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News

Burkina Faso celebrates 40 years of EPI in the country

Hilaire Dadjo, WHO/IST West Africa

On 29 April 2021, Burkina Faso celebrated 40 years of EPI (Expanded Programme on Immunization) benefits and services in the country. The EPI programme was launched for the first time in the country in 1980 with only six antigens in the schedule. Today sees 15 antigens being provided to the country's population. Furthermore, the country is in the process of introducing Hepatitis B vaccine at birth and the HPV vac-

cine against cervical can-

Over the course of the programme, people's health has greatly improved. For instance, infant and child mortality in Burkina Faso has been reduced from 129 per 1,000 live births in 2010 to 82 per 1,000 live births in 2015. In addition, many mass campaigns have been organized to contain or prevent outbreaks of vaccine -preventable diseases, achieving coverages usually over 90%.



His Excellency Rock Christian Kabore, President, Burkina Faso views plans of the warehouse. Credit: Dimanche Yameogo.

The celebration of the establishment of EPI, which was held in the context of the African Vaccination Week, was chaired by His Excellency Rock Christian Kabore, President of Burkina Faso, and attended by Cabinet Ministers, WHO and UNICEF Representatives, and community leaders among others.



Cross Section of the Regional Immunization Champions. Credit: DimancheYameogo.

At the celebration, His Excellency Rock Christian Kabore, inaugurated a warehouse facility financed by Gavi, the Vaccine Alliance; appointed 13 Regional Immunization Champions representing each region of the country; and decorated 15 people who played a key role in the progress made by the country in immunization. Among the recipients was Dr Mâ Ouattara, WHO Focal Point for Immunization in Burkina Faso.



WHO support to strengthen routine immunization in the context of COVID-19 vaccination: Case of the Zinder region in Niger

<u>Kaya Mutenda Sheria</u>, Batoure Oumarou, Tombokoye Harouna, Gbaguidi Aichatou Diawara, EL KHALEF Ishagh, Haladou Moussa, Kone Aminata, Issoufou Aboubacar, ILLA Kakalé, N'tia Fabien, WHO Country Office, Niger

Despite the COVID-19 pandemic and COVID-19 vaccination activities underway in Niger, WHO continues its constant support alongside other partners to strengthen routine immunization through implementation of traditional vaccination strategies (fixed, outreach and mobile), and specific strategies for reaching populations in urban, nomadic, desert and insecure areas. This support focuses on districts benefiting from funding from Gavi, the Vaccine Alliance, to strengthen the health system (HSS).

Thanks to actions carried out with the support of WHO, the targeted health districts improved their performance in the first quarter of 2021 compared to 2020, particularly those in the Zinder region. These actions include:

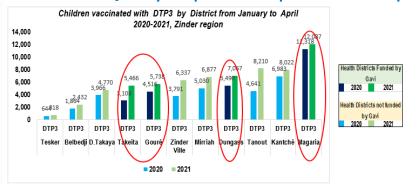
 Technical meetings with Health Centre teamd and joint monthly visits of members of the district teams with the WHO consultant to the health centers to observe the organization and conduct of routine immunization sessions, and support performance analysis in order to detect shortcomings and take corrective action.



Vaccination of nomadic children

- From 1 January to 30 April 2021, 28 joint District Teams and WHO missions were organized compared to only five in 2020 because of the restrictive measures due to the COVID-19 pandemic and the lack of GAVI funding.
- Meetings for data analysis and triangulation, as well as monitoring of the implementation of activities were organized at
 least once a month by the regional public health directorate with the support of WHO consultants. Feedback is provided to health districts and health facilities.
- Mapping of nomadic populations with the support of the WHO and in collaboration with the livestock and agriculture services has made it possible to identify the places of gathering and water supply (water wells and rest) of these populations. At each location identified, vaccination teams are deployed to ensure vaccination of children. The same strategy was utilized for the mapping and vaccination of populations in insecure areas, urban and desert areas.

Results achieved January to April 2021 compared to the same period in 2020



During January - April 2021, thanks to the implementation of the above-mentioned strategies, Zinder region vaccinated 67,824 children with DTP3 compared to 51,351 for the same period in 2020. That is 16,473 additional children were vaccinated in 2021. A total of 5,926 (36%) were vaccinated in four districts of the Zinder region, which are among the 33 priority health districts of HSS3, financed by Gavi, the Vaccine Alliance. However, an increase was also noted in the seven districts not funded by Gavi but by

other partners.







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Vaccination of children in fixed site

Supervision of health centre

Technical meeting with health centre team



Mexico Moving towards Achieving Goal of High-quality Follow-up Vaccination Campaign

Cesar Omar Zuñiga Ocampo, María Guadalupe Jacobo Ramírez, Enrique Pérez Olguín, Jose Luis Díaz Ortega – Ministry of Health, Mexico; Desiree Pastor, María Jesus Sanchez, Pamela Bravo and Regina Trinidad Duron, PAHO

In compliance with its commitment to the plan for the sustainability of measles, rubella, and congenital rubella syndrome (CRS) elimination, and considering the recommendation from PAHO's Technical Advisory Group (TAG) on Vaccinepreventable Diseases that the cohort of susceptible population from one to four years of age is equal to the birth cohort of the current year, on 19 April 2021, Mexico initiated the measles and rubella vaccination follow-up campaign among girls and boys from one to four years of age. The campaign has a goal of vaccinating 8,613,162 girls and boys with an additional dose of the M/R vaccine, regardless of previous vaccination history, and administering 3,909,233 doses of the MMR vaccine to initiate or complete individuals' vaccination schedules.

In addition to this, immunization activities are being carried out to update vaccination schedules with the MMR vaccine for girls and boys from one to nine years of age, the hexavalent vaccine for girls and boys from two to 59 months of age, as well as other vaccines included in the immunization programme. In the ninth week (14-20 June 2021) of the campaign and of the activities to update other vaccines, it was reported that vaccination activities were taking place in 99% of the country's municipalities, having administered 5,033,811 additional doses of the MR vaccine to the population from one to four years of age.

Tajikistan completes first round of supplemental immunization campaign against polio Anna Borshchevska, WHO Europe

Over I.2 million children have received two drops of oral polio vaccine (OPV) in Tajikistan in the first round of a cam-

paign to stop circulation of vaccine-derived poliovirus type 2 (cVDPV2) detected in the country. This represents 99% of the children targeted to receive vaccination during this campaign.

Since November 2020, 14 children presenting with acute flaccid paralysis have been diagnosed with poliomyelitis (polio). Due to the efficiency of the disease surveillance system, Tajikistan was able to detect and report the first polio cases in the country since 2010. The cases are all linked to an imported virus strain currently circulating in Pakistan. Detection of poliovirus in Tajikistan triggered an international response, with WHO and Global Polio Eradication Initiative (GPEI) partners working closely with the national authorities to interrupt transmission and ensure that Tajikistan and the WHO European Region remain polio free. The high coverage of vaccination during the first rounds ensures that this is possible, and no child will be missed.



Tajikistan completes first round of supplemental immunization campaign against polio. Credit: WHO/M. Abidzhanov.

The campaign, which began on 31 May 2021, aims to vaccinate all children under the age of six with two doses of OPV. It is led by the Centre for Immunoprophylaxis of the Ministry of Health and Social Protection of the Population of Tajikistan and supported by WHO, the United Nations Children's Fund (UNICEF), and other partners within the GPEI.

"Keeping polio out of this Region is an ongoing effort. We must continue to be vigilant at all times, even when faced with other health crises, such as the COVID-19 pandemic. It is vitally important that all children in Tajikistan receive the protection they deserve, and we at WHO are committed to working with the national authorities to ensure that no one is left at risk," said Dr Hans Henri P. Kluge, WHO Regional Director for Europe.

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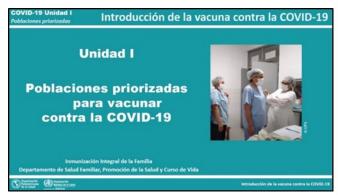


Upcoming Course

PAHO Offers Virtual Course on the Introduction of the COVID-19 Vaccine

Ana Elena Chevez, Aidee Ramirez, Alba Maria Ropero, PAHO-Washington, DC

The Comprehensive Family Immunization Unit (IM) of the Department of Family, Health Promotion and Life Course (FPL) of the Pan American Health Organization (PAHO) published a free access virtual self-study course on COVID -19 vaccination, called Introducing COVID-19 Vaccination: Guidance for Determining Priority Groups and Micro-planning -2021. Details on this course can be found via the following link. Currently, the course is only available in Spanish, but will soon also be available in English, Portuguese, and French.



Slide of the first unit of the virtual course (in Spanish).

Introduction to the course

One year from the onset of the COVID-19 pandemic, scientists around the world have made rapid progress in developing safe and effective vaccines that will help reduce COVID-19-associated illness, hospitalizations, and deaths. These vaccines are expected to make a significant contribution to the equitable protection and promotion of human well-being and the gradual return to social, economic, work, and family activities.

Initially, however, it is anticipated that all countries will face limited availability of vaccine doses. This means that it will be necessary to identify priority groups for vaccination and develop microplanning for systematic, organized vaccination aimed at achieving the established vaccination goals.

Purpose of the course

The purpose of this course is to provide health personnel with guidance for planning the introduction of COVID-19 vaccines, prioritize the population groups to be vaccinated, and develop microplanning at the operational level.

Learning objectives

By the end of this course, participants should be able to:

- Identify the criteria recommended by PAHO/WHO for prioritizing population groups to be vaccinated.
- Use the tool to determine social vulnerability to COVID-19.
- Implement tiered vaccination based on vaccine availability.
- Develop step-by-step microplanning to introduce the COVID-19 vaccine.

Structure of the course

The course consists of five (5) units:

- Unit I: Determination of priority population groups for vaccination.
- Unit II: Evaluation of community vulnerability to COVID-19.
- Unit III: Vaccination in phases / tiers.
- Unit IV: Microplanning.
- Unit V: Development of microplanning.

Modality

Self-learning course, free, open to the public, and with no time limits for completion.

Target audience

Health professionals and public health workers, heads of health facilities, heads and directors, immunization program managers, vaccinators, among others.

Duration

The course will take approximately two (2) hours to complete.



Past Meetings/Workshops

COVID-19 vaccine introduction in Pakistan and Nigeria: peer learning sessions organized by COVID-19 Peer Hub Country Teams

lan Steed, The Geneva Learning Foundation (TGLF)

Location: Virtual

Date: Four weeks in April and May 2021

Participants: Scholars from Nigeria and Pakistan organised two peer learning sessions on COVID-19 vaccine

introduction in their respective countries, attended by 350 participants.

Purpose: Key areas of discussion and peer learning included:

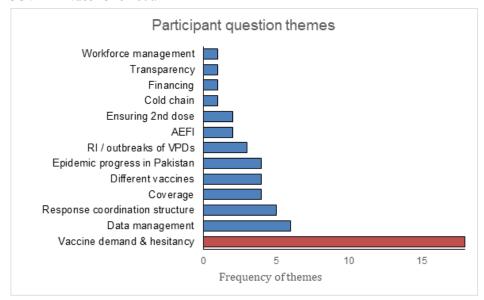
Descriptions of COVID-19 vaccine roll-out to date in both countries.

- Reference to how capacities developed through polio eradication efforts in both countries have supported COVID-19 vaccine roll-out.
- Functioning of Pakistan's first national adult immunization database, developed in response to COVID

 19, and linked to the national registration database, allowing vaccine recipients to be verified through national ID.
- Description of the Vaccine Accountability Officer role at national, local government and ward levels in Nigeria to ensure transparent management of COVID-19 vaccines at all levels.
- Description of how data were used to demonstrate decreasing COVID-19 rates among vaccinated health workers in Pakistan as part of efforts to address vaccine hesitancy among health workers.

Details:

Analysis of 52 questions posed by participants during the first peer learning discussion suggests that vaccine hesitancy remains a key concern of sub-national and national immunization staff when considering COVID-19 vaccine roll-out:



Follow-up with members of the respective Country Teams will explore how peer learning informs vaccine roll-out.

The next inter-country rapid learning session will see Burkina Faso Scholars host peers from Guinée on 2nd July. Contact this email address for more details.

TGLF is developing a regular mechanism to share insights from these and similar events. To access existing summaries, or to <u>learn more</u>.



Featured resources: COVID-19 vaccines

Guidance on developing a national deployment and vaccination plan (NDVP) for COVID-19 vaccines

Diana Chang Blanc, Santosh Gurung, WHO headquarters

The "Guidance on developing a national deployment and vaccination plan (NDVP)" for COVID-19 vaccines was issued to support countries to develop their national strategies. This guidance is directed at national authorities who are responsible for managing deployment, implementation and monitoring of COVID-19 vaccines, as well as partners who provide the required support. This is built on core principles in the WHO SAGE Values Framework, the Prioritization Roadmap, and the Fair Allocation Mechanism through the COVAX Facility. Since the first version of the guidance was issued in November 2020, new vaccine-specific information has become available and the guidance has been updated in 1 June 2021. New information has been added on the following areas,

- the COVID-19 Partners Platform;
- the use of COVID-19 simulation exercises to test deployment strategies;
- the indemnity agreement and no-fault compensation programme for vaccines secured through the COVAX Facility in the Advance Market Commitment (AMC) eligible economies;
- the availability and use of the WHO-UNICEF COVID-19 Vaccine Introduction and deployment Costing (CVIC) tool;
- the COVAX Facility's humanitarian buffer that enables allocation of vaccine to cover high-risk populations in humanitarian settings;
- recommendations for vaccination of pregnant and lactating women;
- supplementary information on infection prevention and control (IPC) measures to be used to deliver COVID-19 vaccines safely;
- the WHO licensed COVID-19 vaccines product-specific information;
- use of geospatial data and digital micro plans for equitable access and delivery of COVID-19 vaccines;
- lessons learned from the development of NDVPs and early experiences in COVID-19 vaccine deployment in countries; and
- updated additional resources at the end of each chapter.

There has been joint efforts of multiple institutions – CDC, CHAI, CEPI, GAVI, IFPMA, IFRC, JSI, Leeds Teaching Hospital NHS Trust, UNICEF, WB, WHO. The guidance is also available in UN languages and an orientation slide deck has been developed.



Links

Organizations and Initiatives

American Red Cross

Centers for Disease Control and Prevention

Global Vaccines and Immunization

Johns Hopkins

accine Access Center

ulue of Immunization Compendium of Evidence (VoICE)

VIEW-hub

IMMUNIZATIONbasics

Immunization Center Maternal and Child Health Integrated Program (MCHIP)

Publications and Resources

Universal Immunization through Improving Family Health Ser-

vices (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

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

<u> Immunization (Central and Eastern Europe)</u>

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