World Health Organization

# Global Immunization News

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### POLICY UPDATES FROM THE GAVI ALLIANCE BOARD MEETING

30/06/2012 from GAVI Secretariat

The GAVI Alliance Board meeting was held in Washington DC, USA from 12-13 June 2012. This was an opportunity for the Alliance to review progress on key activities in areas such as cash based programmes and vaccine supply management, strengthening data quality, and to consider how we can make our procedures more efficient and responsive to country needs. The Board approved further GAVI support for measles prevention, a new policy on the vaccine introduction grant and operational support for campaigns, and decided on the modalities for support of civil society organizations. The Board also approved funding to support some special studies which are vital to support our mission.

**GAVI support for measles**

Seeking to address the devastating resurgence of measles, the GAVI Alliance will provide additional funding to control and prevent measles outbreaks. US$ 55 million of this support will be for outbreaks and other emerging needs requiring rapid responses. In addition, six large countries at high risk of measles outbreaks (Afghanistan, Chad, DR Congo, Ethiopia, Nigeria and Pakistan) can exceptionally apply for GAVI support for preventive measles vaccination campaigns. This support comes in addition to GAVI's existing support for introducing the second dose of measles into routine immunization.

**Vaccine introduction grants and operational support for campaigns**

The Board approved increased levels of support from GAVI for vaccine introduction grants and operational support for campaigns based upon assessments of the current costs. When countries have been approved for a new vaccine, they also receive a one-time cash grant to support a share of the additional costs, with the remainder being funded by the Government. These one-time GAVI grants aim to facilitate the timely and effective implementation of critical activities in advance of a new introduction or campaign.

The new policy will become effective for all vaccine introductions and campaigns taking place as of 1 September 2012. More details on the new policy can be found at this link.

**Support for civil society organizations**

We know that civil society plays an important role in advocating for higher levels of immunization coverage with an equitable distribution as well as helping to achieve better coverage in some areas. The Board decided that – while funding via the Government remains the default approach – direct funding for CSO activities can be requested as part of an application through the Health Systems Funding Platform (HSFP). The Board also agreed that GAVI should retain flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches.

All Board presentations and decisions from the June meeting can be found here.

# Technical Information

## TYPHOID VACCINATION DISCUSSED AT THE FIFTEENTH INTERNATIONAL CONGRESS ON INFECTIOUS DISEASE

30/06/2012 from Leah Harvey and Chris Nelson, Coalition against Typhoid (CaT) Secretariat, Washington, DC, USA

*"Immunizing in the context of global independence"*

Last week in Bangkok, Thailand, the Coalition against Typhoid (CaT) Secretariat, an initiative of the Sabin Vaccine Institute, brought together health leaders to discuss the typhoid pandemic affecting South and Southeast Asia. In a featured symposium at ICID, updates on typhoid fever epidemiology, treatment, diagnostics, and vaccines were presented. Experts emphasized that improving water and sanitation infrastructure would lead to the prevention of multiple enteric and diarrheal diseases. Vaccines for the prevention of typhoid fever are available now and have been used effectively in several countries throughout the region such as China, Thailand and Vietnam. In related meetings, national and regional experts called on policymakers and ministries of health from this region where typhoid fever is endemic to discuss the prioritization of typhoid vaccination in their countries. Moving forward, it will be critical that professional societies, immunization technical advisors and policymakers make informed decisions on the use of typhoid vaccines to prevent disease, disability and death. "Paediatric associations and others across the region recognize typhoid's serious impact, particularly the rising and widespread threat of drug-resistant typhoid. Many – including India and Indonesia - have made recommendations supporting the use of typhoid vaccines." said Dr Lalitha Mendis, Chairperson of the Technical Consultative Group on immunization for the WHO South East Asia Regional Office (SEARO) in New Delhi and immediate past President of the Sri Lanka Medical Council. "National stakeholders and policy makers should review the evidence and discuss the adoption of typhoid vaccines."

*The information contained in this Newsletter depends upon your contributions*

Please send inputs for inclusion to:

gaudink@who.int

Control of typhoid fever will require a comprehensive strategy including access to appropriate and timely treatment, good hygiene including hand washing, access to safe drinking water and basic sanitation, and vaccination in high-risk communities as recommended by WHO.

More information available at this link.

## EFFECTIVE VACCINE MANAGEMENT + HERMES: AN INNOVATIVE APPROACH TO OPTIMIZE THE VACCINE SUPPLY CHAIN IN BENIN

30/06/2012 from Benjamin Schreiber and Philippe Jaillard, Agence de Médecine Préventive (AMP)

*"Integrating Immunization, other linked health interventions and surveillance in the health systems context"*

New vaccine introduction and bulkier vaccine packaging dramatically increase the volume and value of products to be stored and transported. This requires robust and efficient vaccine supply chains, which many sub-Saharan African countries currently lack. Two diagnostic tools are now used to understand country needs for supply chain improvement: Effective Vaccine Management (EVM) assessment and Cold Chain Equipment Management (CCEM). While useful for assessment, these tools alone do not incite countries to modernize their vaccine supply chains. EVM + HERMES is an innovative approach that combines EVM assessment with a computational framework for modeling and optimizing vaccine supply chains. This approach enables countries to simulate changes to their supply chains, visualize impact on cost and immunization outcomes, and develop a comprehensive optimization plan.

The Agence de Médecine Préventive (AMP) is currently collaborating with the MoH in Benin to apply the EVM + HERMES approach. The MoH requested AMP's assistance in the context of LOGIVAC, a joint AMP-WHO project implemented in the country that provides technical support to improve the health commodities supply chain. Apart from providing the country with a roadmap for an optimized supply chain, the project aims to understand if and how this approach can be rolled out in other countries. To support project design and implementation, an advisory committee has been set up with representatives from AMP, WHO, the Bill & Melinda Gates Foundation, PATH, UNICEF, and the Vaccine Modeling Initiative. Activities are closely coordinated with the MoH and the Inter-Agency Coordinating Committee for the EPI in Benin. Data collection and analysis will be conducted in July 2012. Workshops will then be held to discuss the different simulations and outcomes.

**Related links:**
LOGIVAC
AMP

# Technical Information

## PRIMARY CONTAINER ROUNDTABLE

30/06/2012 from Cecily Stokes-Prindle, Johns Hopkins University

The International Vaccine Access Centre (IVAC), with support from Optimize, PATH, Crucell, John Snow Institute, Becton Dickinson, and Novartis, recently convened a roundtable of global health experts to discuss vaccine container choices. Attendees included representatives from country immunization programmes, the pharmaceutical industry, WHO, UNICEF, The Bill & Melinda Gates Foundation, and others from the global health community. This unusually diverse group of health leaders broke new ground in the discussion of primary containers, considering multiple perspectives and integrating often-separated goals of safety, coverage, and affordability.

Key takeaways included the understanding that we often lack basic data for informed decision-making on primary containers, and there is room for improvement in using the data sources that do exist. Decisions often emphasize up-front costs like procurement and cold chain, but there may be hidden delivery and safety costs that change the overall affordability of a given presentation. In general, safety is an important issue that may be under-addressed. Overall, among the experts working in this area, there was consensus that integrating the issues of affordability, safety and coverage in container discussions will lead to better decisions and better child health outcomes.

For more information or further questions, please contact Lois Privor-Dumm, IVAC Director of Alliances and Information.

## VACCINE PRODUCT, PRICE AND PROCUREMENT PROJECT: STEERING COMMITTEE MEETING

30//06/2012 from Miloud Kaddar (IVB-WHO) and Michael Hinsch (IDO)

On 28-29 June 2012, the V3P Steering Committee met at WHO in Geneva to discuss the progress made on the project's work streams. The following draft papers were presented and discussed during the meeting to inform the Steering Committee on the four on-going work streams: lessons Learned from Initial Country Needs Assessments; vaccine Data and Information Mechanism Review of Publically Available Information; available Medicine Price and Procurement Data Mechanisms; and a Review of Available Information on Vaccine Pricing and Pricing Policies.

Although there is still a number of in-country and remote assessments to be conducted , considerable progress has been made , most of which need only little additional work to be finalized. During the discussions, the Steering Committee provided valuable feedback to the project team and in a few cases encouraged additional research. In light of the amount of high quality work that has been completed since the beginning of the V3P project, the Steering Committee acknowledged that the project is on the right track and well within the foreseen time frame. Over the coming weeks it is planned to finalize the remaining work on the four work streams and consolidate the information gathered from the needs assessments and lessons learned. Objective Two of the V3P project's first phase will then look at the various technological and organizational options of a potential V3P mechanism and develop a pilot system. After consultation with stakeholder, phase Two of the V3P project, which will start with a pilot phase including selected countries, is expected to start as planned by the end of 2012.

For more information contact Miloud Kaddar.

## SOLAR POWER IN HEALTH: WHAT'S YOUR STORY?

30/06/2012 from Dmitri Davydov, UNICEF New York

Success has many fathers, failure is an orphan. Yet, we can learn so much more from failure than successes. The amazing safety of modern flight is a result of this systems-based analysis of failures. In contrast, medical safety continues poorly with a culture of 'blame' focusing on individuals rather than systems diagnosis – and cure! As reported in the April 2012 issue of GIN, the Cold Chain Logistics (CCL) Taskforce is aiming to support efforts to accelerate solarization of the cold chain, with benefits for the planet as well as children who live in places with no reliable power source – except the sun. There have been many failures of solar-powered fridges in the past. Maintenance of the battery and solar panel theft have been two important causes of failure. Underestimated budgets and human aversion to change can give a bad name to good technology. However we need to learn more. Contribute to the safe flight of solar power and tell your story of its failure. What was the project and where did it go wrong? What did you learn from it?

Contributions can be sent to Dmitri Davydov.

*"Introducing new vaccines and technologies"*

## GAVI related Information

**Next GAVI Review Dates: GAVI Call for Proposals for New Vaccine Support (only): Closing date 31 August 2012**

*"Integrating Immunization, other linked health interventions and surveillance in the health systems context"*

# Technical Information

## VACCINE PRODUCT, PRICE AND PROCUREMENT (V3P) PROJECT: LEARNING FROM THE MEDICINE PRICE INFORMATION MECHANISMS?

30//06/2012 from Miloud Kaddar (IVB-WHO) and Michael Hinsch (IDO)

The completion of the V3P work in June 2012 entailed the review of various operational aspects and lessons learned from the five medicine price information mechanisms selected by the V3P Steering Committee. Through in-depth discussions with experts on WHO's Global Price Reporting Mechanism (GPRM), Health Action International's Medicines Prices Project (HAI), WPRO's Price Information Exchange (PIE), the Global Fund's Price and Quality Reporting (PQR) mechanism and Médecins Sans Frontières' "Untangling the Web" (UTW), a significant amount of pertinent information could be retrieved. The review of the various information mechanisms revealed considerable differences in architecture, data collection methodology, operational functions and target audience. Taking into account their individual rationales and objectives, not all of the reviewed mechanisms would lend themselves as models for a potential V3P mechanism. However, all five mechanisms collect pertinent information about medicine product specifications, pricing information and procurement modalities and contain certain features that can be of use for the development of a similar mechanism providing information about vaccines.

Based on the lessons learned over the years of operating the five mechanisms, there are a number of recommendations that can be considered for the development of a potential V3P mechanism.During the review it became apparent that an easy-to-use and easy-to-navigate web-based database platform with integrated analysis functions would likely be most beneficial for the users. Data collation and analysis should be possible across all major categories (i.e. product attributes, price, country, GNI, procurement mechanism, etc.). With regard to system set-up, it would be vital to have competent personnel operate a vaccine product, price and procurement mechanism in order to maintain effective communication with data providers, ensure IT support and follow up on data quality.

Over the next months, the V3P project team will consolidate the information collected from all four work streams to assess how country and user needs can be brought in line with the objectives of the project and the technical solutions available.

For more information contact Miloud Kaddar or Sarah Schmitt.

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## WHO RECOMMENDATIONS FOR INTERRUPTED AND DELAYED VACCINATION NOW AVAILABLE

30/03/2012 from Hayatee Hasan, WHO HQ

Every immunization programme in the world has a national vaccination schedule that specifies the age at which antigens are to be given. But as we well know, in real life things rarely go according to plan! Inevitably, children and individuals come late for their vaccinations or for whatever reason, are unable to stick to the usual schedule. These irregular situations can be challenging to health workers who may not know what to do. If a child starts a vaccination series late, how many doses should be given? If a vaccination series is interrupted, does it need to be restarted or can it simply be resumed without repeating the last dose? The Global Immunization Vision & Strategy 2006-2015 aims to protect more people by expanding beyond the traditional immunization target group. This includes those who may be "off schedule". Regardless of when children and individuals come in contact with immunization services, it is important that their immunization status be checked and that they are provided with the vaccines they need or have missed. To help guide national programmes, WHO has consolidated its recommendations for interrupted and delayed vaccination into one summary table.

# Technical Information

# WHO PREQUALIFICATION NEWS

## NEW VACCINES PREQUALIFIED

### EUROPEAN MEDICINES AGENCY POSITIVE SCIENTIFIC OPINION GIVEN TO HEXAXIM, AN HEXAVALENT VACCINE PRODUCED BY SANOFI PASTEUR

30/06/2012 from Nora Dellepiane, WHO HQ

The European Medicines Agency has very recently issued a scientific opinion recommending that the vaccine Hexaxim can be used in regions outside the European Union (EU). This is the first such opinion on a vaccine.
The vaccine, developed by Sanofi Pasteur, offers protection against six WHO priority diseases: diphtheria, tetanus, whooping cough, hepatitis B, polio and meningitis caused by the bacterium *Haemophilus influenzae* type B. It is given to children between six weeks and two years of age.

The Agency's Committee for Medicinal Products for Human Use (CHMP) provides a scientific opinion, in cooperation with the World Health Organization (WHO), upon evaluation of medicines that are intended for markets outside of the EU and that prevent or treat diseases of major public health interest.

The CHMP evaluation is based on similar standards as those used to evaluate medicines (including vaccines) used in the European Union. However, such evaluation focuses on the conditions and needs of the populations where the vaccine is going to be used including compatibility with immunization schedules, co-administration with other vaccines and epidemiological and socio-economic conditions. In the particular case of this vaccine, the evaluation team included two experts nominated by WHO from Brazil and Thailand, and one expert from the WHO's vaccine prequalification programme.

The Scientific Opinion procedure includes post-opinion regulatory oversight of the products assessed.
Vaccines with a Positive Scientific Opinion may or may not be submitted to WHO for prequalification evaluation and in the first case, the submission may occur immediately after the Opinion is granted or may be delayed in time. In the case where there is an immediate submission, WHO will streamline the evaluation process and focus on compliance with the UN tender specifications. Such evaluation is expected to be in the following two months. However, in the case where the vaccine is not submitted immediately, there may be a need for the review of additional data which may be conducted once more in collaboration with EMA or independently by WHO.

The continuing monitoring of a vaccine once this is prequalified will be conducted in collaboration with EMA.
For more information, click on this link.

### NEW PENTAVALENT VACCINE FOR CONTINUING IMPROVING CHILD SURVIVAL

30/06/2012 from Sonia Pagliusi, DCVMN International Secretariat, Switzerland

The pentavalent vaccines, introduced with GAVI support, enable children to be immunized against five diseases — diphtheria, tetanus, pertussis, Hepatitis B and Hemophilus influenza type b (DTP+HepB+Hib) This also results in a reduction of the number of vials that need to be transported and stored, hence reducing the costs of packaging, transportation, and storage of vaccines. Based on these characteristics, an increasing number of countries are willing to provide these pentavalent vaccines to children over the last decade, leading to the highest ever vaccine coverage among populations in developing countries. There is also an observed trend of immunization services to give preference to liquid formulations of these vaccines, as it improves efficiency of immunization programmes.

The pentavalent vaccine combines DTP, HepB and Hib vaccines in a single vial. Photo credit: Olivier Asselin

a new liquid pentavalent vaccine has recently achieved WHO prequalification and will be available for children in over 60 countries, through the UN procurement scheme.

The newly available vaccine is produced by Biological E Ltd., a vaccine manufacturer member of the DCVMN based in Hyderabad, India. For further information, send an email or visit this website.

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# Technical Information

# NEW PUBLICATIONS

## SUMMARY TABLES OF WHO ROUTINE IMMUNIZATION RECOMMENDATIONS

The Summary Tables of WHO Routine Immunization Recommendations have been updated as of May 31, 2012 to reflect:

The new WHO Vaccine Position Paper on Pneumococcal vaccines (published in the WHO Weekly epidemiological record (WER) 6 April 2012); and
The lifting of the age restrictions for Rotavirus vaccines recommended by SAGE at their April 2012 Meeting (See SAGE Meeting Report in WER 25 May 2012)

The revised version of the Summary Tables can be downloaded from the WHO website and are also available in French (Note: French version of Table 3 will be available soon).

Please circulate this message to others who may be interested. The Summary Tables are intended for use by national immunization managers and key decision-makers, chairs and members of national advisory committees on immunization, and partner organizations, including industry.

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## HEALTH WORKER TRAINING MATERIALS

WHO materials for health worker training on Pneumococcal vaccine introduction (PCV 10 and PCV13) can now be found at this link.

## GLOBAL VACCINE SAFETY BLUEPRINT (WHO/IVB/12.07)

This IVB document is now online. The Global Vaccine Safety Blueprint is a WHO strategic document that proposes new approaches to a consortium for strengthening vaccine pharmacovigilance systems in low-and middle-income countries.

## THE AFRICA ROUTINE IMMUNIZATION SYSTEM ESSENTIALS (ARISE) PROJECT

30/06/2012 from Rebecca Fields, John Snow, Inc.

The Africa Routine Immunization System Essentials (ARISE) project, supported by the Bill & Melinda Gates Foundation and managed by JSI Research & Training Institute, Inc., is mandated to assemble and expand the evidence base about what drives strong routine immunization performance in Africa. ARISE has recently released three new documents.

1. "*Drivers of Routine Immunization System Performance at the District Level: Study Findings from Three Countries.*" is available online. This 18-page report synthesizes the findings of studies across 12 districts in three countries: Cameroon, Ethiopia, and Ghana. It identifies six common drivers of improvement in routine immunization performance in Africa and explains how they operate as well as the key contextual factors affecting routine immunization performance.

2. "*Notes from the Field: Health System and Community Partnerships*." is available at this link. This six-page document briefly describes one common driver of improvements in routine immunization, namely the partnership between health systems and communities, and provides examples of how it has operated in different settings.

3. *"A Stakeholder Consultation on Investment Strategies for Routine Immunization in Africa."* Available at this link.
This seven-page document summarizes findings from interviews with global and regional stakeholders regarding their perspectives on supporting routine immunization in Africa.

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## OPTIMIZE NEWSLETTER

30/06/2012 from Daniel Bridgen, PATH

Op.ti.mize is an electronic newsletter on the vaccine supply chain that highlights advances and innovations in health care logistics, technologies, and policy. Developed by Project Optimize, collaboration between WHO and PATH, the quarterly newsletter also provides an overview of the project's current activities and areas of focus.

The next edition of Op.ti.mize will be published in July 2012, and will include an update on the "moving warehouse" in Senegal, a new vaccine stock-management tool in Kenya, computerized immunization registries in Albania and Vietnam, compostable vaccine packaging, and the recent Vaccine Primary Container Roundtable meeting in Washington, D.C.

To subscribe to Op.ti.mize or view previous editions, click on this link.

# Country Information by Region

## AFRICAN REGION

### ONE YEAR POLIO-FREE IN MALI

30/06/2012 from Crepin Hilaire Dadjo (WHO/IST West Africa) and Baba Tounkara (WHO/Mali)

Mr Soumana Makadji, Minister of Health of Mali delivering his speech at the launch of NIDs, 29 June 2012

Since 23 June 2012, there has been no wild polio virus reported in Mali for one full year, said Mr Soumana Makadji, the Minister of Health of the country on the occasion of the launch on 29 June 2012 of the third Immunization Days against Polio in Mopti, 660 kilometres away from the capital city, Bamako. The last case detected was on a 23-month-old boy living at Goundam, in Timbuktu, a region of the North.

"These are excellent news", commented Dr Diallo Fatoumata Binta Tidiane, WHO Representative in Mali, who delivered a speech at the launching ceremony. However, Dr Diallo invited all actors involved in the eradication of Polio to be vigilant and alert as the health system in the country has been badly hurt over the past months and as the virus is still circulating in the West African subregion notably in Nigeria with 52 viruses notified as of Week 25.

WHO Representative in Mali vaccinating a child with OPV

One recalls that since January 2012, Mali has been facing a dramatic food, health and security crisis which resulted, among other effects, in the migration of about 170,000 Internally Displaced Populations and over 210,000 refugees in neighbouring countries. Since March 2012, the country has been divided in two with the Northern part occupied by rebel forces.

Despite the fact that there is still no official corridor to bring humanitarian aid to the disaster-stricken populations in the occupied North, WHO with the help of partners including an association of Malian Medical doctors has succeeded in sending in June 2012 a team of about 35 voluntary qualified staff including surgeons, gynaecologists, anaesthetists, midwives, etc. In her speech in Mopti, WHO Representative in Mali said that preparation is underway to undertake a second medical mission to the North in July 2012 which will include routine vaccination services, administration of bivalent OPV and AFP surveillance.

In addition to Mali, Burkina Faso, Niger and Guinea synchronized their Polio eradication campaign from 29 June-2 July 2012 to immunize about 15 million children in West Africa. Mali was last declared polio-free on 22 October 2008.

### TRAINING WORKSHOP ON THE USE OF THE COMPREHENSIVE MULTI-YEAR PLAN COSTING TOOL FOR MONITORING BUDGET AND EXPENDITURES FOR IMMUNIZATION IN CENTRAL AFRICAN COUNTRIES AND MADAGASCAR

30/06/2012 from Auguste Ambendet, WHO IST Central

This training workshop took place in Douala, Cameroon on 18-22 June 2012. The overall objective of the workshop was to strengthen the capacity of officials involved in the development of the MoH's Medium Term Expenditure Framework (MTEF) through learning how to monitor budget and expenditures linked to immunization in order to ensure good financial governance of national immunization programmes.

Nine recommendations were adopted by the participants, the main ones were to: ensure participation of all stakeholders (MoH, Ministry of Economics and Finance, the technical and financial partners, parliamentarians, civil society, private sectors…) in the process of developing, updating, monitoring and evaluating cMYPs; establish an internal review of the national immunization programme taking into account the technical and financial aspects; align activities to develop, update and follow up of the cMYP and of the operational plan of action with the national budget calendar; use the cMYP and its costing tool to feed the planning, programming (MTEF), annual and multi-year budgeting tools as an advocacy tool for mobilizing resources for immunization.

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## GAVI related Information

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# Country Information by Region

## AMERICAS

### EL SALVADOR'S EPI SURVEY EVALUATES ROUTINE VACCINATION COVERAGE

30/06/2012 from Rafael Baltrons and Carolina Danovaro, PAHO

On 6 June 2012, the results of a vaccination coverage survey were presented to the Minister of Health and other health officials in El Salvador. The survey was requested by El Salvador's EPI, designed with support from the Pan American Health Organization and implemented in partnership with a local university with experience in conducting (non-health related) surveys. A survey to assess vaccination coverage for vaccines recommended for children aged under two had been recommended during the country's 2009 EPI evaluation, as problems detected for numerators and denominators were affecting administrative coverage calculation. The survey included 2,550 children aged 24-59 months at the time of the interview (Nov-Dec 2011) living in the five Health Regions of the country. The main objectives were to determine vaccination coverage for BCG; first, second and third dose of DTP-Hib-HepB and OPV; the first and second dose of Rotavirus; the first dose of MMR; and the first booster of DTP and OPV; to estimate vaccination timeliness, in relation to the recommended age; to compare survey coverage with administrative coverage; and to identify reasons for not having received some vaccines.

A vaccination card was available for 93% of the 2,550 children. For the rest, vaccination data was obtained from the individual vaccination registry in the health facility. Only two children, both verbally reported as vaccinated, had no written documentation available.

Overall coverage was >95% for all vaccines, with the exception of rotavirus. However, timely vaccination is an issue. The reasons for not receiving a vaccine varied widely. The results of this survey will be published shortly.

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### WORKSHOP ON VINUVA—THE NEW VACCINES SURVEILLANCE TOOL

30/06/2012 from Jennifer Sanwogou and Lucia Oliveira, PAHO

VINUVA (from "New Vaccines Surveillance" in Spanish) was created by the Pan American Health Organization (PAHO) in 2011 to provide a standardized computerized tool for the countries in the Region of the Americas that are part of the rotavirus and invasive bacterial disease surveillance network. The VINUVA workshop was held on 5-6 June 2012 in Paramaribo, Suriname for Caribbean countries that are part of the rotavirus diarrheal surveillance network. The objectives of the workshop were to discuss the new surveillance reporting processes between the Caribbean Epidemiology Centre (CAREC) and its reporting countries; discuss the required surveillance indicators; identify the person in each hospital responsible for the monthly recording of the surveillance data in VINUVA; identify the person per country responsible for verifying and approving the surveillance data; and train participants in using the VINUVA tool.

The meeting was attended by health professionals from St. Vincent and the Grenadines, Suriname, and representatives from PAHO. Country participants discussed the data flow procedures in their individual hospitals and defined the proposed processes for each country, bearing in mind the requirements of the VINUVA tool. The main recommendations were: rotavirus surveillance should be included in the daily routine surveillance and supported by all levels of health care workers; countries should include supplies for rotavirus surveillance, particularly the procurement of rotavirus kits, in their laboratory plans and budget; the sensitization and motivation of health professionals, especially paediatricians and ward nurses is important to support rotavirus surveillance; one laboratory form should be used for all infectious diseases/microorganisms; sufficient human resources must be made available; there should be regular meetings, communication and information sessions for stakeholders; at the higher level, support of surveillance and data collection in the wards should be advocated; the re-sensitization of health care workers with regard to collection of stool specimens is crucial; Each country should ensure that the proposed data flow processes are agreed upon by their ministry of health.

A validation survey is planned for October 2012.

# Country Information by Region

## AMERICAS

### THE PROVAC INTERNATIONAL WORKING GROUP BEGINS ITS FIRST COUNTRY STUDY OF THE TWO-YEAR PILOT PHASE

30/06/2012 from Barbara Jauregui, Cara Janusz, Gabriela Felix (PAHO ProVac Initiative), Liudmila Mosina (WHO-Europe), and Julia Blau (AMP)

Thanks to the recognized success of PAHO's ProVac Initiative in countries of the Americas, a ProVac International Working Group (IWG) was established to share ProVac tools and methodologies with other Regions. During the two-year pilot phase, this Bill and Melinda Gates Foundation funded project will serve as the platform through which ProVac tools and methodologies developed and implemented in PAHO-countries can be tested and adapted to other regional contexts. The ProVac IWG is conformed of multiple partners. PAHO's ProVac Initiative will serve as the secretariat and coordinating agency. Agence de Médecine Préventive (AMP) and PATH will serve as implementing agencies by providing direct technical assistance to country teams using ProVac's tools and methods. They will provide support for cost-effectiveness evaluations of potential new vaccine introductions in three AFRO countries, two EMRO countries, and two EURO countries and will hold a workshop in each of the before mentioned Regions.

From left to right: Liudmila Mosina (WHO Europe), Iria Preza (IPH-Albania), Silvia Bino (IPH-Albania), Julia Blau (AMP), Carlos Lara (AMP) and Gabriela Felix (PAHO). Photo credit: Julia Blau.

The World Health Organization Headquarters and regional and country offices will also provide direct technical assistance to selected countries, participate in and assist with the planning and implementation of country studies and regional workshops, and serve as liaison between the implementing partners and WHO Regional Offices and Ministries of Health. The Sabin Vaccine Institute is another ProVac IWG partner responsible for the development and piloting of an effective strategy for communicating evidence to diverse stakeholders regarding the decision to introduce a new vaccine. The US Centers for Disease Control and Prevention (CDC) will provide consulting assistance to ProVac IWG partners on potential data sources and data quality issues.

On 22-23 May 2012, one of the ProVac IWG partners, AMP, began the initial country study under the ProVac IWG umbrella. An initial country visit to Albania by the ProVac IWG coordinator, the Technical Officer from WHO Regional Office for Europe, and two members from the AMP team, project coordinator and health economist and AMP consultant was held in Tirana, Albania. The two-day working visit consisted of a first full day of meetings with the national country team and high level officials from the Albanian Institute of Public Health (IPH) and the Ministry of Health and on the second day an introductory workshop with the national team appointed to perform the study. This visit marked the beginning of Albania's cost-effectiveness analysis on the potential introduction of the rotavirus vaccine to their national immunization schedule. The study is being conducted by a multidisciplinary national team, using the ProVac tools and methods, with direct technical support from AMP and the WHO Europe, and accompanying expert consultancy of PAHO's ProVac Initiative. The study is scheduled to be conducted from May-September 2012, and it is led by a national coordinator from the Albanian IPH. The ProVac IWG has high hopes for this initial study, as it will serve as an example for the six studies to come.

IST West Africa is expecting that the setting up of this roster of consultants in West Africa will give a push to countries in West Africa to meet the MDG4, of which vaccination is one of the strategies promoted.

### EXPAND THE NETWORK

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**AEFI =** Adverse Event following Immunization
**AFP** = Acute Flaccid Paralysis
**cMYP** = Fully costed multi-year plan;
**DCVMN** = Developing Countries Vaccine Manufacturers Network ;
**DTP** = Diphteria, Tetanos, Pertussis
**EPI =** Expanded programme on Immunization;
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# Country Information by Region

## EASTERN MEDITERRANEAN REGION

### SUMMARY OF 2012 VACCINATION WEEK IN THE EASTERN MEDITERRANEAN

30/06/2012 from By Nahad Sadr-Azodi

The WHO Regional Office celebrated the third Vaccination Week in the Eastern Mediterranean to revive the Region's commitment towards immunization through advocacy, education and communication activities. This event was held during the last week of April with participation from all 23 countries in the Region. In 2012, the regional event coincided with the first World Immunization Week.

This year, the Region adopted the theme of "reaching every community" which reflected the regional vision and strategy in addressing the immunization priorities and opportunities. The initiative was leveraged to bridge immunization gaps, introduce and expand the use of new vaccines, prevent and respond to vaccine-preventable diseases in outbreaks and humanitarian crises, and achieve regional and national goals for accelerated disease control, elimination and eradication.

Several important indicators included: 22 countries submitted plans of action, 21 countries completed an online evaluation survey, 16 countries implemented advocacy, education and communication activities, and 21 countries delivered and expanded vaccination services to marginalized populations, reaching a reported 1,000,000 people during this week.

Furthermore, 21 countries reported media coverage of the event, 20 countries developed, produced and disseminated promotional materials and all countries which completed the online evaluation survey reported that the Vaccination Week initiative added value to their immunization programmes.

Moving forward, the Region is discussing a number of strategies and themes which would reflect the existing priorities. There will be extensive dialogue on this issue during the EPI Managers' meeting scheduled from 16-20 September 2012.

## EUROPEAN REGION

### VACCINE PHARMACOVIGILANCE SYSTEM IN KAZAKHSTAN

30/06/2012 from Melita Vujnovic, WHO Representative Kazakhstan, Christine Maure, Patrick Zuber WHO HQ.

Kazakhstan is one of the 12 countries that participate in the Global Network for Post-Marketing surveillance of prequalified vaccines, that aims at adopting standardized tools and methods for the collection of accurate and complete vaccine safety data essential for a subsequent evaluation; strengthen technical capacities to analyse safety data, to detect safety signal and address potential public health issues related to vaccine safety concerns. A WHO mission was carried out on 11-12 June 2012 to meet with the Ministry of Health Committee of State Sanitary and Epidemiological Surveillance (SES) and Committee for Medical and Pharmaceutical activities (MPC). The current status and performance of the national vaccine pharmacovigilance system was reviewed and next steps were discussed, considering the current national effort in developing a comprehensive and unified health information system and the government policy decision to achieve self-sufficiency in influenza vaccines production.

Kazakhstan has detailed provisions for vaccine safety monitoring and management of vaccine reactions. There is a very sophisticated body of regulations and procedures in place to address such events, and the national system is extremely thorough in investigating serious health issues. The country also places immunization as a priority intervention for health promotion and makes exclusive use of WHO prequalified vaccines for its infant immunization schedule. The development of the national computerized health information system provides opportunities for enhancing the efficiency, timeliness and comparability of AEFI monitoring in the country. In addition, the current national effort to develop local capacities to produce prequalified influenza vaccines opens the way to further develop the national regulatory authorities functions, based on WHO National Regulatory Authorities published indicators.

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# Country Information by Region

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## WESTERN PACIFIC REGION

### CAMBODIA INTRODUCES SECOND DOSE OF MEASLES VACCINE TO ACHIEVE MEASLES ELIMINATION IN 2012

30/06/2012 from Richard Duncan, WR/Cambodia, Wang Xiaojun and Jorge Mendoza-Aldana, WPRO

The Ministry of Health in Cambodia strengthened efforts towards achieving the national and regional goal of measles elimination with the introduction of a new second routine dose of measles vaccine (supported by GAVI) launched at a ceremony in Siem Reap Province attended by national and provincial dignitaries and health partners. The Minister of Health, Dr Mam Bunheng, emphasized "This new second measles vaccine dose for all children at 18 months of age will greatly assist Cambodia to reach its national goal of measles elimination by the end of 2012".

Honourable Minister of Health giving the first official routine measles second dose to child. Photo credit: Richard Duncan, WHO.

The introduction of the new second measles dose coincides with Ministry of Health's efforts to further increase routine immunization coverage, through its new "High Risk Community Strategy" that was developed by the National Immunization Programme with support from the World Health Organization. As noted by the WHO Representative for Cambodia, Dr Pieter van Maaren, "measles elimination requires greater than 95% immunization coverage with two doses of measles vaccines, and the combination of this new routine second dose and the high risk community strategy will be keys to success for Cambodia to achieve its measles elimination goals, and signalling an end to measles outbreaks that have caused much death and disability in the past".

Cambodia WHO Representative and honourable Minister of Health reviewing the immunization card of a child from a high risk community. Photo credit: Richard Duncan, WHO.

Cambodia is on track to achieve measles elimination in 2012. Reported immunization coverage in 2011 with the first measles dose at nine months of age was 93%. The last measles outbreaks were in 2010/11, and were brought under control through national and sub national measles supplementary immunization activities that targeted 1.8 million children. No confirmed measles cases have been detected since November 2011.

### CHINA: ANOTHER IMPORTANT MILESTONE ACHIEVED TOWARDS MAINTAINING POLIO-FREE STATUS

30/06/2012 from Sigrun Roesel, WPRO

Following vigorous conduct of five large-scale immunization rounds from September 2011 to April 2012 which provided 43 million doses of polio vaccine to children and adults under the age of 40 in Xinjiang, China welcomed an international review of its polio surveillance system from 4-12 June 2012. The review team of WHO and the US Centers for Disease Control and Prevention experts concluded that the surveillance system is sensitive to rapidly detect cases of AFP and considered it highly unlikely that undetected wild poliovirus circulation continues in Xinjiang.

This is another important milestone towards China maintaining its polio-free certified status. Enhanced AFP surveillance had immediately begun in Xinjiang once the polio outbreak was confirmed on 25 August 2011 and includes an expanded network of reporting sites capturing all age groups, daily zero case reporting and comprehensive data management, analysis and reporting. At the same time, a new online real time AFP surveillance system was introduced nationwide and the polio laboratory network has begun to use new faster virus isolation and real time virus differentiation methods.

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# Country Information by Region

## WESTERN PACIFIC REGION

### CONSULTATION ON IMPROVING AND MONITORING HEPATITIS B BIRTH DOSE VACCINATION

30/06/2012 from Melanie Thompson and Karen Hennessey, WPRO

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On 13-15 June 2012, five Member States were hosted at the Western Pacific Regional Office to discuss implementation strategies and monitoring of hepatitis B birth dose vaccination. Participating countries were Cambodia, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam, with support from Chinese Center for Disease Control and Prevention and partner organizations including the Burnet Institute (Australia), the Centers for Disease Control and Prevention (USA), Asian Liver Center (USA), Coalition to Eradicate Viral Hepatitis in Asia Pacific (Singapore), PATH Viet Nam, United Nations Children's Fund (Philippines), Victorian Infectious Disease Reference Laboratory (Australia), and Zeshan Foundation (Hong Kong).

Aunt with vaccinated newborn baby, Svay Rieng, Cambodia. Photo credit: Melanie Thompson, WHO.

The meeting provided an opportunity for countries facing similar challenges to share experiences and successes. Participants focussed on improving timely hepatitis B birth dose vaccination via coordination between maternal and child health and immunization programmes. The need to increase skilled birth attendant access for women in poorly resourced settings remains a critical issue. Strategies to strengthen in-country collaboration were discussed, with the use of birth dose as a driver for increasing post-natal care access. Ensuring babies already born in health facilities receive birth dose is important, whilst innovative approaches, such as specific home visit programmes and controlled temperature chain vaccine use, were highlighted as effective tools in reaching high-risk populations. The importance of high-level governmental support and policy framework in enabling new approaches was emphasised. Additionally, a session reviewing data management was particularly appreciated in providing insights into the vaccination coverage estimation process.

Participating countries developed tailored activities to improve timely birth dose vaccination within their specific national contexts. Ongoing progress and support for in-country and international collaboration is vital, as the Western Pacific Region moves towards the goal of reducing chronic hepatitis B prevalence to less than 1%.

### INFORMAL MEETING FOR TASKFORCE COUNTRIES FOR FORMULATING WPR NATIONAL REGULATORY AUTHORITIES REGIONAL ALLIANCE FOR VACCINE, 31 MAY-1 JUNE 2012, CANBERRA, AUSTRALIA

30/06/2012 from Yoshikuni Sato and Md. Shafiqul Hossain, WPRO

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It is important that all nations in the world have independent regulatory systems to ensure the quality and safety of vaccines. According to data collected as of May 2012, only seven countries in the Western Pacific Region have functional regulatory systems that meet WHO criteria. However, some countries in the Region have the potential to develop and strengthen their NRA system and its relevant functions but need external support. In this regard, several countries have expressed the need to increase exchange of regulatory information and expertise. Therefore, regional collaboration is becoming critical to develop and strengthen NRAs. Member States who participated in the first Western Pacific Regional Office (WPRO)-organized workshop for NRAs for vaccines in Seoul, Republic of Korea in 2011, proposed the establishment of a Regional Alliance for NRAs. They also suggested forming a taskforce composed of the four countries with functional NRAs, namely Australia, China, Japan and Republic of Korea to finalize a concept paper, road map and work plan.

WPRO conducted an informal meeting of the taskforce at the Therapeutic Goods Administration (TGA) in Canberra, Australia from 31 May-1 June 2012. Eight participants from taskforce member countries, three observers from the Japan International Cooperation Agency and TGA attended the meeting, which was coordinated by WPRO and WHO headquarters staff. The meeting focused on the review of the draft concept paper prepared by WPRO and country presentations, as well as on the development of the Regional Alliance's road map and work plan. WPRO and other taskforce members will continue work to finalize the concept paper, road map and work plan before launching them at the second NRA workshop in early 2013, for the endorsement by Member States.

# Regional Meetings & Key Events Related to Immunization

| Title of Meeting | Start | Finish | Location | Region |
|---|---|---|---|---|
| **2012 Meetings** | | | | |
| 20th Meeting of the Technical Advisory Group on Immunization & Vaccine Preventable Diseases | 21-Aug | 24-Aug | Manila, Philippines | WPRO |
| SEAR Regional Certification Commission (RCC) Meeting | 29-Aug | 30-Aug | SEARO, India | SEARO |
| Annual African Vaccine Regulatory Forum (AVAREF) meeting | 14-Sep | 17-Sep | Gabon | AFRO |
| EMRO Regional Expanded Programme on Immunization managers meeting-Regional meeting on measles/ Rubella elimination | 16-Sep | 18-Sep | Marrakesh, Morocco | EMRO |
| Measles Initiative Annual Meeting | 18-Sep | 19-Sep | Washington, USA | Global |
| Tenth International Rotavirus Symposium | 19-Sep | 21-Sep | Bangkok, Thailand | Global |
| Tenth Annual Meningitis Meeting | 24-Sep | 26-Sep | Lome, Togo | AFRO |
| AFRO Working Group on Immunization (WGI) in Central and West Africa | 25-Sep | 26-Sep | Ouagadougou, Burkina Faso | AFRO |
| Global Measles/Rubella and Polio Labnet Meeting | Sep | Sep | Geneva, Switzerland | Global |
| EURO Regional GAVI Working Group meeting | Sep | Sep | TBD | EURO |
| EURO Invasive Bacterial Disease (IBD) surveillance sub-regional meeting | Sep | Sep | TBD | EURO |
| Immunization Practices Advisory Committee IPAC | 02-Oct | 04-Oct | Geneva, Switzerland | Global |
| SEAR Regional Immunization Review Meeting (including EPI Managers meeting) | 09-Oct | 12-Oct | New Delhi, India | SEARO |
| AFRO Regional Committee | 22-Oct | 26-Oct | Luanda, Angola | AFRO |
| Global Vaccine Safety Initiative | 29-Oct | 30-Oct | Geneva, Switzerland | Global |
| European Technical Advisory Group of Experts on Immunization (ETAGE) | Oct | Oct | TBD | EURO |
| Global Invasive Bacterial Disease (IBD) Surveillance meeting | Oct | Oct | Washington, USA | Global |
| Global Vaccine Research Forum | Oct | Oct | TBD | Global |
| Global Vaccine Safety Initiative | Oct | Oct | TBD | Global |
| Strategic Advisory Group of Experts (SAGE) on immunization | 06-Nov | 08-Nov | TBD | Global |
| Technet | Nov | Nov | TBD | Global |
| 19th Task Force on Immunization (TFI) & 18th ARICC/ ARCI Meetings | 01-Dec | 04-Dec | TBD | AFRO |
| Pre-GACVS meeting, Global Advisory Committee on Vaccine Safety (GACVS) meeting | 04-Dec | 06-Dec | Geneva, Switzerland | Global |

# Links Relevant to Immunization

## Global Websites

Department of Immunization, Vaccines & Biologicals, World Health Organization

WHO New Vaccines

Immunization Financing

Immunization Monitoring

Agence de Médecine Préventive

EPIVAC

GAVI Alliance Website

IMMUNIZATION basics (JSI)

International Vaccine Institute

PATH Vaccine Resource Library

Dengue Vaccine Initiative

SABIN Sustainable Immunization Financing

SIVAC Program Website

UNICEF Supply Division Website

Hib Initiative Website

Japanese Encephalitis Resources

Malaria Vaccine Initiative

Measles Initiative

Meningitis Vaccine Project

Multinational Influenza Seasonal Mortality Study (MISMS)

RotaADIP

RHO Cervical Cancer (HPV Vaccine)

WHO/ICO Information Center on HPV and Cervical Cancer

SIGN Updates

Technet

Vaccine Information Management System

PneumoAction

## Global Websites

International Vaccine Access Center

American Red Cross Child Survival

PAHO ProVac Initiative

NUVI Website

Gardasil Access Program

Maternal and Child Health Integrated Program (MCHIP)

LOGIVAC Project

## Regional Websites

New Vaccines in AFRO

PAHO's website for Immunization

Vaccine Preventable Diseases in EURO

New Vaccines in SEARO

Immunization in WPRO

## Newsletters

PAHO/Comprehensive Family Immunization Program-FCH: *Immunization Newsletter*

The Civil Society Dose - A quarterly newsletter of the GAVI CSO Constituency

Optimize Newsletter

**Produced by WHO, in collaboration with UNICEF and the GAVI Alliance:**

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