the Organization's executive management and the presidents of Colombia and Costa Rica. In a special moment during the launch, football player [Pelé](#) sent a special VWA greeting and spoke of the importance of vaccination to keep us healthy. This event was an excellent example of the importance of Vaccination Week in keeping immunization programmes at the top of the political agenda and thereby ensuring the commitment of governments to their national programmes.

This year's campaign also featured collaboration from one of VWA's most significant partners. Sesame Street supported VWA 2021 with images of their characters beloved throughout the Region, such as Elmo, Big Bird and Rosita, for posters and cards for the Organization's [social media networks](#). Likewise, Sesame Street supported the campaign with messages on their own networks.



Mauritania introduces the Human Papilloma Virus (HPV) vaccine

[Hilaire Dadjo](#) and [Pamela Mitula](#), WHO/IST West Africa; [Phionah Atuhebwe](#) and [Ado Bwaka](#), WHO Regional Office for Africa; Paul Bloem, WHO headquarters and [Naceredine Ouldzeidoune](#), WHO Country Office, Mauritania

From 29 March - 5 April 2021, Mauritania introduced the HPV vaccine (Gardasil) through a mass campaign. A total of 310,170 girls aged from nine to 14 years were targeted from the 15 regions of the country, 84,2% of which are in schools. This introduction is part of WHO's [Global Strategy to Accelerate the Elimination of Cervical Cancer](#), launched on 17 November 2020.

The launching event took place in the capital city of Nouakchott in the presence of many high-profile personalities including the Ministry of Health; Education; Social Affairs, Children and Family; Islamic Affairs; UNICEF and WHO, among other partners.



Girls just vaccinated. Credit: WHO/Mauritania.



Supervising a vaccination site. Credit: WHO/Mauritania.

The results obtained at the end of the campaign indicate a coverage rate of 44,1%. While this is a disappointing result, this was an achievement given the severe challenges the country faced at the introduction. This included the context of the COVID 19 pandemic; the near simultaneous COVID vaccine introduction and numerous fake news and misinformation circulating in relation to the COVID vaccine. In addition, there were inadequate financial resources to fully support the planned communication strategy and operational costs.

Now that the vaccine has been introduced into the country's routine immunization programme after the catch up of the nine to 14 years old girls, the subsequent year will focus on the routine age of nine year old girls. Older age-cohorts, particularly those who received the first dose already, will remain eligible and can get the vaccine in health facilities or when the next round is organized in September/October 2021.

Mauritania is among the top 20 countries with highest incidence of cervical cancer on the continent. Cervical cancer is only second to breast cancer among women among Mauritanian women.

On 17 Nov 2020, WHO launched the [Global Strategy to Accelerate the Elimination of Cervical Cancer](#).

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For previous editions of the GIN, visit the [GIN archive](#) on the WHO website:

Gavi 5.0 Application Materials now available

Reme Lefevre, Gavi, the Vaccine Alliance

The Gavi Secretariat has released [new application materials in French and English for countries wishing to access Gavi support](#). The new kit reflects the emphasis of the [Gavi 2021-2025 strategy](#) on equity as its organizing principle, with an acute focus on reaching zero-dose and under-immunized children with immunization, which is aligned with the Immunization Agenda 2030. All requests for Gavi support should articulate clear strategies for sustainably reaching [zero-dose children](#) and missed communities with a drive to achieve equity in immunization.

The Secretariat has made efforts to re-design the [application process](#) to simplify it in the long-term, create efficiencies, and enable further flexibilities for countries.

Key shifts in the materials and application process include:

- **A portfolio planning approach that integrates all types of Gavi support** to best achieve national immunization goals. Countries are expected to prepare periodically (approx. every three to five years) an integrated request for all support provided by Gavi;
- **Development of a Theory of Change** on how Gavi support will contribute to the country's goals and objectives for their national immunization system, with emphasis on reaching zero-dose children and missed communities;
- **Clear linkage with Gavi's 5.0 strategic objectives**. Adapting Gavi's operating model to the Alliance's strategic goals and objectives for the next period is critical;
- **Establishing a funding envelope for up to five years**. The country will develop a vision spanning multiple years for what support they would like to request from Gavi.

Countries planning to conduct their Full Portfolio Planning of Gavi support will be provided with a tailored set of materials by their Senior Country Manager.

Applicants will complete three main [steps of the application process](#):

1. Develop a [Theory of Change](#) for how Gavi support will contribute to national immunization goals.
2. Provide an integrated request for Gavi support within their '[Gavi Support Detail](#)' which includes an integrated work-plan and budget.
3. [Completeness check](#), annexes & endorsement.

Gavi has also released updated [Vaccine Funding Guidelines](#) which summarize key aspects countries should consider when requesting new vaccine support. These guidelines should be viewed in conjunction with [Gavi's application process guidelines](#), as well as other funding guidelines.

[Gavi Support Guidelines](#)
[Directives de soutien de Gavi](#)

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Ghana Scholars share learning on accelerating COVID-19 vaccine introduction with peers from Cameroon through an inter-country rapid learning mechanism

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

The Ghana Scholar Country Team invited counterparts from Cameroon to two digital events to share the experience of the introduction of the COVID-19 vaccine. The events saw short presentations, plus a Q and A session, and were live-streamed to other countries through social media. Events have been viewed over 500 times.

Scholar Country Teams are voluntary groupings of national and sub-national immunization professionals who have completed one or more Scholar courses. Teams meet regularly to provide mutual support and learning, working as an integrated part of national EPI teams to accelerate progress to achieve country immunization goals.

“[In my district in Ghana], we targeted specific associations and groups. We dealt with the Pensioners’ Association, because per the categorization that we were the group that we needed to vaccinate. So we went to them one on one, the leadership, and we’re able to sell the good news to them, and they bought into it.”

“[In my hospital in Ghana] we have a vaccine experience form that we give to people for them to record anything that they can feel, from pain at the site down to feverishness, headache, no matter how long from day one to 14. If you don’t feel anything, we ask you to record zero. So that form also helps us to give us some idea about what people were feeling.”

A recording of the first meeting is available at this [link](#).

Future inter-country rapid learning sessions will see:

- Pakistan Scholars convene Nigerian peers (with an expression of solidarity to Indian Scholars) (12 and 19 June 2021).
- Burkina Faso Scholars convene peers from Guinée (July 2021).

TGLF is developing a regular mechanism to share insights from these and similar events. To access existing summaries, or to discuss further, send an [email](#).

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Past Meetings/Workshops

Subregional ESAVI Surveillance Capacity Building Training Workshops

[Pan American Health Organization](#)

Location: Virtual

Date: Four weeks in April and May 2021

Participants: PAHO's vaccine safety team, in the context of the construction of the regional system for the surveillance of events supposedly attributable to vaccination or immunization (ESAVI), developed a series of workshops as part of the regional strategy for strengthening the surveillance of ESAVI all over the Region. The workshops were attended by a total of 1,197 participants from countries in the Americas.

Purpose: The specific topics developed were: 1) ESAVI detection and notification; 2) investigation; 3) causality assessment; and 4) data management and analysis.

Details: During the first two weeks, selected participants from all countries were appointed as facilitators and were trained with pilot materials. The workshop agenda included one or two presentations with basic concepts and then two-hour working group sessions where participants had to discuss real and fictitious case studies focused on COVID-19 vaccines. During these two weeks, the same four-day workshop was developed in three different languages (English, Portuguese and Spanish). Feedback from participants to improve the general workshop structure and content was obtained.

With the improved materials and a team of selected facilitators, a four-week round of workshops was developed with all the national authorities from all countries in the Region, except Canada and the United States.

Many interesting discussions on safety topics related to COVID-19 vaccines were raised and general recommendations for vaccine safety monitoring were conveyed. Dr Madhava Ram Balakrishnan from the vaccine safety team at WHO headquarters joined us in this effort and participated during the investigation and causality assessment session. The next steps are to replicate these workshops at the national level to increase knowledge of surveillance and response to ESAVIs in all health services.

Upcoming Course

Teach to Reach Connect 25th June 2021: Network with fellow immunization professionals

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

“Peer learning is the key to professional development. And networking is the key to peer learning.” Teach to Reach Connect participant, March 2021.

Build your professional expertise and network alongside thousands of immunization professionals at Teach to Reach: Connect on 25 June 2021.

This edition will focus on the **COVID-19 Vaccine Inter-Country Learning Collaborative**, a country-led series initiated by alumni of the COVID-19 Peer Hub to foster rapid learning to improve and accelerate vaccine introduction.

“The discussions helped me to understand that by involving the community with a participatory approach, we can break the barriers and reach the zero-dose children.”

“We had interesting exchanges on the preparations for the course of the campaign, and especially the management of rumours about the AstraZeneca Vaccine”

Request your invitation to join Teach to Reach: Connect via the website in [English](#) and [French](#).

Your personalized invitation will contain instructions to get your ticket from the Hopin platform.

Once you are on the platform, you will be randomly matched with another participant for a five-minute private chat.

If both parties agree, you can extend this meeting and share contact details, etc. or move on to the next participant.

Teach to Reach is led by the Teach to Reach Global Council of Learning Leaders for Immunization, a voluntary group of immunization professionals committed to transforming learning and training.

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Featured resources: COVID-19 vaccines

Data in support of evidence-based decision-making for COVID-19 vaccination

[Carolina Danovaro](#), WHO headquarters

Since COVID-19 vaccines became a real tool in fight against the SARS-CoV-2 pandemic caused by the COVID-19 virus, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) has published key guidance on COVID-19 vaccination, including the "Values Framework & Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply", and has reviewed available data for vaccine products (see this [link](#) for updates). Similarly, the [Global Advisory Committee on Vaccine Safety \(GACVS\)](#) has published a [Safety Surveillance Manual](#) and continues to monitor data on the safety of each vaccine and provide updates through the [Vaccine Safety Net](#), a global network of websites that provides reliable information on vaccine safety. Recently, WHO also released an interim guidance document for the Evaluation of COVID-19 vaccine effectiveness and has added this to its page on tools for [COVID-19 vaccine introduction](#).

To support National Immunization Technical Advisory Groups (NITAGs), WHO has conducted virtual training sessions through instructor-led regional webinars and self-paced e-learning modules (SAGE Prioritization Roadmap and Role of NITAGs in COVID-19 vaccines introduction available at the OpenWHO training platform). Also, NITAGs continue to be invited to attend SAGE sessions, have a Newsletter and Q&As, and share a [web platform](#). NITAGs play a crucial role in the COVID-19 context as they provide recommendations on which populations to prioritize in each country based on the local epidemiology of the disease and within the constraints of what is still very limited supply of COVID-19 vaccines.

Monitoring COVID-19 Vaccination

Appropriate data on COVID-19 vaccination is crucial to monitor vaccine safety and vaccine effectiveness (see above). To that end, WHO recently published guidance on Monitoring COVID-19 Vaccination. The document [Monitoring COVID-19 vaccination: Considerations for the collection and use of vaccination data](#), available in all WHO Official languages, provides considerations for: minimum and optional data to collect as vaccines are being rolled out and delivered; key performance indicators and the anticipated use of these to measure the performance of key components of the immunization system and to take corrective action when needed; and the use of information systems to collect, store, analyze and disseminate any relevant information.

Also, the COVID-19 vaccination module was recently launched as part of the electronic [WHO/UNICEF Joint Reporting Form for immunization](#) (eJRF). This module seeks to collect data on the roll-out of COVID-19 vaccines to monitor global progress and to support the accountability of the COVAX initiative.

Finally, work is ongoing to provide guidance on vaccine home-based records and a working group on a SMART vaccine certificate has been established. For updates, click on this [link](#).

COVID-19 vaccination data are now available in the [WHO Coronavirus \(COVID-19\) Dashboard](#)

These data are viewed by selecting "Vaccination" from the dropdown panel on the left-hand side of the map. Currently, the dashboard incorporates information useful to track global vaccine rollout, including total vaccination doses administered, persons vaccinated with at least one dose, and start date of vaccinations, by country, territory and area. More features (e.g., specifics on vaccine products authorized and administered, data downloads) are continuously being added.

Low confidence and uptake of COVID-19 vaccines: how to respond?

[Lisa Menning](#), WHO headquarters

In many settings, hesitancy is assumed to be the cause of low uptake, but closer study reveals the **greater importance of factors such as accessibility, availability and quality of services**. Other, social, factors such as personal beliefs and what friends, family and the community believe also have a strong influence.

Reasons for low uptake are usually very context specific, so it is important to work with all relevant local stakeholders to thoroughly understand the barriers and drivers, then to design targeted strategies to respond.

It is also important to carefully consider the words we use to describe low uptake. For example, we should avoid mistakenly placing responsibility on populations to be “less hesitant”, rather than on health systems to become more trustworthy and accessible.

Where to start?

- It is important to **gather local data** to differentiate between the various factors that contribute to low uptake, so that a response can be targeted and comprehensive. There is never one single solution. Strategies need to be data-driven, community-centered, and context-specific.
- Based on evidence reviews and with expert inputs, WHO with partners and experts has developed a [framework and tools to identify the behavioural and social drivers of COVID-19 vaccination](#) to support programmes to diagnose barriers and implement corresponding strategies.
- The ACT Accelerator’s Country Readiness and Delivery workstream has developed a further [package of tools](#) to guide strategies to generate acceptance and uptake of COVID-19 vaccines.
- Quality vaccination services, community engagement, and accurate compelling communications are key to addressing low vaccine uptake.
- **Support effective conversations about vaccination**, whether [for the skills of health workers](#), or in [your local community](#). Remember to listen, be kind and respectful, acknowledge concerns, and don’t debate. Frame the benefits of vaccination broadly, to show what we have to gain.

Resources

Database of technical resources to improving coverage and equity

[Samir Sodha](#), WHO headquarters

Through a collaborative effort among task team members from CDC, Gavi, the Vaccine Alliance, JSI, UNICEF and WHO, a database of technical resources has been developed to help countries with the vast number of guidance documents and tools related to improving coverage and equity (C&E). This database will be updated as more resources are developed and as feedback is received from countries and partners. The database is currently organized as a user-friendly Excel workbook but there are plans to convert it to an online searchable database in the future.

The database is currently organized in three ways based on the needs of the user:

1. **By topic:** Comprehensive list organized by system topic (monitoring, service delivery, demand, human resources, governance, supply chain)
2. **By question:** Comprehensive list organized by question (e.g. how to assess C&E, how to identify barriers to C&E, how to address barriers, etc)
3. **By IRMMA** framework for zero dose: Targeted list organized by IRMMA (identify, reach, measure and monitor, advocate)

The Excel workbook can be downloaded from TechNet at this [link](#).

The home page of the workbook has a link to a website to provide feedback which will help guide future revisions.

Thrive360

Data integration, analysis and visualization

[Zabihullah Kamran](#) and Michelle Seidel, UNICEF and Souleymane Kone, WHO headquarters

Thrive360 is part of the iSC digitization strategy aimed at strengthening stock monitoring capacity at country and regional offices.

Its objective is to minimize/prevent stockouts, strengthen feedback loops, target technical assistance, identify trends and patterns and leap forward to predictive and proactive data use.

Lockdowns, movement restrictions, and social distancing measures imposed to limit the spread of COVID-19, also affected the uptake of immunization services, especially in lower-and-middle-income countries. A poll conducted by UNICEF, Gavi, the Vaccine Alliance and WHO in June 2020, indicated that 73% of participating countries saw a decline in demand for immunization. Disruptions in global supply chains and freight-forwarding services further aggravated the situation.

By mid-2020, several countries reported some vaccine stocks reaching critical levels. On the other hand, the slowdown in consumption put countries at risk of overstock and expiry for other antigens.

To actively monitor stock levels and consumption rates, prevent/minimize stockouts and encourage feedback-loops at all levels, UNICEF along with Gavi and WHO developed the Thrive360 dashboards.

Thrive360 leverages existing tools to integrate, triangulate, analyze and visualize stock, consumption, monitoring, cold-chain and health commodities data in one place, and combines them with immunization coverage rates, zero-dose and assessment data including Effective Vaccine Management (EVM).

This strengthens the use of data for planning, provides a holistic picture of stock situations, trends and patterns; and encourages discussions in country and regional offices and with HQ, so timely action is taken to prevent stock-out situations and target technical assistance where needed the most.

Key features

1. Monthly vaccine stock balances and consumption
2. Stock situations and trends over time
3. Immunization coverage trends and the number of unimmunized children by country
4. EVM assessments
5. COVID-19 vaccine shipments, consumption, AEFI and percentage of population vaccinated per country.

Thrive360's ultimate goal is to move from descriptive/reactive data use to exploratory and predictive analytics. It started with 17 countries and has expanded to 47 with a target of 68 by the end of 2021.

The team would like to express its gratitude to the national ministries of health, WHO, Gavi and UNICEF country and regional offices and especially UNICEF regional specialists/managers for the collection, quality assurance and sharing of data.

New blog: Looking to the private sector to accelerate the COVID-19 vaccine roll-out: "all hands on deck" for equitable delivery

[Aurelie Paviza](#), WHO headquarters

In this new blog "[Looking to the private sector to accelerate the COVID-19 vaccine roll-out: "all hands on deck" for equitable delivery](#)", the authors underline that, faced with overstretched health systems and limited resources, a strengthened engagement with all stakeholders – public and private alike – by governments can provide the additional capacity and complementary competencies needed to develop and deliver a large-scale COVID-19 vaccination roll-out. Authors call on countries to start actively looking for opportunities to engage with the private sector for the COVID-19 vaccines roll-out and share their experiences in collaborating with the private health sector in the COVID-19 vaccine roll-out, their role and lessons learned in successful partnerships – both the good and bad.



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 \(AFRO\)](#)

[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](#)