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News

Health workers at risk, older adults and residents of long-term care facilities to be prioritized for COVID-19 vaccination

[Eki George](#), WHO/Europe

At its online meeting on 11–12 November 2020, WHO's European Technical Advisory Group of Experts on Immunization (ETAGE) recommended that select categories of health workers, older adults and residents of long-term care facilities should be prioritized for access to COVID-19 vaccines in the context of limited supply. Accelerated progress in the development and clinical trials of various candidate COVID-19 vaccines has brought the potential global rollout of the first licensed vaccines closer to fruition. With supply expected to be very limited in the initial stage of delivery, all countries must decide who should be vaccinated first to maximize the impact of limited doses in reducing the burden of disease in each country context. ETAGE met to provide countries in the WHO European Region with detailed guidance for making this important decision.

Based on the current understanding of the epidemiology of COVID-19 in the WHO European Region and the findings from modelling studies, ETAGE concurred with the recommendations laid out in the global WHO Strategic Advisory Group of Experts on Immunization (SAGE) Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply, and provided more detailed guidance on how to adapt the global recommendations to the context of countries in the WHO European Region.

ETAGE also stressed the important role of independent National Immunization Technical Advisory Groups (NITAGs), which will use the global and regional guidance to make specific recommendations for their own countries to facilitate national planning and preparedness for the deployment of COVID-19 vaccines and vaccination.

Recognizing the heterogeneity present within the Region, ETAGE noted that – depending on vaccine availability, disease epidemiology and the size and proportion of each priority group – countries may decide, during the initial stage of immunization, to prioritize more than one group at a time.

All recommendations are also subject to review and revision as additional information and evidence on virus transmission, disease epidemiology and vaccine characteristics and supply become available.

For detailed recommendations by ETAGE see this [link](#).

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COVID-19 vaccine deployment using ultra-cold chain system

Maricel Castro, Souleymane Kone and Ann Lindstrand, WHO Headquarters and Adama Sawadogo, UNICEF

The COVID-19 pandemic is causing unprecedented human and economic costs in many countries. Having safe and effective vaccines available for all, including vulnerable populations, is among the permanent solutions to saving lives. Maximizing vaccine efficacy during a pandemic means fast-tracking vaccination operations once the vaccine becomes available. It is expected that the mRNA (messenger RNA) vaccine type with ultra-cold chain (UCC) storage requirement (e.g. -80°C to -60°C), will be among the first COVID-19 vaccines to be deployed. Managing ultra-cold vaccines can be particularly challenging, especially in low- and middle-income countries, however, setting up a UCC system is not an impossible feat and countries can build on UCC experience of African countries during deployment of the Ebola vaccine.

Establishing a UCC system requires installation of ultra-low temperature (ULT) freezers for storing vaccines, including the capacity to produce phase-change materials and/or dry-ice, which are needed to keep ultra-cold temperature in the passive storage equipment, such as Arktek and thermoshipper. A robust power supply with back-up generator, updating standard protocols, and training and providing staff with appropriate protective equipment are also required.

Efficiently deploying ultra-cold vaccines means directly delivering the vaccines from the central stores to the district stores, closer to the service points, and by-passing intermediary stores. Some manufacturers consider delivering vaccines directly to facilities using thermoshippers with dry ice. WHO and UNICEF suggest a possible UCC system design to efficiently deploy ultra-cold vaccines and keep them potent at the last mile.

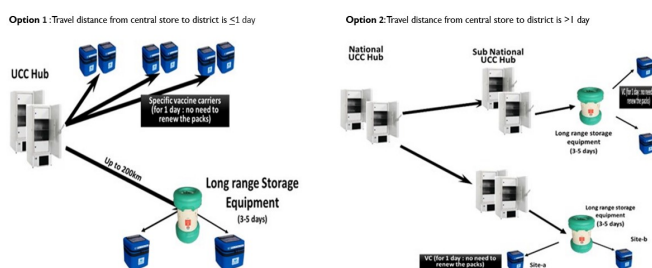


Figure 1. Options to achieve efficiency in deploying ultra-cold vaccines

Figure 1 shows two options for setting up a UCC System. Option 1 is recommended in settings where delivering vaccines to the district takes less than a day, while option 2 can be considered if travel time takes longer.

To guide the development of UCC deployment strategy, an analysis of the impact of the UCC options vis-à-vis vaccination strategy is illustrated in Table 1. The color-coded circles represent the risk posed by each UCC option on the different components of vaccination campaign.

Table 1. Analysis of UCC options with regards of vaccination strategy

	UTL freezers at subnational level	UTL freezers at national level + Arktek to district	Dry ice machine procured to supply/maintain UCC at subnational level	Direct delivery to service points using thermal
Vaccination at district level	<ul style="list-style-type: none"> Services: ● Planning: ● Distribution: ● Handling: ● Wastage: ● Delay risk: ● 	<ul style="list-style-type: none"> Services: ● Planning: ● Distribution: ● Handling: ● Wastage: ● Delay risk: ● 	<ul style="list-style-type: none"> Services: ● Planning: ● Distribution: ● Handling: ● Wastage: ● Delay risk: ● 	NOT Applicable
Vaccination at HF	<ul style="list-style-type: none"> Services: ● Planning: ● Distribution: ● Handling: ● Wastage: ● Delay risk: ● 	<ul style="list-style-type: none"> Services: ● Planning: ● Distribution: ● Handling: ● Wastage: ● Delay risk: ● 	<ul style="list-style-type: none"> Services: ● Planning: ● Distribution: ● Handling: ● Wastage: ● Delay risk: ● 	<ul style="list-style-type: none"> Services: ● Planning: ● Distribution: ● Handling: ● Wastage: ● Delay risk: ●

Legend:
● High risk ● Moderate risk ● Low risk

Digital supervision to overcome the operational challenges of vaccination in a context of COVID-19 in Chad

[Florian Guidod](#) and [Achta Elimi](#), Acasus

Despite being relatively spared by the COVID-19 pandemic, Chad had to face the indirect effects of the health crisis. Many existing challenges were emphasized by the effect of the disease on service delivery and demand for vaccination. Additionally, indirect consequences such as the disconnection between operational and decisional levels, lower accountability, poor quality of vaccination data and limited staff training affected the immunization programme.

In a bid to address these challenges, the country has managed to roll-out scaled supervision supported by an EPI management mobile app funded by GAVI. This digital solution allows formative supervision to be carried out with seamless collection of data at all levels (health center, district and province). It facilitates the monitoring of several key indicators for vaccination (cold chain functionality, the availability of vaccine, supplies and vaccination cards, frequency of sessions, management of drop-outs, etc.). Indicators are automatically generated based on ground reports submitted in the tool and later discussed during performance review meetings at different levels.

Deployment of the supervision was managed and carried out remotely due to COVID-19-related restrictions, through multi-session remote trainings coupled with tests on the ground. It involved the central EPI and EPI partners (WHO, UNICEF, Acasus). Oversight of the teams was done through direct communication channels and social networks. To enhance acceptance, supervision was paired with the delivery of vaccine and supplies to the facilities, ensuring the success of both.

Digital supervision is now live in four provinces, with a 100% supervision rate in the pilot province, N'Djamena. Progress can already be seen on most indicators: for example, vaccine availability at the facility level went up from 0% in July 2020 to 66% in October 2020.

The EPI is now looking at expanding the process to a total of 13 provinces supported by GAVI, BMGF and Aliko Dangote Foundation, covering up to 70% of the target population. Extension to the remaining regions could be funded by the country.



Photo 1. Trainings on ACD approach and supervision launch in Abeche, Ouaddai

Extraordinary response to polio outbreaks during the COVID-19 pandemic in Malaysia

Muhammad Hj. Jikal, Jamiatul Aida Md Sani, Christina Rundi, Ministry of Health, Malaysia and Waheed Miraj, [Yuho Hori-koshi](#), WHO Country Office Malaysia, Brunei Darussalam and Singapore

Malaysia was certified polio-free in the year 2000 with the last wild poliovirus case reported in 1992. In 2008, the routine immunization programme switched from oral poliovirus vaccine (OPV) to inactivated poliovirus vaccine. In December 2019, the government announced an outbreak of vaccine-derived poliovirus type 1 (VDPV1) in acute flaccid paralysis cases and environmental samples in Borneo island. Subsequently, VDPV2 was isolated from environmental samples. Genetic analysis revealed similar strains were detected in the Philippines. Borneo island, as well as neighboring Indonesia and the Philippines, have highly mobile populations.

The government and GPEI partners (WHO and UNICEF) initiated the outbreak response with investigations, procurement of 2.1 million doses of bOPV and 2.5 million doses of mOPV2, enhanced surveillance and strategic communication. In compliance with the Movement Control Order for COVID-19, immunization activities outside health clinics were suspended from March to June 2020.

When resuming immunization activities, all teams had to resume with innovative approaches and infection prevention equipment for safe operations: water villages were reached by boat, remote areas by helicopter and four-wheel-drive vehicles, and drive-through vaccination was introduced to allow physical distancing. Despite COVID-19 restrictions and high population mobility, coverage rates for bOPV dose one and dose two were 98% and 97%, respectively. Similarly, interim mOPV2 coverages rates are currently 92% and 90%, respectively. As of 25 November 2020, the last isolations of VDPV1 and VDPV2 from environmental samples were reported on 13 March and 4 February 2020, respectively, while the last VDPV1 case had paralysis onset on 18 January 2020.

The COVID-19 outbreak initially challenged the outbreak response. However, strong leadership, innovations and collaboration have put the programme back on track. Immunization activities and surveillance remain essential for interruption and containment of poliovirus. Local and national authorities and GPEI partners will continue to strive towards polio eradication.

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Niger: Impact of the COVID-19 pandemic on implementation of activities to improve immunization programme performance using the polio infrastructure: Case study on integrated supportive supervision (ISS)

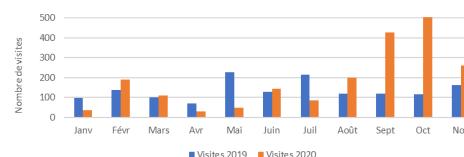
Blanche Anya, Oumarou Batoure, [Ishagh El KHALEF](#), Aichatou Diawara Gbaguidi, Moussa Haladou, Kaya Mutenda Sheria and Harouna Tombokoye, Country Office, Niger

Since June 2017, [Niger](#) has been using an electronic form for integrated supportive supervision (ISS) of health workers for the Polio Programme (PEP). The aim of this is to strengthen surveillance of acute flaccid paralysis (AFP), of other vaccine-preventable diseases (VPD) and routine immunization overall. In May 2020, active case finding of COVID-19 was added to the form. The data collected are transferred to a server, extracted and analyzed. Results are used to take action to improve immunization programme performance.

As of 28 November 2020, Niger had reported 1,484 cases of COVID-19, with 70 deaths. Analysis of data from the integrated supportive supervision, in addition to the review of the immunization programme, also looked at whether the COVID-19 pandemic has had an impact on routine immunization activities in Niger.

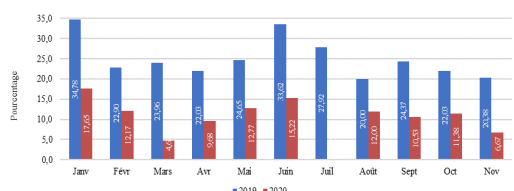
The comparative analysis is from January to November 2019 & 2020 and covers all eight regions of the country. Results show that a total of 2,471 ISS visits were conducted: 1,540 in 2019 and 931 in 2020.

Graph No. 1 shows that at the beginning of the pandemic (April and May 2020), there was a significant drop in ISS visits, probably due to the restrictive measures put in place by the Government (movement restrictions, curfew, etc.), followed by a gradual increase in June/July 2020 as these were lifted.



Graph N°1 : Number of ISS visits conducted per month from January to November 2019&2020

During the same period, 46,049 immunization sessions at fixed sites were conducted out of 47,715 planned were carried out (96.51%) and 40,765 outreach sessions out of the 44,742 planned sensitization sessions, were carried out (91.11%). This shows that in the sites visited, despite the COVID-19 context, the implementation rates of immunization activities at fixed and outreach were satisfactory, exceeding 80%.



Graph N° 2 : Percentage of immunization sessions interrupted from January to November 2019 and 2020.

Graph No. 3 shows that the main reasons for interrupting immunization sessions are the involvement of health workers in other activities (56%) and their unavailability in the health facilities (33%).

The results of the ISS visits carried out highlighted a decrease in visits during the intensive phase of the COVID-19 epidemic between March and June 2020 in relation to the restrictive measures. On the other hand, the analyses showed that the immunization activities were correctly carried out even during the intensive phase of the epidemic. Given the health situation, the planned activities were reduced in 2020 compared to 2019 which resulted in a decrease in the number of children vaccinated in 2020. This reflection can be completed by the analysis of the other indicators of the programme including the proportion of children not vaccinated and the reasons for non-vaccination.



Graph N°3: Reasons for interruption of immunization sessions by region during ISS visits

Mixed success for introduction of the Human Papillomavirus Vaccine (HPV) against cancer of the cervix in Cameroon

Ado Bwaka and [Hilaire Dadjo](#), WHO IST West, Phionah Atuhebwe, WHO Regional Office for Africa (AFRO), Marlise Dontsop and Irène Yakana Emah, WHO Country Office Cameroon, Gilson PALUKU, WHO IST Central, Jean-Claude NAPANI, Ministry of Health, Cameroon

Every day, about four women die of cervical cancer in Cameroon and six new cases are detected. Cervical cancer is the second leading cause of cancers in women in the country after breast cancer. Most infections are Human Papillomavirus (HPV) related which can be prevented with the HPV vaccine.

In line with WHO recommendations and based on the National Cancer Control Plan for 2020-2025, Cameroon planned and introduced the vaccine against cervical cancer (HPV vaccine) as the primary prevention tool and most efficient strategy. Thus, 339,908 girls aged nine were targeted – the age at which the vaccine has the highest impact.

Introduction of the new vaccine commenced in communities nationwide on 12 October 2020 before extending to schools as planned. Despite support provided by the Ministry of Public Health and its bilateral and multilateral partners, joined by actors from civil society including some celebrities, media and medical organizations such as ACAFEM (the Cameroonian Association of Women Doctors), less than 4,000 girls were vaccinated from all over the 10 regions of the country by 26 November 2020.



HPV Vaccination in Buea Road Integrated Health Center. Credit: JC Napani/MoH Cameroon.



HPV Vaccination in Buea Road Integrated Health Center. Credit: JC Napani/MoH Cameroon.

The main barriers to the uptake are due to infodemic, rumours and fake news disseminated through social media. Mistrust of the vaccine has built up over time, giving way to the beginnings of misinformation from some communities.

Recently, the Ministry of Public Health gained support from Members of Parliament, who, through the voice of their President, during a special session on vaccination in Yaoundé held on 19 November 2020, declared that “some causes deserve an unwavering collective commitment beyond our differences, especially when they focus on fundamentals such as our children's health”. We have no doubt that the Ministry of Public Health will keep its commitment to provide every eligible girl, whether in or out of school, with the HPV vaccine to secure a future without cervical cancer in Cameroon.

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3000 vaccination professionals join peer learning exercise on Vaccine Hesitancy

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

3000 immunization professionals from 90 countries have signed up to a four-week peer learning exercise on Vaccine Hesitancy as part of the Scholar COVID-19 Peer Hub.

The exercise launched on 23 November 2020 with an online event at which Lisa Menning (WHO), Susan Mackay (GAVI) and Heidi Larson (Vaccine Confidence Project) shared their insights on the challenges of Vaccine Hesitancy and responded to questions from the audience.

One Scholar from north-east India shared a case of vaccine hesitancy he had encountered in a remote village – one of many stories shared by participants during the application process. A previous immunization had led to a fever in one child, preventing the father from working on the plantation. The father had then stopped allowing his children to be immunized.

The Scholar described how he had used an illustrated booklet to sit with the family and explain the different vaccinations and diseases that they prevented, and the father had agreed to the children being vaccinated.

The Scholar said the case had helped him appreciate the importance of taking time for communication – even during busy healthworker schedules. For him, the case also underlined the importance of engaging with fathers in patriarchal societies.

During the Vaccine Hesitancy exercise, participants will each develop a case study documenting a situation in which they have helped an individual or group overcome their initial reluctance, hesitancy, or fear about vaccination. Scholars will peer review other cases to propose improvements.

The [Geneva Learning Foundation](#) is exploring with partners how to make the final library of case studies describing actual field practice in [addressing vaccine hesitancy](#) available to global partners. To find out more, contact this [email address](#).

Recordings of the launch event can be accessed at:

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EPILAMP continues to build immunization management and leadership during the COVID-19 pandemic

[Ranjana Kumar](#), Gavi, the Vaccine Alliance & [Kali Bechtold](#), Yale Global Health Leadership Initiative

EPI LAMP, a nine-month certificate programme for teams of national EPI managers and Ministry of Health Officials, launched two new cohorts in August 2020 (one for Anglophone countries and one for Francophone countries). Participants are engaging in a curriculum that has been refreshed to integrate COVID-related challenges facing national immunization teams and adapted to allow for fully remote learning.

EPI LAMP traditionally includes 60 hours of e-learning, a week-long in-person forum every quarter in Rwanda or Cameroon, technical and management coaching tailored to the needs and priorities of country teams, and a breakthrough project to address a complex, adaptive challenge and improve immunization programme performance. Three factors – a comprehensive, country-specific risk assessment conducted by the EPILAMP team, adaptation of Yale's University-wide resources for transitioning to online learning in the context of COVID-19, and a strong internet connection at the country level with Gavi support – allowed for EPI LAMP to seamlessly transition to a fully remote model for the first part of the programme. EPI LAMP is now comprised of asynchronous online learning, synchronous workshops biweekly, and coaching to promote the immediate application of leadership and management competencies for breakthrough project success. With the programme a third of the way complete, EPI LAMP partners have noted high levels of engagement and more steady progress than was afforded by the in-person intensives.

Early evaluations showcase that high engagement is the result of leadership and management content that is specific and nuanced enough for each participating country, regular management and technical coaching that allows for the immediate application of content covered in live virtual sessions (and the ability to clarify content as necessary), consistent and early communication about programme priorities and deadlines, and strong engagement with Gavi country representatives and Ministries of Health. The main challenges faced in the adaptation of the programme to a virtual form was internet connectivity and competing professional priorities. However, the initial risk assessment allowed for Gavi and Yale to engage with countries to ensure strong internet connection, and support from the Ministry of Health has allowed delegates to prioritize EPI LAMP's programmatic activities.

EPI LAMP is anchored by Yale's Global Health Leadership Initiative, in partnership with Path, the University of Global Health Equity in Rwanda (for Anglophone cohorts), the University of Yaoundé I and the Cameroon Ministry of Health, Department of Disease Control, Epidemics and Pandemics (for Francophone cohorts). Since 2018, 27 delegations have come from Asia, Anglophone Africa and Francophone Africa. For more information, please visit this [link](#) or contact [Kali Bechtold](#), Director of Programmes at Yale Global Health Leadership Initiative.



Delegations from Ethiopia, Kiribati, Myanmar, Solomon Islands, and Tanzania at EPI LAMP's graduation ceremony on 13 December 2019. Credit: Franck Axel Nyabagabo.

Past Meetings/Workshops

First batch of Virtual Training of Trainers (ToT) on Vaccine and Cold Chain Handlers (VCCH) module, Jharkhand State, India - Mitigating the challenges of virtual training

[Ravi Shankar Shukla \(I.A.S\)](#), National Health Mission, Jharkhand

[Harshad Thakur](#), National Institute of Health and Family Welfare (NIHFW), New Delhi, India,

[Sanjay Gupta](#), [Snehil K. Singh](#), [Sumeet Juneja](#), [Ginisha Gupta](#), [Paritosh Panigrahi](#) and [Rakesh Kumar](#), National Cold Chain and Vaccine Management Resource Center (NCCVMRC), NIHFW, New Delhi, India

[Bhriugu Kapuria](#), UNICEF Country Office, India

Location: New Delhi, India

Date: 28 September – 3 October 2020

Participants: 35 District level participants from 12 districts (District Reproductive and Child Health Officers, Vaccine and Cold Chain Managers and District Level Vaccine and Cold Chain Handlers) State Officials- Dr Amar Mishra, State Immunization Officer, Er. Ankur Sharma, State Cold Chain Officer, Dr Vanesh Mathur, Health Officer, UNICEF.

Purpose: To build the capacity of State and District level staff of Jharkhand as master trainers in vaccine and cold chain handling in a novel way (virtual) amid COVID-19 pandemic.

Details: A five-day novel virtual State-Level Training of Trainers (ToT) was implemented on the Vaccine and Cold Chain Handlers Module for the Jharkhand state. Jharkhand is a state in India with 24 districts, a population of 36 million and a target cohort of 0.8 million infants.

The training was conducted by the National Cold Chain and Vaccine Management Resource Centre, New Delhi (NCCVMRC), and by the National Institute of Health and Family Welfare ([NIHFW](#)) in collaboration with the State Government and UNICEF. The training was conducted on an online platform. The timing of daily sessions ranged from two to two and a half hours. This is the first time that a virtual training has been conducted on the Vaccine and Cold Chain Handler module in India.

The challenges of the virtual training with regard to lack of participatory learning and skill-based hands-on demonstrations were mitigated in this training by using a unique methodology of live hands-on demonstration in a virtual mode using the spotlight feature of the online platform. A hands-on demonstration was done on the following procedures:

- Shake Test procedure,
- Conditioning of ice packs,
- Loading of vaccines in Ice Lined Refrigerator (ILR),
- Loading of ice packs in Deep Freezer (DF), and
- Packing of the cold box.

The training attracted encouraging feedback from the participants. Further, this training may serve as a model for uninterrupted training during times of crisis and also as a contributor for system strengthening for COVID-19 vaccine introduction in the country.



(Left to Right)- Hands on demonstration in virtual mode a) Ice Lined Refrigerator, b) Deep Freezer, c) Cold Box

First batch of Virtual Training on Vaccine and Cold Chain Management (T-VaCC) for Immunization Programme Managers amid the COVID-19 pandemic

[Harshad Thakur](#), [Sanjay Gupta](#), [Snehil K. Singh](#), [Sumeet Juneja](#), [Ginisha Gupta](#), [Arpita Gupta](#), [Shashi Kant Ray](#), [Harkesh Singh](#), [Manish Kumar](#) and [Shweta Gupta](#), National Cold Chain and Vaccine Management Resource Center (NCCVMRC), National Institute of Health and Family Welfare (NIHFW), New Delhi, India (NIHFW), New Delhi, India

[Mainak Chatterjee](#), UNICEF Country Office, India

Location:	New Delhi
Date:	5-16 October 2020
Participants:	23 participants (State/District Immunization Programme Managers) from six states of India (Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra and Odisha)
Purpose:	Adhering to the preventive measures of COVID-19, a virtual training was conducted to strengthen the skills of EPI programme managers in effective planning, implementation and supervision of cold chain and vaccine management.
Details:	<p>The National Cold Chain & Vaccine Management Resource Centre (NCCVMRC), National Institute of Health & Family welfare (NIHFW), with support from UNICEF, has developed a unique training course – the Training on Vaccine & Cold Chain Management (T-VaCC) – to create a skilled workforce and build leadership for immunization supply chain. The training course is built around the nine criteria of the Effective Vaccine Management (EVM) initiative and the WHO Mid-Level Managers and Vaccine Management Handling modules. The course was initiated in 2014 and to date 11 National batches have been conducted.</p> <p>With advances in technology and internet over the last few years, virtual learning is becoming a much more feasible option for conducting training. The ongoing COVID-19 pandemic has further increased the need for the use of virtual platforms for training and knowledge sharing. Consequently, the 12th batch of this training was conducted in a virtual mode from 5-16 October 2020. The sessions were conducted for two to two and a half hours daily.</p> <p>The training was conducted on the online training platform called “Virtual Learning for Immunization (VL4i)” which is developed jointly by NCCVMRC-NIHFW and UNICEF. The training was based on adult learning principles and methodologies. It ensured that the methodology of the training such as lecture-discussion, exercises, case studies, field visit and quiz were not compromised in the virtual mode. The case studies and practical exercises were conducted using the breakout room feature of the training platform; field visits were conducted by the participants in their own state/districts by visiting a nearby cold chain point; and the discussions were ongoing throughout the training.</p>

16th TechNet-21 Conference

[TechNet-21](#)

Location: Online Conference

Date: 20-21 October, 2020

Participants: More than 1000 participants from more than 100 countries and 106 speakers.

Details: Three years after the latest meeting in Cascais, Portugal, TechNet-21 held its 16th Conference on 20-21 October 2020 on the theme: “Shaping a resilient and adaptive immunization programme”. Sessions were organized into four key themes: Immunization supply chain strategies, COVID-19, Effective vaccine management, and Cold chain equipment.

This year, the meeting was held online with more than 1000 participants based in more than 100 countries, 106 speakers, 12 interpreters, and nine technicians working remotely.

You can now catch up on any sessions you missed or watch your favourite sessions again. Most sessions are available in French and Spanish, as well as English. Sessions are organized by day (see the two tabs with dates) and by time, and links to the presentation and video are provided below the description of the presentation.

To view the recordings of all sessions, visit the TechNet-21 YouTube channel.

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Thank you again for your participation and we hope to engage with you soon.



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Virtual training of cold chain technicians on Repair & Maintenance of Ice Lined Refrigerators, Deep Freezers and Voltage Stabilizers, India

Prof. Harshad Thakur, Prof. Sanjay Gupta, [Snehil K. Singh](#), Hitesh Kumar, Lokesh Sharma, Mainak Chatterjee- UNICEF India, Harkesh Singh, Rajesh Kumar, Nadeem Ahmad, Sandeep Sharma, Shashi Kant Ray, National Cold Chain & Vaccine Management Resource Center (NCCVMRC) – NIHFW, New Delhi, India.

Location: New Delhi, India

Date: October 2020

Purpose: To overcome the impact of COVID-19 in routine capacity building initiatives of the Ministry of Health & Family Welfare (MoHFW). Refreshing the skills of cold chain technicians (CCTs) on the repair and maintenance of Ice Lined Refrigerators (ILR), Deep Freezers (DF) and Voltage Stabilizers (VS) is of great importance considering the anticipated surge in storage requirements due to the upcoming deployment of COVID-19 vaccine.

Details: India has a robust immunization supply chain system and like other countries, the performance of the immunization supply chain largely depends on the functionality of various cold chain equipment, and breakdowns of cold chain equipment directly impact the immunization programme.



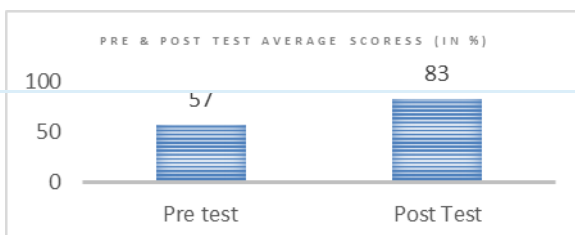
Facilitator giving live demonstration to participants on repair and maintenance module

In India, more than 600 cold chain technicians (CCTs) are giving their services to ensure the functionality of cold chain equipment at all four levels of supply chain i.e. Primary, Sub National, Lowest Delivery and Service point levels. Regular training and capacity building of these cold chain technicians is essential to keep them updated on the latest technology of different models of cold chain equipment. Every three years, each CCT is expected to undergo the refresher training.

For training and capacity building of CCTs, the MoHFW has designated the National Cold Chain & Vaccine Management Resource Center (NCCVMRC-NIHFW) as the nodal center. Due to the COVID-19 Pandemic and the restrictions on gatherings, conducting classroom training was a challenge, and to overcome this challenge, NCCVMRC transformed its CCT training module from classroom to virtual mode.

The seven-day classroom training curriculum was converted into ten days “Virtual Training” which was held from 12-23 October 2020. The virtual training was planned so that 80% was hands-on and 20% was lecture-based. For hands-on training, the training lab established at NCCVMRC-NIHFW was utilized. Trainers gave live demonstrations of repair and maintenance of different equipment and responded to queries from participants. Various activities i.e. registration, Pre/Post-test, participants expectations, spare parts consumption, daily activity task and course feedback was collected using in-house developed IT tools.

To ensure quality throughout the training, CCTs participating in the training were asked to keep non-functional cold chain equipment at their duty stations for hands-on practice and the resource persons were remotely monitoring the practices of participants. The training outcome measured through pre and post-test showed significant improvement in the knowledge of participants. The novel virtual appearance of the course was well appreciated by all the participants and provided an indication that this may be sustained in future to train more participants remotely.



The graphs is showing the improvement in post test

Virtual Ad Hoc Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases Held to Discuss COVID-19 in the Region of the Americas

Cuahtemoc Ruiz Matus, Jennifer Sanwogou, [Octavia Silva](#), PAHO-Washington, DC

Location: Virtual

Date: 16 November 2020

Participants: PAHO's TAG Members (Peter Figueroa, Jon Andrus, Pablo Bonvehi, Roger Glass, Arlene King, Nancy Messonnier, Jose Ignacio Santos, and Cristiana Toscano), as well as staff from PAHO's Comprehensive Family Immunization (IM) Unit; Family, Health Promotion, and Life Course (FPL) Department; Incident Management System (IMST); Public Health Emergencies (PHE) Department; Revolving Fund for Access to Vaccines (RFV) programme; and Non-communicable Diseases and Mental Health (NMH) Department

Purpose:

- Provide an epidemiological COVID-19 update and an analysis of the impact of the COVID-19 pandemic on national immunization programs (NIPs) in the Americas
- Review SAGE recommendations regarding the Value Framework and the Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply
- Provide an update on the progress made by planning components for the introduction of COVID-19 vaccines and discuss key priority activities to support countries in the Region

Details: Presentations at the meeting covered the following topics:

COVID-19 in the Region of the Americas (situation update)
Risk of severe COVID-19 due to underlying health conditions in the Americas
Addressing the impact of the COVID-19 pandemic on national immunization programmes
Development status of COVID-19 candidate vaccines
SAGE recommendations: Value Framework and Oprioritization Roadmap
Planning and micro-planning considerations for COVID-19 vaccination
Key considerations and priorities by planning component:

- Cold chain
- Information systems
- Vaccine safety

Communication and demand generation
Monitoring and reporting country readiness for the introduction of COVID-19 vaccines
Progress made in COVID-19 vaccine access for Latin American and Caribbean countries

These presentations incited lively discussion from the TAG Members, the recommendations from which will be published in the meeting's final report. This final report is being finalized and will be published at this [link](#).

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Resources

Guide pour mener une analyse de la situation du programme élargi de vaccination (P E V)

A guide for conducting an Expanded Programme on Immunization (EPI) Review

[Samir Sodha](#), WHO Headquarters

[French translation](#) for *A guide for conducting an Expanded Programme on Immunization (EPI) Review*

An EPI Review, also referred to as National Immunization Programme Review, is the comprehensive assessment of the strengths and weaknesses of an immunization programme at national, subnational and service-delivery levels. The purpose of an EPI Review is to provide evidence for the programme's strategic directions and priority activities.

This document is intended to provide guidance to individuals and teams responsible for planning and implementing an EPI Review, with the following three main objectives.

- To set a benchmark for conducting quality EPI Reviews whereby scaling-back or enhancing can be described.
- To share best practices in order to increase the efficiency and quality of Reviews, including through the integration of assessments as feasible.

To emphasize that EPI Reviews should be country-driven and part of a strategic planning process by which the findings provide evidence for strategic directions and priority activities.

WIISE project ready to monitor COVID vaccines

Kristi James, WHO Headquarters

As the world anticipates the arrival of a COVID-19 vaccination, the vaccines pillar of the ACT-Accelerator, COVAX, has an initiative to ensure the fair and equitable distribution of two billion doses for all countries, regardless of income levels by the end of 2021. WHO's Immunization Information System (WIISE) will assist COVAX in the collection of COVID-19 vaccination data.



WIISE is dedicated to streamlining the collection, harmonization, and visualization of global immunization data. In 2021, WIISE will launch the electronic Joint Reporting Form (eJRF) to make data collection faster and easier for Member States. Since all Member States will be able to access the eJRF, it is the perfect vehicle to collect COVID-19 vaccination data too.

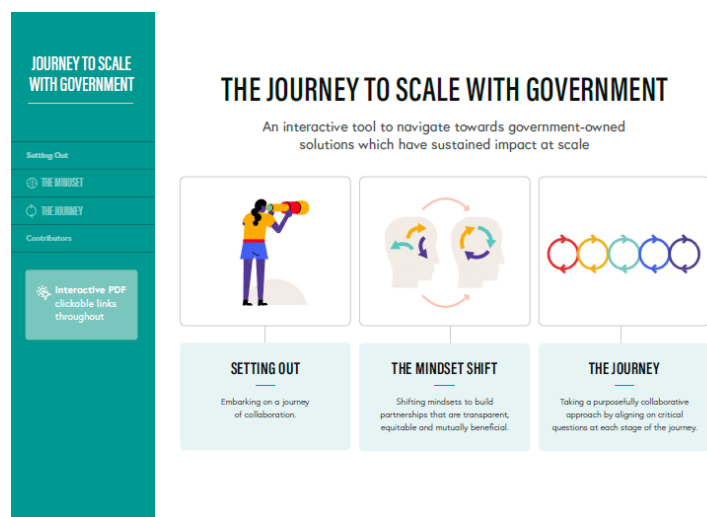
Once collected, the data is harmonized and stored in WIISE Mart which uses xMART technology, WHO's corporate data solution. COVAX also uses xMART which allows for collaboration and sharing capabilities between WIISE Mart and COVAX. In addition, the COVID-19 surveillance data will also be in xMART so future analysis and insights can be facilitated.

We are looking forward to launching all WIISE's capabilities in 2021, and ready to serve a role in this important initiative for the ACT-Accelerator.

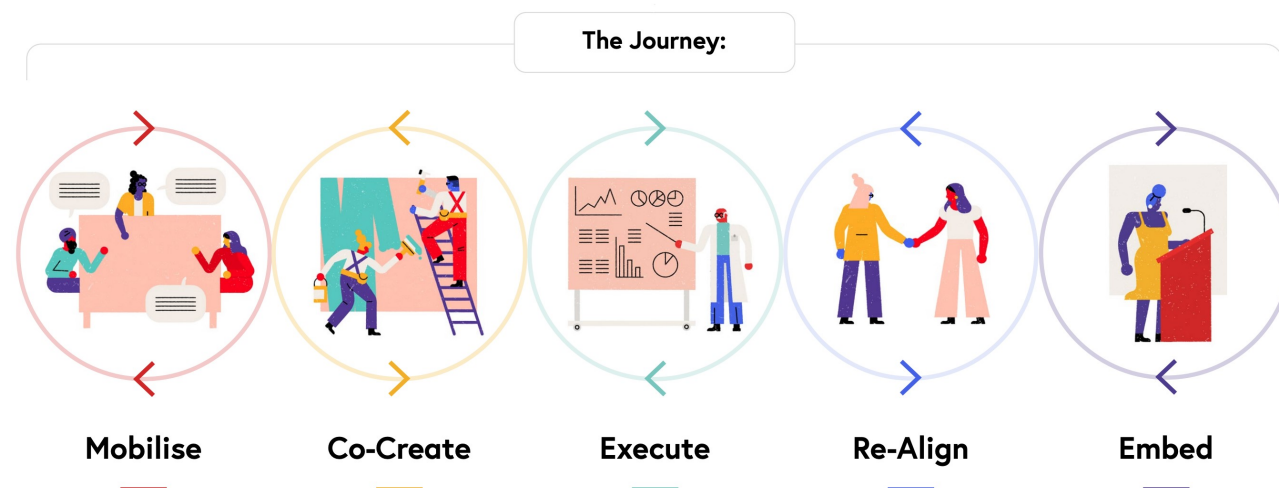
Interactive tool supports government-centered immunization programmes

[Melissa West](#), VillageReach

Global partners are swiftly mobilizing to support countries with COVID-19 vaccine introduction - the world's first massively deployed public health intervention. It is easy to lose government and community perspectives amidst the noise, however.



[The Journey to Scale with Government tool, co-created by more than 50 stakeholders across 16 countries](#), helps partners navigate toward government stewardship of solutions, increasing the chance of sustained impact.



The [Tool](#) can be used to help countries:

- **Prepare** for the journey, including the need to embrace radical collaboration;
- **Learn** about the mindset shift that places government actors – and by extension, the communities they serve - at the head of the table;
- **Think** through the role of government at different stages of the journey.

Each collaborator will engage with the tool differently. You can use the 'mindset shifts' as a conversation starter, use the questions from the journey as part of a workshop, or consider critical questions at a certain point on the path to scale.

It is essential that government stakeholders identify problems and implement changes to the immunization system that will not only protect communities against COVID-19, but strengthen Primary Health Care over the long term.

If you would like access to more resources like the Journey tool, please sign up for quarterly updates from the [Learning Network](#).

Links

Organizations and Initiatives

American Red Cross

[Child Survival](#)

Centers for Disease Control and Prevention

[Polio](#)

[Global Vaccines and Immunization](#)

Johns Hopkins

[International Vaccine Access Center](#)

[Value of Immunization Compendium of Evidence \(VoICE\)](#)

[VIEW-hub](#)

JSI

[IMMUNIZATIONbasics](#)

[Immunization Center](#)

[Maternal and Child Health Integrated Program \(MCHIP\)](#)

[Publications and Resources](#)

[Universal Immunization through Improving Family Health Services \(UI-FHS\) Project in Ethiopia](#)

PAHO

[ProVac Initiative](#)

PATH

[Better Immunization Data \(BID\) Initiative](#)

[Center for Vaccine Innovation and Access](#)

[Defeat Diarrheal Disease Initiative](#)

[Vaccine Resource Library](#)

[Malaria Vaccine Initiative](#)

[RHO Cervical Cancer](#)

Sabin Vaccine Institute

[Boost – A Global Community of Immunization Professionals](#)

UNICEF

[Immunization](#)

[Supplies and Logistics](#)

USAID

[USAID Immunization](#)

[USAID Maternal and Child Survival Program](#)

WHO

[Department of Immunization, Vaccines & Biologicals](#)

[ICO Information Centre on HPV and Cancer](#)

[National programmes and systems](#)

[Immunization planning and financing](#)

[Immunization monitoring and surveillance](#)

[National Immunization Technical Advisory Groups Resource Center](#)

[SIGN Alliance](#)

Other

[Coalition Against Typhoid](#)

[Confederation of Meningitis Organizations](#)

[Dengue Vaccine Initiative](#)

[European Vaccine Initiative](#)

[Gardasil Access Program](#)

[Gavi the Vaccine Alliance](#)

[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-2I](#)

[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](#)

[RotaFlash \(PATH\)](#)

[Vaccine Delivery Research Digest \(Uni of Washington\)](#)

[Gavi Programme Bulletin \(Gavi\)](#)

[Immunization Economics Community of Practice](#)