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News

West African Countries are preparing for the COVID-19 vaccines in 2021

[Hilaire Dadio](#) and [Ado Bwaka](#), WHO/IST West Africa

As the COVID-19 vaccines are being rolled in many countries in the world, for instance in the USA and Europe, countries in West and Central Africa are gearing up to succeed in their national introductions.

A regional body called SACREDT (African Sub-Regional COVID-19 vaccine Readiness and Delivery Teams) with key thematic areas including Planning and Coordination; Resources and Funding; Monitoring and Evaluation; Supply Chain and Logistics; and Demand Creation, among others, was established several months ago. The West and Central Africa SACREDT is chaired by the President of the Regional Working Group on Immunization for West and Central Africa. The main goal of the W&C SACREDT is to support low-income countries' access to the COVID-19 vaccines in the best conditions of readiness, including acceptability by their populations.

One of the latest activities hosted by the W&C SACREDT was a two-day webinar from 15-16 December 2020 on developing the National Deployment and Vaccination Plans (NDVPs). Almost 120 persons - mostly EPI Managers, UNICEF and WHO Immunization Focal Points and CSOs - from West and Central African countries participated. The focus of the W&C SACREDT now is to provide technical guidance to countries to draft their NDVPs for official submission to the COVAX Facility for vaccine allocation. 15 January 2021 has been set as an initial timeline for countries to submit their NDVPs for review.

It is worth mentioning that the Vaccine Introduction Readiness Assessment Tool (VIRAT 2.0), an online tool set up by WHO and UNICEF, has been combined with the VRAF developed by the World Bank and is available to help national authorities monitor their progress in preparatory activities related to the introduction of COVID-19 vaccines.

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700 peer-reviewed case studies describe national and sub-national immunization staff experience of addressing vaccine hesitancy

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

On 9 November 2020, 3,000 immunization professionals from 90 countries started a four-week peer learning exercise on Vaccine Hesitancy within the Scholar COVID-19 Peer Hub.

During three workshops, participants shared specific examples of how they had addressed vaccine hesitancy, receiving insights and feedback from Lisa Menning (WHO), Susan Mackay (GAVI) and Heidi Larson (Vaccine Confidence Project).

Workshop recordings:

[Heidi Larson](#)

[Lisa Menning](#)

700 participants completed written case studies describing how they had successfully approached a case of vaccine hesitancy, reflecting on their practice, and describing to what extent they felt their practice was innovative, or could be applied in other contexts. Case studies were critiqued by three peers, then finalized based on peer feedback.

“The key elements I made to be successful in this circumstance were having the right person who can help me in mediating and convincing the community, the fact that I told to parents gave insight to see the extent of the health problem and lifelong disabilities resulted from polio infection created fear that triggered to change their old thinking and reluctance and to go for proper action and accept vaccination.” Self-analysis, case study originating in Somali Regional State, Ethiopia.

Working with partners, TGLF will now analyze case studies, feeding into wider learning on field practice in addressing vaccine hesitancy to inform COVID-19 vaccine introduction. Outputs of this and other Peer Hub activities will feature in the Teach to Reach Accelerator Conference, 26-28 January 2021 (more details provided under the section “UPCOMING EVENTS” in this edition of the GIN:

[English](#)

[French](#)

Peer Hub participants also welcomed Dr Ann Lindstrand (WHO) to discuss country introduction of COVID-19 vaccines.

[Workshop recording](#)

TGLF and partners are exploring extension of the Peer Hub to support COVID-19 vaccine country readiness. For more details, contact this [email address](#).

Call for Information from countries: COVID-19 Vaccine Effectiveness and Impact Study Plans

[Minal Patel](#), WHO Headquarters

After COVID-19 vaccines are introduced into countries, it will be vital to generate real-world data on vaccine effectiveness and impact, as many questions will remain unanswered by the clinical trials. Studies will likely be done in a variety of countries, in a variety of populations, and using a variety of study designs. WHO is undertaking a scoping exercise to understand who is planning COVID-19 vaccine effectiveness and impact studies, where they are being planned, and the key characteristics of such studies. This information will help WHO to understand the future availability of data to inform global policy and the gaps that need to be filled. It is understood that plans for such studies are still being made and are subject to change; thus, WHO will likely reach out again in the future to request an update from countries. Basic information on the studies planned will be shared through the WHO website (e.g. country of study, study design, objective of the study). If countries are planning on conducting a COVID-19 vaccine impact or effectiveness study, they are kindly requested to fill out [this electronic form](#) with any relevant details. This form will take less than five minutes of your time. Questions can be addressed to this [email address](#).

The Regional Commission for the Certification (RCC) of Poliomyelitis Eradication Urges Countries of the Region of the Americas to Take Action to Sustain the Polio-free Status

[Ana Elena Chevez](#), Emilia Cain, and Gloria Rey-Benito, Pan American Health Organization

The 12th Meeting of the Regional Commission for the Certification (RCC) of Poliomyelitis Eradication was conducted virtually in October and November 2020. The objectives of the meeting were to review, discuss, and validate countries' annual reports on their polio eradication status, updated polio containment reports, and to certify that the Region remains free of polio.

The RCC received 23 annual reports representing 44 countries and territories that were assessed using seven questions pertaining to immunization coverage, epidemiological surveillance, containment, risk assessment and mitigation, and outbreak preparedness.

The RCC concluded that:

- Six reports received validation that vaccination coverage was high enough to prevent the circulation of wild poliovirus (WPV) or the emergence of a circulating vaccine-derived poliovirus (cVDPV).
- Eight reports received validation that surveillance was sensitive enough to detect an imported WPV or vaccine-derived poliovirus (VDVP) in a timely manner.
- 19 reports were validated for minimizing the risk of a facility-associated reintroduction of poliovirus.
- 21 reports included an adequate risk assessment at the subnational level.
- 18 reports included an updated risk mitigation plan.
- 17 reports included an adequate and updated outbreak and event response plan.
- Based on the evidence provided, the Region remains poliovirus-free.

For containment, six countries whose Global Action Plan (GAPIII) Phase-I reports had not been validated were required to submit a report. In 2019, no further countries received approval; however, the RCC recognized the countries' efforts and progress.

The RCC recognizes the advances in the implementation of polio-eradication activities. However, the RCC expressed concern about the decline in immunization coverage and unmet surveillance indicators. Immunity gaps and weak surveillance systems present a threat to maintaining the regional polio-free status. The RCC is concerned about the impact of COVID-19 on the polio program. Efforts are needed to immunize all children and continue with surveillance and the implementation of the [Polio Endgame Strategic Plan](#).

RCC general recommendations are included in the meeting report and specific recommendations were sent to each country. The full report is available at this [link](#).



Twelfth meeting of the RCC is celebrated virtually.

COVID-19 Vaccination data to be collected through the eJRF

[Kristy James](#), WHO Headquarters

On 15 March 2021, the electronic Joint Reporting Form (eJRF) will open for the first time for over 220 Member States, Reporting Entities and Associate Members. The Joint Reporting Form is WHO and UNICEF's annual collection of immunization data that helps inform policies, identify gaps, and bring us closer to our Immunization Agenda 2030 initiatives. The eJRF will now be available online which enables an improved user and administrative experience.

Twelve pilot countries have reported that the eJRF is easy to navigate and use, provides the questions in a clear and logical manner, and allows for collaboration internally as well as with country and regional offices. Because of these features, plus the flexibility in administering the tool, annual data, and other immunization data, can be collected more frequently when needed.

The eJRF will be used for monitoring COVID-19 vaccination rollout and uptake on a monthly basis during 2021 as more countries begin vaccination. The questionnaire is under development and will be ready in time for the 15 March 2021 opening. More details will follow soon.

Webinars for Member States will be conducted the first week of February 2021, followed by regional training and/or support sessions starting in late February/early March 2021 to guide countries through this transition.



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Past Meetings/Workshops

Seventeenth annual meeting on surveillance, preparedness and response to meningitis outbreaks in Africa and seventh meeting of MenafriNet partners

[André Bita](#) and [Hilaire Dadjo](#), WHO Intercountry Support Team (IST) West Africa

Location: Hosted by Chad, held virtually

Date: 8-9 December 2020

Participants: 205 participants from Ministries of Health (MoH) of 17 of the 26 meningitis belt countries, namely: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Democratic Republic of Congo, Gambia, Ghana, Guinea, Mali, Niger, Nigeria, Senegal, South Sudan, Tanzania and Togo, and representatives of various institutions such as WHO, USCDC Atlanta, CDC Foundation, GAVI secretariat, PATH, UNICEF, DAVYCAS, Serum Institute of India, Care and Development Centre (CADEC) and other partners. Country participants from MoH consisted of national surveillance officers, data managers, laboratory personal and immunization officers.

Purpose: To access the epidemiological situation of meningitis, surveillance and response to meningitis epidemics in Africa in 2020 and define strategies and priorities for future interventions; to evaluate progress and define challenges and the way forward for the introduction of MenAfriVac™ through preventive campaigns and routine immunization; and to evaluate the performance of the MenAfriNet II project implementation.

Details: The meeting consisted of seven sessions with presentations, discussions in plenary sessions, and five sessions of side-meetings on surveillance, preparedness and response to outbreaks, laboratory strengthening, data management, and MenAfriVac™ roll-out in African meningitis belt. Additionally, a call for abstracts was done and nine were approved coming from Cameroon, Ghana and WHO/AFRO.

The meeting achieved its expected results with relevant and effective participation and facilitation. At the end of the meeting, 40 recommendations were adopted by participants to reinforce surveillance, laboratory confirmation, follow-up of survivors, data management, leadership and responsibility, and preparation and response to meningitis outbreaks in 2021 - all taking in consideration the COVID-19 pandemic.

Concerning the MenAfriNet II project, key results on surveillance, data management, and laboratory confirmation were presented during side meetings. During the deliberations, it was noted that meningitis case-based surveillance performance was satisfactory in Burkina Faso and Niger. Activities were jeopardized by COVID-19 pandemic in Chad, Mali, Nigeria and Togo. However, the project contributed to respond to epidemics in Benin and Ghana.

Annual EPI Managers' meeting for West Africa

[Ado Bwaka](#), [Hilaire Dadjo](#) and [Simon Nkondem Mbunya](#), WHO Intercountry Support Team (IST) West Africa

Location:	Held virtually
Date:	9-11 December 2020
Participants:	<p>188 participants including staff from Ministries of Health, specifically Directors of Health Services, EPI Managers, heads of national clinical biology laboratories (polio and measles), staff in charge of monitoring and evaluation and staff from maternal and child health and adolescent health units. Among participants were also staff from Ministries of Finance (Budget Department), the EPI and Health System Strengthening (HSS) Departments, focal points from WHO and UNICEF country offices, and Chairs of National Immunization Technical Advisory Groups (NITAGs). There was additional participation from WHO Headquarters, the WHO Regional Office for Africa, the WHO Inter-Country Support Team (IST) for East and Southern and West and Central Africa, UNICEF (Headquarters and the Sub-Regional Office for West and Central Africa), the Gavi Secretariat, including Senior Country Managers (SCMs), BMGF, WAHO, AMP, MSF and many more others.</p>
Purpose:	<p>To assess the impact of the COVID-19 pandemic on the health system in general and the vaccination programme in particular, provide a status report on vaccination services and community demand, and discuss the maintenance and revitalization of immunization services, and the preparation of countries for the introduction and deployment of the COVID-19 vaccine.</p>
Details:	<p>A full day session under the leadership of the WHO Regional Office for Africa was organized on 9 December 2020 and covered three main issues related to: "immunization in the context of COVID-19", "COVID-19 vaccination (COVAX Facility)" and "Polio eradication".</p>

Regarding Polio eradication, the West Africa sub-region is still facing a resurgence of cVDPV2 (circulating Vaccine Derived Polio Virus type 2) epidemics in several countries.

A review of the epidemiological situation of COVID-19 and cVDPV2 epidemics and response in the West African sub-region was also provided.

In the specific context of the COVID-19 pandemic: Ghana and Guinea respectively provided firsthand experience on maintaining routine immunization and conducting catch up immunization activities; Burkina Faso on resuming Polio vaccination campaigns; Togo on strengthening AFP surveillance after certification of the end of WPV circulation; and Senegal on responding to Measles outbreaks.

Following the discussions, EPI Managers and partners provided their inputs and key action points and recommendations to address the issues were presented. Their formal adoption and subsequent implementation will be forthcoming shortly.

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Joint Webinar on zero-dose children/communities in the region by WHO EMRO, UNICEF MENARO, and UNICEF ROSA

The [Eastern Mediterranean Regional Office](#) (EMRO) of the World Health Organization (WHO)

Location: Virtual 11:00hrs – 13:30hrs Amman/Cairo time

Date: 19 January 2021



Zero-dose 'Leaving no one behind'

Participants: National counterparts in the Expanded Programme of Immunization (EPI) and other relevant programmes and partners representing the Eastern Mediterranean Region (EMR) and Middle East and North Africa (MENA) countries participated in the webinar. The Regional partners who collaborated to organize this webinar, i.e. UNICEF Regional Office for Middle East and North Africa (UNICEF MENARO), The Eastern Mediterranean Regional Office of the World Health Organization (WHO EMRO), UNICEF Regional Office for South Asia (UNICEF ROSA), in collaboration with WHO, UNICEF headquarters and Gavi, the Vaccine Alliance (Gavi).

Purpose: The workshop was targeted towards national counterparts in EPI programmes to raise awareness and advocate among the different stakeholders and partners on the concept of zero-dose children; to understand the global strategies and guidance that have been developed to address the issue of zero-dose children as referenced to in the [Immunization Agenda 2030 \(IA 2030\)](#) and the [Gavi 5.0 Strategy 2021-2025](#); and to provide a briefing on the regional trend and situation of zero-dose children.

Details: On the verge of implementing the IA 2030 and under the strategic priority #3, along the need to emphasize on leaving no one behind, zero-dose and under-immunized children and communities bear the most burden of vaccine-preventable diseases and have an uneven share of the immunization benefits with poor access to its services.

As the Eastern Mediterranean Region (EMR) region has one of the highest concentrations of marginalized communities with zero-dose children there is an urgent need to accelerate working under the IA 2030 goals, and to familiarize country immunization counterparts with the Gavi 5.0 Strategy 2021-2025.

To further highlight the need to focus on zero-dose children communities both in global immunization strategies (the IA2030 and Gavi 5.0), and at country level, regional partners organized a webinar on zero-dose children for various stakeholders in the region, which was facilitated by panelists from different partner agencies at global and regional levels. The webinar covered two main topics:

- **Leave No One Behind “Addressing inequities in immunization by focusing on “zero dose” communities**
- **Demand generation strategies proposed to address zero-dose children**

During the webinar sessions, immunization programme performance in the region was underlined for many countries with weak health systems in place or affected by conflict. And the COVID-19 pandemic had further worsened the situation and added more challenges by increasing the number of zero-dose children and communities in these countries.

The webinar highlighted the best practices needed to increase equity in immunization delivery and operationalize zero dose strategies as well as highlighting the implications of not gaining ground in these areas.

It was concluded that **the concept of zero-dose** could now be used as a marker of persistent inequities in the health system and for access to essential health services, as well as a marker for poverty.

Resources

Gavi PEF TCA Updated 2021 Guidance Available

[Heather Kester](#), WHO Headquarters

Source: Anne Cronin, Gavi Secretariat

The Gavi Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) updated 2021 Planning Guidance in English, French, Spanish and Russian is available on the Gavi website [here](#) as well as on the PEF portal.

The 2021 TCA Planning Guidance has been prepared for Ministries of Health, national immunization programmes, and TCA implementing partners in Gavi eligible countries and is intended to support the transition to Gavi's new strategic period 5.0 with 'equity' as its main organizing principle.

The Planning Guidance focuses on the development of countries' annual OneTA plans for 2021 for single-year TCA funding. The deadline for submission of the OneTA plans is 28 February 2021.

WIISE Mart: WHO's immunization data warehouse tests positive

[Kristi James](#), WHO Headquarters

WIISE Mart, the data harmonization and warehousing solution at the heart of WHO's Immunization Information System (WIISE) has completed testing and has successfully launched. WIISE Mart already hosts annually collected data and produced datasets on immunization, as well as measles and rubella surveillance data. More datasets will be added during 2021, including additional VPD surveillance data and COVID vaccine implementation data, making WIISE Mart THE central repository of immunization data collected by WHO worldwide.



Beyond the data storage function, the launch of WIISE Mart is also an important milestone for the WIISE project with benefits for Member States, Regional Offices, and the immunization community. WIISE Mart will allow data providers to directly upload their raw data in any format, reformat these data automatically, perform live data validation, and store these data in a standardized format. This will greatly facilitate the ongoing reporting of immunization data to WHO from the Member States perspective.

In addition, WIISE Mart enables WHO offices to share a central version of the data rather than rely on multiple fragmented systems. This reduces the data management burden within the Organization.

WIISE Mart will pull data collected through the new eJRF tool but also provide select data to tools such as the WIISE web portals (in development) and other data visualization tools.

The need for reliable data to analyse the impact of immunization has never been more important than now. WIISE Mart is committed to providing globally harmonized and validated data on a secured platform. Moving WIISE Mart from test to production is an important step in attaining the IA2030's vision for a world where everyone, everywhere, at every age fully benefits from vaccines for good health and wellbeing.

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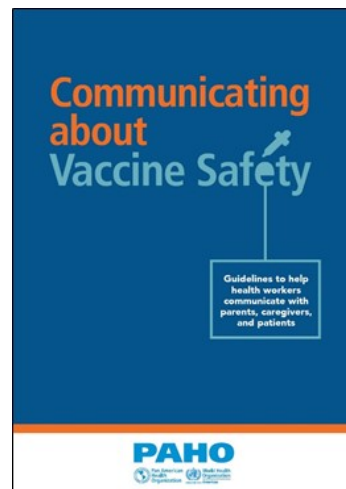
PAHO Publishes “Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients”

[PAHO/WHO](#)

Vaccines save between two million and three million lives each year and protect the entire global population from more than a dozen life-threatening diseases. Thanks to vaccination, smallpox was eradicated in 1980, and the world is on track to eradicate polio. However, despite great strides in the control of measles, one of the most contagious diseases known, the last few years have unfortunately seen an increase in cases. This is why high vaccination coverage—95% or more—is needed, posing a major technical and communication challenge for health workers.

Studies show that telling people about the quality, safety, effectiveness and availability of vaccines is not enough to influence behavior change related to immunization, and in general, does not increase immunization coverage. For this reason, it is necessary to understand the reasons why people choose not to get vaccinated, or not to get their children vaccinated, in order to begin a two-way respectful dialogue using the best, most effective messages.

Given this context, the main objective of these [guidelines](#) is to provide tools for staff working in the field of immunization to support effective communication between health personnel and the general population, with the aim of strengthening, maintaining, or recovering trust in vaccines and the immunization programmes in the Region of the Americas.



Vaccine Procurement and Publication of Countries' Vaccine Purchase Data

Johanna Fihman, WHO Headquarters



In December 2020, WHO published the [Vaccine Purchase Data for Countries](#) which compiles vaccine purchase data reported by countries (also publicly available in Excel format on the [MI4A website](#)). The report also provides some key messages for countries to consider in their procurement processes.

In the context of increasing immunization costs and availability of financial resources being challenged, countries will seek to increase effective and efficient use of resources. Availability of vaccine purchase data can be used by countries to identify efficiency gains.

What information is available?

The Market Information For Access (MI4A) database contains vaccine purchase data reported via the WHO/UNICEF Joint Reporting Form (JRF). Data is available for 2013–2019 and is shared by country, vaccine and year. Price per dose (USD), procurement mechanism and annual volumes are included.

How can countries use this data?

Countries can use the vaccine purchase data to:

- **Compare vaccine prices** paid by other countries in similar conditions – e.g. *income, procurement group, contract conditions.*
- **Identify other vaccines available from a given manufacturer**
- **Understand other available products and presentations for each vaccine**
- **Develop budget estimates** to inform new vaccine introduction product choices, planning and budgeting.

Vaccine purchase data and information on any new vaccine introduction plan and planned product changes and switches are essential to WHO to identify potential risks to vaccine access. WHO encourages countries to continue reporting this information through the Joint Reporting Form.

WHO also aims to support information sharing between countries by documenting and sharing examples of use of MI4A data and **encourages countries to share their experience on the use of the MI4A Vaccine Purchase Data at this [address](#).**

2020 Global Vaccine Action Plan Secretariat Progress Report

The 2020 Global Vaccine Action Plan (GVAP) Secretariat Progress Report was released at the end of December 2020. At global level, most indicators remained stable in 2019 compared to 2018, although significant variations may exist at regional and national level.

Following are some of the highlights for 2019:

- Global vaccination coverage – the proportion of the world's children who receive recommended vaccines – has remained the same over the past few years. During 2019, about 85% of infants worldwide (116 million infants) received 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine, protecting them against infectious diseases that can cause serious illness and disability or be fatal. By 2019, 125 Member States had reached at least 90% coverage of DTP3 vaccine.
- Wild poliovirus cases were, as in previous years, limited to Pakistan and Afghanistan, and in August 2020, the African Region was certified wild poliovirus-free. However 2019 witnessed a rising number of countries (18) with vaccine-derived poliovirus cases.
- A significant increase of measles cases has been observed globally, beginning in 2018 and continuing in 2019, with outbreaks reported in all WHO regions. By the end of 2019, 83 countries were verified as having eliminated measles. 85% of children had received one dose of measles-containing vaccine by their second birthday, 178 Member States had included a second dose as part of routine immunization and 71% of children received two doses of measles vaccine according to national immunization schedules.
- Maternal and neonatal tetanus persist as public health problems in 12 countries, mainly in Africa and Asia.
- 120 countries had access to a National Immunization Technical Advisory Group that meets the core process criteria. This represents more than 87% of the world population, the highest proportion ever.
- The number of countries reporting rotavirus and invasive bacterial disease surveillance has been stable at around 130 and 150 countries respectively.
- The proportion of countries reporting more than 10 per 100 000 Adverse Events Following Immunization (AEFI), an indicator of a functional surveillance system, is stable in most regions, except in Europe and South-east Asia where this proportion has slightly decreased compared to 2018.

For more information, click on the [link](#).

Review of the current, public evidence on single-dose HPV vaccination

[Tara Newton](#), PATH

The third edition of the [Review of the current published evidence on single-dose HPV vaccination](#) is now available from The Single-Dose HPV Vaccine Evaluation Consortium. This comprehensive review and assessment was compiled by leading researchers and experts to inform global, regional, and national HPV vaccine schedule policies and vaccine delivery programs. The review includes current public evidence from clinical trials, immunogenicity studies, other observational and effectiveness studies, and impact modeling.

Researchers are continuing to gather and analyze clinical trial and other data that will provide further evidence regarding the potential value of a single-dose schedule relative to the current two- and three-dose schedules. Nonetheless, accumulated data to date show that single-dose HPV vaccination could substantially reduce the incidence of HPV-attributable cervical precancer and cancer if directed to girls prior to sexual debut, especially if moderate to high coverage can be achieved, and would likely be a high-value public health intervention.

PAHO Publishes “Crisis communication related to vaccine safety: Technical guidance”

[Octavia Silva](#), Pan American Health Organization

Vaccine- and vaccination-related crises require a communication response that is different from the communication strategies used to promote the benefits and importance of vaccines in general. [This document](#) presents the technical guidance needed to develop a communication plan that is appropriate for managing crises related to vaccine safety.

This guidance will be useful for managers in the areas of communications, immunization and vaccination safety. It will also help preparedness and response teams working in safety crises to optimize their communication plans in order to regain, maintain, or strengthen trust in vaccines, vaccination, and immunization programmes in general.

Each chapter presents a phase (preparation, implementation, and evaluation) with suggested actions and support tools to prepare, implement, and evaluate a communication response in a crisis situation. Also, some sections can be used to strengthen routine national communication activities, such as interaction with media, message generation, and spokesperson preparation, among others.

The current document complements the Manual for the Surveillance of Events Supposedly Attributable to Vaccination or Immunization (ESAVI) in the Region of the Americas. This document is published within the framework of a joint project that aims to promote communication related to vaccine safety in the Region of the Americas and support health authorities that need to develop a communication plan to manage crises related to vaccine safety. Some of the sections in this publication are based on the guidance documents available in the WHO Regional Office for Europe’s virtual library and can be consulted on their website.

“Crisis communication related to vaccine safety: Technical guidance” is also available in [Spanish](#).

New Issue of PAHO’s Immunization Newsletter is Published

[Octavia Silva](#), Pan American Health Organization

In this issue:

- Keeping the Trust: Fighting Vaccine Misinformation
- What I Have Learned as an Immunization Advisor during the COVID-19 Pandemic. By Karen Broome, PAHO/WHO Immunization Advisor for the Caribbean Sub-region
- Frequently Asked Questions on COVID-19 Vaccination
- Validation of a Risk Categorization Tool for Cold Chain Monitoring at the Local Level
- To Aspirate or Not to Aspirate before Administering a Vaccine?
- Prices for Vaccines Purchased through the PAHO Revolving Fund, 2020
- Prices for Syringes Purchased through the PAHO Revolving Fund, 2020-2021

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Featured resources: COVID-19 vaccines

OpenWHO COVID-19 vaccine introduction course for national/subnational focal points is now LIVE

[Shoshanna Goldin](#), WHO Headquarters

The second OpenWHO course “Orientation to national deployment and vaccination planning for COVID-19 vaccines” is now live! You can find it on this [website](#).

The COVID-19 vaccination training for health workers is available at this [link](#).

Guidance and Tools for COVID-19 vaccine acceptance and uptake now available

ACT A Country Readiness & Delivery Demand Working Group

Fostering acceptance and demand for vaccines is critical to high uptake. This is especially true with the introduction of new COVID-19 vaccines, where a wide range of strategies are needed, particularly to inform people about how and where to get vaccinated, support community engagement, and deliver easily accessible vaccination services.

To assist programmes and partners in this endeavour, a package of tools and guidance has just been published, to support the design and implementation of locally tailored strategies. All materials were developed through an iterative, participatory process by the demand sub-group of the Country Readiness and Delivery (CRD) workstream of COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator. They are designed for national immunization programme managers, partner organizations, implementers and civil society representatives, and should be adapted and tailored for local contexts.

All materials can be accessed via the [acceptance and demand page](#) of the COVID-19 vaccines country readiness and delivery section of the WHO web site. **However we would also recommend accessing the materials via the specific links directly to documents as listed below.**

Topics covered include (with the direct link to each document):

- 1. Demand planning:** Under the leadership of government/MoH/RCCE teams in countries are expected to conduct a planning exercise and develop a costed plan at the federal/national level with clear lines of responsibilities. In the [package](#), one will find guidance, a planning template, training module, FAQs, and key messages to deliver on this expectation.
- 2. Data for action:** These [tools](#) support the gathering and use of quantitative and qualitative data on the various behavioural and social drivers of vaccination. In addition to the survey tool and interview guides, the guidebook includes suggestions for local adaptation and use of tools, frameworks to support translation to action and indicators for tracking and comparison of trends.
- 3. Community engagement:** This [guidance tool](#) assists in putting community engagement at the center of introduction strategies for Covid-19 vaccines. It contains tips and discussion topics to be considered in vaccine delivery and demand creation, as well as guiding steps to ensure a safe and community-centered approach when conducting community engagement activities.
- 4. Misinformation management:** A [field guide](#) has been published that provides users practical steps to manage misinformation with three related webinars.

COVID-19 Vaccine Introduction and Deployment Costing tool (CVIC tool)

[Shoshanna Goldin](#), WHO Headquarters

Countries need an estimate of the incremental costs of introducing and deploying the COVID-19 vaccine for budgeting and resource mobilization such as requests for external funding from World Bank's COVID-19 Fast-Track Loan Facility. The intuitive and user-friendly CVIC assists countries for rapidly, yet comprehensively, estimating the approximate cost as well as for a more detailed costing.

The first objective is to produce a credible estimate – at a macro level – of the additional cost for introducing COVID-19 vaccines, in **alignment with other guidance**. Specifically, the costing tool aligns with the readiness assessment tool – VIRAT/VRAF 2.0, and the guidance on developing a national deployment and vaccination plan (NDVP). It also makes use of the [SAGE prioritization roadmap](#). The tool is available for any country to use, though it may particularly of interest to the 92 AMC countries. The tool is pre-populated as much as possible – using available data from global databases – while remaining customizable by the users. The tool's outputs include estimates to be directly inserted into VIRAT/VRAF 2.0 and graphs.

Pilot testing is ongoing in several countries (Papua New Guinea, Lao PDR, Vietnam, Uganda and South Sudan). The pilot testing of the tool will help understand what it takes to use it in a rapid way, what support is needed for the autonomous use of the tool, and what adjustments would be needed to adapt to country needs.

CVIC 1.0 is available at this [link](#) and will be updated as new information on vaccines and supplies becomes available. Additional features may be added in later versions of the tool (e.g., micro-planning). Currently the tool is available in English and is being translated into French and Portuguese.

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Immunization data in the context of the COVID-19 pandemic

Carolina Danovaro, WHO Headquarters

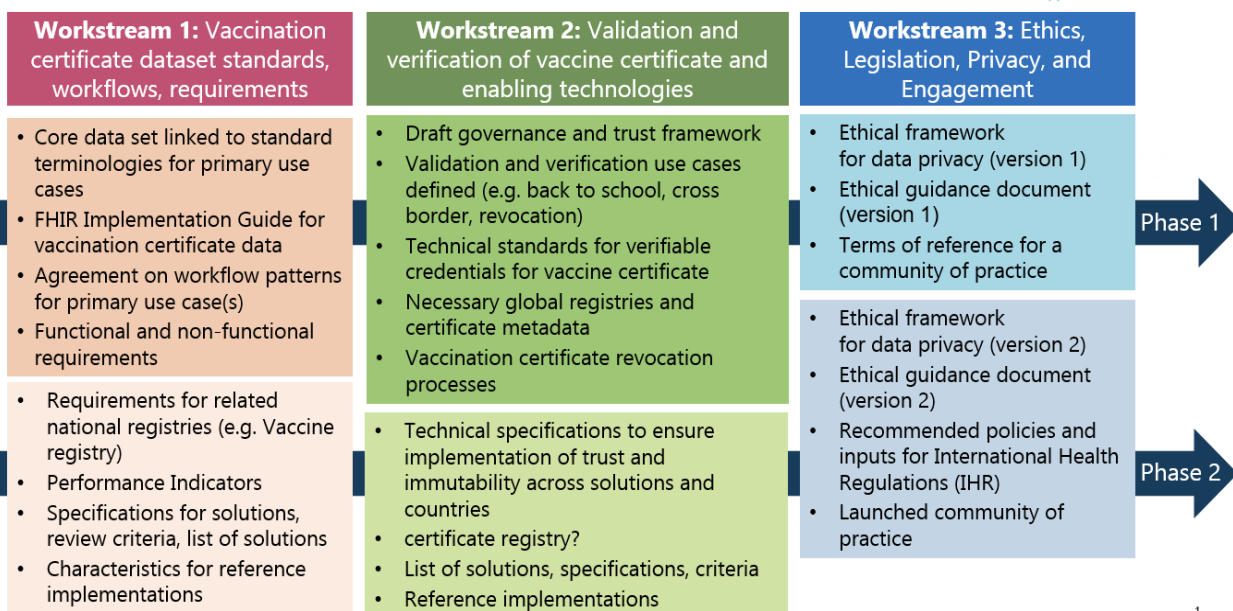
This pandemic has highlighted how interconnected we are in the world, and has brought challenges at a scale and breadth we had never seen. As with any challenge, many opportunities have arisen. Data to inform decisions has been brought to the center-stage and the digital revolution is advancing fast.

For immunization, immediate challenges in the data space have been ensuring the individual follow-up of persons, mostly children for now, to ensure that people complete their vaccination schedules despite delays that may have occurred as a result of the pandemic itself or the measures to curtail transmission. WHO released [guidance on catch-up schedules](#) because “vaccinating late is better than never”. This guidance includes a section on how to record and report late vaccine doses.

As you may remember, we learned early on in 2020 that disruptions to immunization programmes were widespread and almost all countries reported at least some reductions in vaccinating children due to decreased demand or limited offer or a combination of factors. Regional advisors presented what they knew about these disruption to WHO’s [Strategic Advisory Group of Experts on Immunization \(SAGE\) in Oct 2020](#) and several papers have been published at this [link](#). However, fully quantifying the declines in coverage in all countries will take gathering data through the JRF and analysing these data to understand what was the final balance between immunization reductions and catch-up activities.

Finally, as countries prepare to roll-out Covid-19 vaccines, the need to monitor this process is also highlighted. Regional guidance is already available for [EURO](#) and PAHO, and a short description is included in WHO’s [documents for country readiness and delivery](#), specifically in chapter 11 [here](#). For vaccine safety, the Safety Surveillance manual can be found [here](#). Many countries are setting up electronic systems to monitor vaccine uptake and ensure that all people receive the second dose for vaccine products that require it. The issue of electronic vaccine certificates has attracted quite a bit of attention. In December 2020, WHO issued [a public call for experts](#) to participate in defining how to curate this guidance and work is ongoing (Figure). New more detailed global guidance is forthcoming.

Smart Vaccination Certificate (SVC) Working Group Workstreams



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 \(VoICE\)](#)

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

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[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](#)