

World Health Organization

Global Immunization News



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MALAWI INTRODUCES PNEUMOCOCCAL CONJUGATE VACCINE

30/11/2011 from Hudson Kubwalo, WHO Malawi

Lilongwe November 2011: A colorful event took place at Masintha ground in Lilongwe, Malawi, on Saturday 12 November 2011, to officially mark the introduction of pneumococcal conjugate vaccine (PCV 13) as routine childhood vaccine in Malawi. The occasion was presided over by the Honourable Minister of Health, Dr Jean Kalirani and other distinguished guests included the Representatives from WHO, UNICEF, USAID, Clinton Health Access Initiative (CHAI) and the Italian Consulate. The launch was an event with two public health themes namely, the introduction of the PCV 13 and the commemoration of the malaria SADC week.



A smiling mother of one of the first Malawian infants to receive PCV 13 vaccine

In her speech Dr Kalirani mentioned that she was overjoyed that Malawi was making history in the area of EPI. The Honourable Minister for Health noted that pneumonia, meningitis and otitis media are common diseases among children in Malawi often resulting in severe illnesses and deaths.

"I recall that with support from GAVI, pneumococcal vaccine was the second vaccine to be introduced in Malawi after Pentavalent vaccine in 2002. In this regard I would like to acknowledge the immense efforts of the Global Alliance for Vaccines and Immunization together with the support of WHO, UNICEF and other collaborating partners in ensuring that the children from the least developed countries including our country Malawi now have access and benefit from new and effective vaccines like PCV 13" The Honourable Minister, Dr Kalirani said.

The UNICEF Deputy Representative also paid tribute to the efforts by GAVI to support countries introduce new vaccines and strengthen immunization services which is consistent with the Global Action Plan for the Prevention of and Control of Pneumonia (GAPP), that is promoted by both WHO and UNICEF.

The Action Plan calls for effective case management at community and health facility level; Increased and sustained high vaccine coverage for pneumonia prevention vaccines (e.g. measles, DPT, and PCV); Improvements of nutrition and reduction of low birth weight including promotion of exclusive breastfeeding; Prevention and control of HIV infection including prevention of Mother – to – Child Transmission of HIV, and control of in-door air pollution.

Apart from providing technical assistance, WHO has contributed towards health workers training activities. On October 11, 2011 Dr Felicitas Zawaira, WR/Malawi, handed over various cold chain equipments to Government of Malawi.

Malawi has joined other African countries like Kenya, Rwanda, Ethiopia, South Africa and the Gambia who have earlier introduced this vaccine in the routine EPI schedule.

For full article, please see this [link](#).

Technical Information

UNICEF PROGRAMME INSTRUCTION ON TRANSITION FROM TT TO TD VACCINE

30/11/2011 from Rownak Khan, UNICEF

Booster doses are required against both diphtheria and tetanus as recommended by WHO. The diphtheria outbreaks among adults in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) countries in the 1990s clearly indicated waning immunity against diphtheria. The SAGE recommendation to switch from TT to Td vaccine came more than a decade ago and was reinforced in the WHO position paper on diphtheria in 2006. Despite the recommendations the switching from TT to Td vaccines has not taken place in most of the countries in Asia and Africa. The issue was reiterated at the Global Maternal and Neonatal Tetanus elimination (MNT) partners meeting in February 2011. In order to facilitate this transition UNICEF issued a Programme Instruction to all regional and country offices on 10 November 2011. The Programme instruction encourages UNICEF offices to initiate consultation with national counterparts and partners to forecast and plan for gradual transition from TT to Td vaccines in the next five to six years. It emphasizes that accurate forecasting and clear indications of country requirements and timelines for implementing this switch are important for UNICEF Supply Division to discuss with manufacturers changes in production capacity for Td and TT.

'GAME CHANGERS' NEEDED IF GLOBAL IMMUNIZATION TARGETS ARE TO BE REACHED

30/11/2011 from Hayatee Hasan, WHO HQ

The strategy to eradicate the remaining strains of wild poliovirus was discussed at length during the meeting of WHO's Strategic Advisory Group of Experts on immunization (SAGE) held from 8-10 November 2011 in Geneva.

Reviewing the latest global epidemiology, SAGE expressed alarm that the risk of failure to finish global polio eradication constitutes a programmatic emergency of global proportions for public health, and was not acceptable under any circumstances. Failure, SAGE warned, would lead to a major resurgence of the disease with many children crippled for life again every single year. At the same time, it would also represent the most expensive public health failure in history, with far-reaching consequences on overall global immunization efforts, seriously undermining the credibility of public health efforts with donors and stakeholders. SAGE urged that rapid steps be taken to tighten accountability for programme and individual performance within governments as well as implementing and donor agencies, to ensure that more children are reached during eradication strategies and that the effort is fully financed. Given the ongoing international spread of poliovirus from infected areas, SAGE encouraged the application of appropriate vaccination recommendations for all travelers to and from polio-infected areas. At the same time, SAGE stressed that communities and civil societies must be engaged and mobilized to put pressure on governments to ensure that they remain committed to the disease's eradication. SAGE recommended that polio-infected countries be requested to submit an annual progress report to the World Health Assembly.

SAGE reviewed the draft Decade of Vaccines Global Action Plan and supported the overall direction of the draft but requested the planning team to identify a few major 'game changers' which if implemented would make a significant immunization impact. SAGE also recommended that the planning team address the emerging global challenge of vaccine hesitancy, which posed a major threat to immunization programmes worldwide. Innovative communication strategies and grassroots advocacy are required if community demand for immunization as a health right is to be mobilized. SAGE will reconvene in February 2012 to review the Decade of Vaccines Action Plan for submission to the World Health Assembly.

Other topics discussed during the meeting included the negotiations to develop a global legally binding instrument on mercury and thiomersal containing vaccines; Global Vaccine Safety Blueprint; vaccine coverage; reinforcing surveillance; optimization of immunization schedules for conjugate pneumococcal vaccines; development of new tuberculosis vaccines and use of hepatitis A vaccines.

The report of the meeting will be published in the WHO Weekly Epidemiological Record on 6 January 2012. The meeting documents - including presentations and background readings - can already be found on the [web](#).

"Immunizing in the context of global independence"

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



Photo credit: WHO/C. Scudamore

Technical Information

COUNTRIES WITH HIGH OR INTERMEDIATE ENDEMIC RATES OF MENINGOCOCCAL DISEASE ENCOURAGED TO INTRODUCE LARGE SCALE VACCINATION PROGRAMMES

30/11/2011 from Hayatee Hasan, WHO HQ

In a position paper, published in the Weekly Epidemiological Record on [18 November](#) 2011, WHO recommends that countries with high or intermediate endemic rates of meningococcal disease and countries with frequent epidemics introduce large scale vaccination programmes. In these countries, the meningococcal vaccine may be administered through routine immunization programmes and supplementary immunization activities, for example during disease outbreaks.

In countries where meningococcal disease occurs less frequently, vaccination is recommended for defined risk groups such as children and young adults living in closed communities, for instance in boarding schools or military camps. Laboratory workers at risk of exposure to meningococci and travellers to high-endemic areas should also be vaccinated. For all countries, knowledge of meningococcal disease burden is critical in ensuring that available vaccines are appropriately used. Countries considering the use of meningococcal vaccines should develop the surveillance systems to characterize meningococcal disease epidemiology. Continued surveillance should dictate the need and timing of repeating mass vaccination campaigns.

Meningococcal meningitis is a bacterial form of meningitis, a serious infection that affects the brain membrane. It can cause severe brain damage and case fatality rates can be as high as 50% if untreated. Several different bacteria can cause meningitis. *Neisseria meningitidis* is the one with the potential to cause large epidemics. Twelve serogroups of *Neisseria meningitidis* have been identified, six of which (A, B, C, X, Y and W135) can cause epidemics. Geographic distribution and epidemic capabilities differ according to the serogroup.

In December 2010, the first meningococcal A conjugate vaccine to be developed specifically for countries in the African meningitis belt was introduced in Burkina Faso, Mali and Niger. Three additional countries - Cameroon, Chad and Nigeria - are introducing the vaccine in December 2011.

Related links

- [Position paper on meningococcal vaccines](#)
- [Accompanying material](#) for position paper on meningococcal vaccines
- [General reference material](#) on meningococcal meningitis vaccination

WHO SUPPORTS GAVI BOARD DECISION TO OPEN A FUNDING WINDOW FOR HUMAN PAPILLOMAVIRUS AND RUBELLA VACCINES

30/11/2011 from Hayatee Hasan, WHO HQ

The opening of new GAVI "funding windows" for human papillomavirus and rubella vaccines means that the 57 countries eligible for support from the GAVI Alliance can apply for funding to introduce these vaccines in their immunization programmes. The GAVI Board's decision is in accordance with WHO recommendations on inclusion of both vaccines in national immunization programmes. As for other funding windows, only vaccines prequalified by WHO will be supplied to countries using funds from the GAVI Alliance.

"The decision by the GAVI Board to invite countries to apply for funding for introduction of human papillomavirus and rubella vaccines is great news for developing countries. The protection afforded by the HPV vaccine will save many more women from the pain and suffering caused by cervical cancer," said Dr Flavia Bustreo, WHO Assistant Director-General, Family, Women's and Children's Health. "Availability of funding for rubella vaccine will prevent the severe birth defects that result from rubella infection in early pregnancy and give a much-needed boost to countries' efforts to eliminate both measles and rubella."

WHO will continue to collaborate with national immunization programmes planning to introduce these vaccines, providing technical support in the areas of logistics management, reaching age groups beyond infancy, and setting up effective systems for monitoring of adverse events following immunization.

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

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Technical Information

MEASLES INITIATIVE HAILS GAVI DECISION TO FUND RUBELLA CAMPAIGNS

30/11/2011 from Hayatee Hasan, WHO HQ

“Immunizing in the context of global independence”

The Measles Initiative applauds the GAVI Alliance Board decision to fund rubella campaigns in the countries with the greatest need. The decision will result in the introduction of a combined Measles and Rubella (MR) vaccine in many more countries. This will save lives, protect hundreds of thousands of children against birth defects and help to eliminate measles and rubella from the world.

The GAVI Alliance board approval of a new funding window for rubella vaccine will allow countries to apply for funding for combined measles and rubella “catch-up” campaigns to vaccinate young people aged nine months through 14 years old. These campaigns can build existing systems and lessons learned from measles campaigns supported by the Measles Initiative over the last decade. Countries would then fund the introduction of MR vaccine into their routine immunization programmes following the campaigns.



Photo credit: Measles Initiative/C. McNab

“Funding from the GAVI Alliance for measles and rubella vaccine campaigns will help countries to rapidly scale up introduction of rubella vaccine, protect their populations and contribute to the elimination of measles and rubella,” said Dr Jean Marie Okwo-Bele, Director of Immunization at the World Health Organization. “The Measles Initiative will work closely with the GAVI Alliance to help countries introduce rubella vaccine, build on the success of measles and other immunization campaigns and provide combined measles and rubella vaccines as part of routine health services.”

The Measles Initiative, which aims to eliminate measles, has also built rubella elimination into its strategic plan for 2011-2020. The vaccines can be combined for little additional cost and experts recommend that measles elimination strategies can also stop rubella transmission.

For more information, see this [link](#).

HEALTH LOGISTICS PROJECT TAKES DECISIVE STEP

30/11/2011 from Sam Davies, Agence de Médecine Préventive

The Agence de Médecine Préventive (AMP) and WHO joint health logistics project LOGIVAC reached a major milestone in October 2011 with the signing of its partner consortium agreement at a meeting in Ouidah, Benin. The consortium, comprising public and private, regional and international organizations, will provide technical, political and institutional support to LOGIVAC, and help sustain the operational viability of its first regional reference centre. Addressing the meeting at the Institut Régional de Santé Publique (IRSP), AMP’s executive director, Dr Alfred da Silva, described it as a “decisive step in the implementation of the LOGIVAC health logistics project”. Consortium partners present included the GAVI Alliance, AMP, United Nations Children’s Fund (UNICEF), Bioforce, IRSP, Organisation de Coordination pour la lutte contre les Endémies en Afrique centrale (OCEAC), Project Optimize, Bolloré Africa Logistics, RTT, EPIVAC network and the West African Health Organization.

Started in 2011, LOGIVAC is a three-year project that provides technical support to improve logistics for health, the vaccine supply chain, and vaccine management through training of country logisticians and implementation of one sustainable regional logistics reference and resource centre. AMP and WHO are jointly implementing the project with funding from the Bill & Melinda Gates Foundation.

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New Publications

STUDY PROTOCOL FOR TEMPERATURE MONITORING IN THE VACCINE COLD CHAIN (WHO/IVB/05.01. REV.1)

This document is now [online](#). In this revised version of the document, WHO/IVB/05.01 Study protocol for temperature monitoring in the vaccine cold chain, we refer to Tiny Talk data logger which is no longer prequalified. The document has been updated with the prequalified device alternative that is LogTag TRIX8 (WHO/PQS/06.06). In addition new video references on the shake test have been included. The protocol is designed to (1) document the level of freezing in the cold chain; and (2) identify specific problem areas where corrective actions are warranted. In this Protocol, temperatures are monitored continuously as vaccine shipments travel through the cold chain, from primary stores, to intermediate stores, to health centres and, finally, to the outreach delivery site/s. This Protocol can be tailored to meet the individual resources of any programme: either a simple, low-cost study can be conducted - without sophisticated monitoring tools - or a more comprehensive approach can be taken to provide more details. The target audiences for the protocol are national immunization programme managers, cold chain managers, national logisticians, UNICEF, WHO and partner organizations staff.

THE IMMUNOLOGICAL BASIS FOR IMMUNIZATION SERIES. MODULE 5: TUBERCULOSIS - UPDATE 2011 (ISBN 978 92 4 150241 2)

This document is now [online](#).

THE IMMUNOLOGICAL BASIS FOR IMMUNIZATION SERIES. MODULE 20: SALMONELLA ENTERICA SEROVAR TYPHI (TYPHOID) VACCINES (ISBN 978 92 4 150261 0)

This document is now [online](#).

THE IMMUNOLOGICAL BASIS FOR IMMUNIZATION. MODULE 21: ROTAVIRUS (ISBN 978 92 4 150264 1)

This document is now [online](#).

LABORATORY METHODS FOR THE DIAGNOSIS OF MENINGITIS CAUSED BY NEISSERIA MENINGITIDIS, STREPTOCOCCUS PNEUMONIAE, AND HAEMOPHILUS INFLUENZAE, 2ND EDITION (WHO/IVB/11.09)

This IVB document is now [online](#). The major focus of this document is to assist laboratories in identifying the causative organisms of bacterial meningitis (*Neisseria meningitidis*, *Streptococcus pneumoniae*, and *Haemophilus influenzae*) and deliver clinicians with the information required to deliver appropriate treatment to their patients. Laboratory surveillance guide Ministries of Health when responding to epidemics as well as making decisions regarding the introduction of vaccines, and provides the public health community with information regarding the impact of vaccination.

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Country Information by Region

AFRICAN REGION

TRAINING THE TRAINERS FOR A BETTER USE OF DATA QUALITY ASSESSMENT (DQS) IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC)

30/10/2011 from Auguste Ambendet, WHO AFRO IST Central

The Expanded Programme on Immunization (EPI) in DRC, in collaboration with WHO and UNICEF, is organizing a supervision mission on the quality of the immunization data in the 12 provinces (Bandundu, Bas Congo, Equateur, Kasai-Occidental, Kasai-Oriental, Katanga, Kinshasa, North Kivu, Orientale and South Kivu) planning to conduct intensified immunization activities.

DRC is among the countries in need of support to improve the data quality through the use of the DQS. The support from IST Centre comprised two parts: from 7-12 November 2011 with the training of 25 national trainers in charge of supporting the efforts from the provinces. The training (both theory and practice) focused on mastering the tool, better analyses and interpretation of the results, and then, the elaboration of a plan to tackle the weaknesses identified.

From 14-16 November 2011, the support consisted in duplicating the same exercise in one of the targeted provinces, mainly Bas-Congo in Matadi. Eleven trainers were briefed along the same line. The exercise will continue in all other provinces mentioned above.

INITIATION OF A PROCESS FOR SCALING UP SUCCESSFUL INNOVATIONS IN SUPPLY CHAIN MANAGEMENT FOR HEALTH IN SENEGAL

30/11/2011 from Alexandre Pascutto, WHO HQ

Senegal in collaboration with project Optimize organized two workshops on the development of a scale-up strategy. Both were held in Saint Louis, Senegal, from 4-7 October 2011. They were facilitated by ExpandNet (www.ExpandNet.net), a network of public health professionals from around the world who seek to advance the science and practice of scaling up.

Participants to the workshops included the director of GEXCOM, (the scaling up task force of the Ministry of Health), representatives of EPI, of the National Pharmacy and of other Departments of the Ministry of Health, as well as several other public health programmes (Tuberculosis, Malaria, Micronutrients, Reproductive Health, etc.), together with representatives of the Saint Louis Medical Region, Saint Louis District and the Louga Medical Region.

The objectives were to train participants in the methodology for developing a scale-up strategy for the pilot interventions supported by Project Optimize which aim to improve efficiency, availability and quality of supply chains for vaccines, drugs and other health products in Senegal.

Two main tools were used in the workshop: “[Nine steps for developing a scaling-up strategy](#)”, which covers the elements of scaling-up and strategic choice areas depicted on figure 1; and “[Beginning with the end in mind](#)”, which helps planning pilot projects and other programmatic research for future successful scaling up. In addition, participants worked on “[Worksheets for developing a scaling-up strategy](#)” which had been previously adapted to the specific context of the interventions supported by project Optimize.

In conclusion, participants identified the specific action steps required to move the interventions from a pilot status to more sustainable and larger scale interventions within the public health sector. The plan is for the finalized and budgeted scale-up strategy to be discussed by GEXCOM and key government officials for endorsement by September 2012.

HSS= Health Systems Strengthening;
IST = Inter Country Support Team;
ISS = Immunization Services Support;
INS = Injection Safety Support;
NVS = New Vaccine Support;
DQA = Data Quality Audit;
DQS = Data Quality Self Assessment;
RED = Reach Every District;
cMYP = Fully costed multi-year plan;
NITAG = National Immunization Technical Advisory Group;
NRA = National Regulatory Authority

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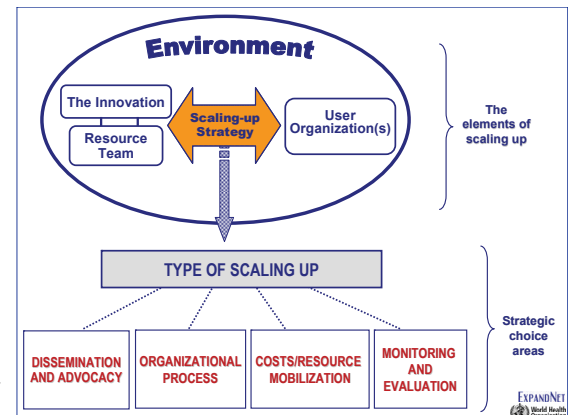


Figure 1: ExpandNet Scaling-up Strategic Approach

Country Information by Region

AFRICAN REGION

PROGRESS ON MATERNAL AND NEONATAL TETANUS

30/11/2011 from Flint Zulu, UNICEF New York

The maternal and neonatal tetanus (MNT) elimination programme provides an update on the progress towards reaching the elimination goal for all remaining 38 countries by 2015. MNT elimination is defined as having neonatal tetanus rates of less than one per 1,000 live births per district per year in a country. There has been considerable progress made as of October 2011 with officially 21 out of 59 countries (including South Sudan) at risk having eliminated MNT since the re-launch of the programme in 1999. In addition 15 states out of 33 in India and 29 provinces out of 33 in Indonesia have eliminated MNT. Recently further validation surveys have been conducted and Ghana becomes the 21st country to eliminate MNT whereas Ethiopia has only achieved partial elimination as the country still has to complete MNT elimination activities in the Somali Region.

As of October 2011 eight additional countries have completed tetanus toxoid (TT) supplementary immunization activities (SIAs) and are awaiting pre-validation assessment and/or validation survey by WHO: Burkina Faso, Cameroon, Iraq, Liberia, Mauritania, Senegal, Tanzania and Timor Leste. The partnership continues to gain momentum with commitments to meet the funding gap being spearheaded by Pampers and Kiwanis International. The programme is now at a critical stage of implementation of MNT elimination activities in 38 countries with only three years remaining to reach the elimination goal of 2015.

AMERICAS

SHARING EXPERIENCES IN CONGENITAL RUBELLA SYNDROME (CRS) SURVEILLANCE

30/11/2011 from Pamela Bravo and Carlos Castillo

In recent years, Member States of the World Health Organization's Western Pacific Region (WPRO/WHO), including China, have been accelerating efforts to eliminate measles and to strengthen their national immunization programmes. In light of the success achieved by maintaining measles, rubella, and CRS elimination in the Western Hemisphere, a "study tour to the Americas" was once again requested by WPRO. The goal of this study tour was to share experiences and best buys in CRS and rubella surveillance. On this occasion, a delegation from China visited the immunization and Congenital Rubella Syndrome (CRS) teams in Brazil and Chile from 16-22 November 2011.

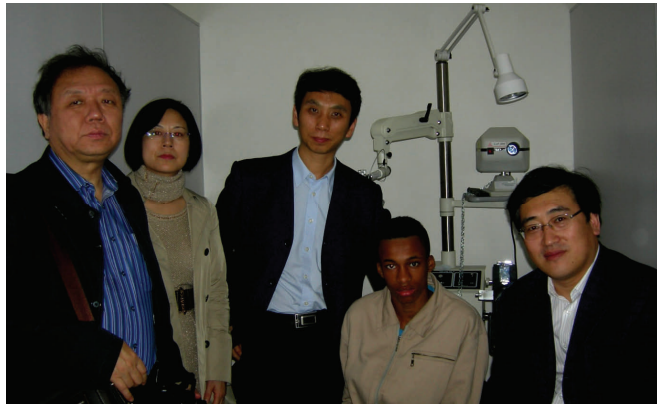
The delegation traveled to Brazil for meetings and field visits on 16-18 November 2011. During their visits to Rio de Janeiro and São Paulo, participants met with the State's immunization and surveillance teams to discuss, among other topics, CRS investigation methods (i.e. retrospective CRS search); results of the last CRS cases reported in both states; as well as mass vaccination campaigns to accelerate CRS control and elimination. The delegation also had the opportunity to visit local health centers and observe firsthand screenings of congenital malformations in addition to observing CRS suspected cases and researching on etiologies of deafness prior to rubella vaccination strategies. During their tour in São Paulo, the delegation met with a 16-year-old CRS patient/case, whose mother suffered from rubella during gestation at the time of the 1995-96 epidemic. In Brasilia, representatives of the Ministry of Health discussed measles and rubella elimination activities, thus providing the delegation with a country perspective from the Americas.

After its tour in Brazil, the delegation traveled to Chile. There they met with representatives of the Ministry of Health to discuss the rationale behind the successful surveillance and vaccination strategies implemented to eliminate both diseases from the country. The delegation also had the opportunity to visit the National Laboratory for measles and rubella, where they discussed, among other topics, seroprevalence studies, research on etiologies of febrile rash illnesses, molecular epidemiology of rubella, and the last CRS endemic cases in Chile. Finally, the delegation visited a local health centre to observe the collection and transport of samples from suspected CRS cases, screening of deafness in children, and child psychomotor development.

Overall, the visit will continue opening doors to future collaborations between the Americas and WPRO, including China. Furthermore, it underscores the Pan American Health Organization's (PAHO) strategic role and detrimental support in measles and rubella elimination initiatives.

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Sao Paulo, Brazil – Chinese delegation accompanying a CRS patient/case.



Country Information by Region

AMERICAS

PROVAC'S REGIONAL WORKSHOP ON COST-EFFECTIVENESS OF HPV VACCINATION AND SCREENING STRATEGIES FOR THE PREVENTION AND THE CONTROL OF CERVICAL CANCER – SUMMARY REPORT

30/11/2011 from Barbara Jauregui and Cara Januz, WHO PAHO

Over the last three years, the Pan American Health Organization's (PAHO) ProVac Initiative has held two regional workshops to train health professionals on different methods to generate and gather the necessary evidence base to inform national immunization policy, with a focus on economic evaluations for cervical cancer prevention and control. It had 140 participants representing professionals from 26 countries of the region and from several international organizations and academic institutions. Among the international participants there were experts from the World Health Organization (WHO), the ProVac Centers of Excellence, Harvard University, the London School of Hygiene and Tropical Medicine, the Sabin Vaccine Institute, the SIVAC Initiative, PATH, International Planned Parenthood Federation (IPPF) and Union for International Cancer Control (UICC). Each country was represented by an average of four participants, including the EPI manager, the cervical cancer programme manager, a health economist and the PAHO focal point on immunization.

The meeting gave participants the opportunity to review the scientific evidence concerning new technologies for the prevention and control of cervical cancer (including human papillomavirus (HPV) vaccination of adolescent girls and secondary prevention strategies for adult women); explore how economic evaluations can be used in order to prepare evidence-based policies for the control of this disease; understand the conceptual base and the components of the ProVac CERVIVAC model as well as the policy questions that the model can help answer; and finally, discuss and develop a strategic plan for strengthening the evidence base necessary to make informed decisions regarding the HPV vaccine and cervical cancer screening strategies.

The key message that the organizers emphasized throughout the workshop was that PAHO/WHO recommends considering the introduction of the HPV vaccine as part of an 'integrated package of interventions' for the prevention and control of cervical cancer and other health services. Finally, the workshop underscored the importance of engaging both national immunization and national cervical cancer professionals when evaluating the introduction of the HPV vaccine and the implementation of strategies to strengthen the programme of cervical cancer screening in any given country.

INTERNATIONAL EVALUATION OF PARAGUAY'S EXPANDED PROGRAMME ON IMMUNIZATION, 2011

30/11/2011 from Carolina Danovaro, Raul Motesano, Alba Maria Roperio, Cuauhtémoc Ruiz Matus, Carlos Torres and Martha Velandia, WHO PAHO

The international evaluation of Paraguay's Expanded Programme on Immunization (EPI) took place from 13-18 October 2011. It was carried out by a team of 14 international experts from PAHO and other Latin American countries, in coordination with 42 national and regional delegates. The primary objective of this evaluation was to study the Programme's organization, structure, and operation. Evaluators visited 13 sanitary regions, 30 municipalities, and 98 health care centers, and performed 869 interviews. Of those interviewed, 75 were from the political spheres, 92 EPI managers, 15 managers from other programmes, agencies, or institutions, and 611 users.

During this evaluation, Paraguay's EPI showed significant improvements since its last evaluation which was performed in 1999. A high level political commitment to the Programme was observed, and is reflected in current legislation and funding mechanisms. It is through this commitment that Paraguay has been able to rid itself of polio, measles, rubella, congenital rubella syndrome (CRS), and to keep other vaccine-preventable diseases (VPDs) under control. Furthermore, the evaluation identified the success of current communications plans that promote a culture of prevention and the right to vaccination. These campaigns have been so successful that 89% of users interviewed had seen or heard a message regarding vaccines. The evaluation also identified a few challenges for and within the Programme. The greatest challenge currently facing Paraguay's EPI is how to incorporate it into the Health Model, which is focused on primary health care (PHC), currently being developed in the country. This Health Model uses current programmes for social protection in order to guarantee equity and access to vaccination. The need to update rules and strengthen the technical and operational capacity of VPD surveillance was also accentuated.

The activities that must take place in order to meet with the recommendations were included in the five-year comprehensive action plan for 2012-2017. Additional recommendations and considerations were included in the evaluation's final report.

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Country Information by Region

EASTERN MEDITERRANEAN REGION

EASTERN MEDITERRANEAN VACCINATION WEEK 2012

30/11/2011 from Nahad Sadrazodi, WHO EMRO

In line with the global and regional visions and priorities, and in response to remarkable opportunities and daunting challenges, the WHO Regional Office for the Eastern Mediterranean (EMRO) and partners are launching the third Vaccination Week in the Eastern Mediterranean during the week of 24–30 April 2012, which will coincide with Vaccination Week events in five other WHO regions. Vaccination Week is an annual initiative celebrating and promoting immunization through advocacy, education and communication activities.

For 2012 Vaccination Week, it is proposed that the region and countries adopt the theme of “reaching every community”. This event can be 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.

A meeting on the evaluation of 2011 Vaccination Week in the Eastern Mediterranean and preparations of 2012 was organized by EMRO in Dubai, United Arab Emirates, on 20 October 2011. The purpose of the meeting was to discuss the 2012 theme, share experiences and lessons learned from the 2010 and 2011 campaigns, and enhance the capacity of participants on health communication campaign design and evaluation. Approximately 80 participants representing the Member States and key partners, including UNICEF, participated in the meeting.

WHO EMRO AND AMP SIVAC WORKSHOP ON NATIONAL REGULATORY AUTHORITY (NRA) AND NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP (NITAG) COLLABORATION

30/11/2011 from Houda Langar and Nahad Sadrazodi, WHO EMRO and Kamel Senouci, AMP SIVAC

National Regulatory Authority (NRA) and National Immunization Technical Advisory Group (NITAG) representatives from 12 countries participated in a workshop on 31 October - 1 November 2011, in Sharm El Sheikh, Egypt. Jointly organized by WHO EMRO and AMP SIVAC Initiative, the workshop's main aim was to strengthen the coordination between NRAs and NITAGs in the WHO Eastern Mediterranean Region, and thereby improve the use of information in their respective decision-making processes. Upon completion of the workshop, participants were expected to describe the responsibilities of the NRAs and NITAGs; explain the differences between the information used by NRAs and NITAGs to make a decision within their jurisdiction; and describe the process used for a regulatory decision and a policy recommendation. It was also anticipated that participants be able to identify the synergies between market authorization and NITAG recommendations and the possible consequences of diverging decisions.



Although many success stories were shared, the main finding was the lack of knowledge regarding the respective responsibilities, terms of reference, standards operating procedures and methodology used for issuing decisions or recommendations. Some examples included a lack of understanding regarding differences between NRAs decisions (market authorization based on safety, immunogenicity and efficacy) and NITAGs recommendations (based on all various public health criteria). Some countries claimed this lack of collaboration might engender vaccine hesitancy.

A procedure to improve the communication and coordination between NRA and NITAG (such as on gap analysis and advocacy) will also be established by each country. This action plan will be developed within two months for Bahrain, Egypt, Oman and Qatar, and within four months for Iran, Iraq, Jordan, Morocco, Pakistan, Saudi Arabia, Sudan and Syria. WHO EMRO will support and monitor the progress proposed activities in collaboration with the AMP SIVAC Initiative.

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Country Information by Region

EUROPEAN REGION

ROUND TABLE ON COMMUNICATION FOR IMMUNIZATION IN BOSNIA & HERZEGOVINA

30/11/2011 from Oya Zeren Afsar, UNICEF CEE/CIS

UNICEF Bosnia & Herzegovina has organized a one-day round table on 14 November 2011 in Sarajevo with the participation of representatives from the Public Health Institutes of two entities, mid-level immunization programme managers from districts, pediatricians, representatives of parents associations and WHO Country Office. The objectives of the meeting were to:

- present and discuss the results of the immunization programme review conducted in February 2011,
- review the progress achieved since February by two entities,
- present the 'Communication Framework for New Vaccines and Child Survival' developed by UNICEF,
- present the 'Immunization Q&As' developed by UNICEF Country Office and discuss possible channels of dissemination.



The event attracted around 75 participants, more than originally invited. The participants have in general agreed on the findings and recommendations of the programme review, and held a discussion on the priority issues for 2012. Although the country has not yet introduced pneumococcal and rotavirus vaccines in routine immunization, there was an agreement to use the communication framework as a guiding tool to develop immunization communication plans. The framework has been translated into the local language and distributed to the participants.

The Immunization Q&As are the outcome of an innovative approach which brought together medical professionals, parents and journalists through numerous smaller round tables at district level during the European Immunization Week in April 2011. Questions about immunization brought forward in these fora by parents and journalists were collected and shared with medical professionals to provide answers, then consolidated by the UNICEF CO for further dissemination. Q&As will be posted on the web through different channels including official websites of entity Protected Health Information (PHIs) and an online discussion platform of Parent's Association for the mothers. In addition, notebooks were printed having Q&As at the beginning, for distribution to health facilities.

UNICEF CEE/CIS ORGANIZES PUBLIC FINANCE MANAGEMENT TRAINING FOR COUNTRY OFFICE STAFF

30/11/2011 from Oya Zeren Afsar, UNICEF CEE/CIS

UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) has organized a Public Finance Management (PFM) training from 24-28 October 2011 in Chavannes-de-Bogis, Switzerland for Health & Nutrition Officers, who support immunization among other health programmes. The objective of the workshop was to enhance the knowledge and skills of UNICEF staff necessary for leveraging and influencing national policies and budgets to deliver better results for children, specifically in relation to the health sector including immunization. Emphasis was on budgeting for equitable health systems, in line with UNICEF's overall equity agenda.



Key topics relevant to the sustainable financing of immunization programmes in the region included budgetary cycle, allocative and operational efficiency, medium term financial planning, fiscal space, health systems and health financing, health reforms, decentralization, monitoring and assessment tools including Lot Quality Assurance Sampling (LQAS), equity and bottlenecks analysis. The training was facilitated by Oxford Policy Management (OPM), with contributions by experts from UNICEF New York, WHO Geneva and the Liverpool School of Tropical Medicine. A total of 30 participants from UNICEF Regional Office and 12 Country Offices have participated in the workshop.

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Country Information by Region

SOUTH EAST ASIA REGION

INDONESIA HOLDS A HIGH-LEVEL MEETING ON INTENSIFICATION OF ROUTINE IMMUNIZATION AND LAUNCHES MEASLES CATCH-UP CAMPAIGN

30/10/2011 from L. Homero Hernandez (SEARO) and Nursila Dewi (WHO-Indonesia)

In a week that can only be described as purely energetic, the Ministry of Health of Indonesia kept a pace worthy of marathon runners during the activities from 13-18 October 2011.

The Directorate of Health organized a media workshop targeting journalists from the 17 provinces where the measles catch-up campaign was to be implemented. The workshop was designed to sensitize local media on the benefits and importance of ensuring all eligible children receive measles and polio vaccines during the campaign. Media persons from print, TV and radio were invited to ensure a wide range of outreach accessible to different communities would be well informed and encouraged to report stories in their respective provinces before and during the campaign. The benefits were two-fold: benefiting from media for outreach and ensuring media establish relations and links to access information in cases where adverse events following immunization (AEFI) occur.



Credit: WHO SEARO



Credit: WHO SEARO

As part of the activities supporting the measles campaign, on 14 October 2011, the Ministry of Health organized a High-Level Advocacy meeting on Intensification of Routine Immunization in Indonesia. As the meeting was attended by provincial governments, the Minister of Health, Dr Endang Rahayu Sedyaningsih asked local governments to ensure the success of immunization programmes for the health and welfare of the people.

“Eliminating these diseases is not just about eliminating sufferings, morbidity, mortality, and disability, but also to eliminate the moral burden and material lost,” said the Minister.

The roundtable discussion provided a forum for dialogue between the Federal government and all other participants which included representatives of the National Commission of Human Rights of Indonesia, University of Indonesia, and local governments from all 17 provinces to name a few. The event concluded with a statement of commitment from all provinces agreeing to achieve a minimum of 95% coverage during the campaign and to support the Intensification of Routine immunization in 2012.

On 18 October 2011, the Minister of Health officially launched the campaign through a video conference call with five provincial governors showcasing their provincial launch events and discussing challenges and opportunities presented by the campaign.



Credit: WHO SEARO



Credit: WHO SEARO

During the campaign, observers from the Ministry of Health of Myanmar observed the planning and implementation of the integrated measles/polio campaign. The Director of Immunization Services and EPI Programme Manager accompanied international monitors to observe health workers and trained vaccinators as part of a south to south collaboration between Indonesia and Myanmar. The Ministry of Health of Myanmar will integrate their measles campaign by providing an opportunity to boost the Oral Polio Vaccine (OPV) immunity levels in 2012 for the first time.

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Country Information by Region

SOUTH EAST ASIA REGION

HEPATITIS B VACCINE SCALED UP TO ALL STATES IN INDIA

30/11/2011 from the WHO National Polio Surveillance Project

The use of Hepatitis B (HepB) vaccine in India's Universal Immunization Programme was launched in 14 metropolitan cities and 33 rural districts between June 2002 to October 2003. Following this first phase, HepB was expanded to ten states in 2007-08. The ten states were: Andhra Pradesh, Himachel Pradesh, Jammu and Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Punjab, Tamil Nadu and West Bengal. The vaccine delivery was supported through GAVI Alliance commodity assistance. The uptake and use of HepB vaccine in the Universal Immunization Programme (UIP) was assessed at various points during Phase one and two and the lessons derived contributed to the National Technical Advisory Group in India (NTAGI) to recommend for nationwide expansion.

The use of HepB vaccine supported by GAVI came to an end in 2010. Subsequently, the Government of India has taken the dual responsibility of procuring HepB vaccine and scaling-up its use to the remaining 20 states. Planning for the smooth introduction of HepB vaccine to these 20 states has occurred over the past several months through intensive support from immunization partners WHO and UNICEF. The national operational guidelines and training materials were updated based on lessons learned from previously undertaken HepB assessments. State, district and block level workshops were conducted to train medical officers and front-line vaccinators and amendments to the national Health Information System made to enable collection of HepB vaccine coverage information.

India's UIP targets approximately 26 million newborns annually. The scale-up of HepB vaccine from a GAVI funded pilot in limited geographic areas to all states through national funding, is a major accomplishment for the world's largest immunization programme.

WESTERN PACIFIC REGION

THE SEVENTEENTH MEETING OF THE REGIONAL COMMISSION FOR THE CERTIFICATION OF POLIOMYELITIS ERADICATION IN THE WESTERN PACIFIC REGION (RCC) TOOK PLACE IN HA NOI, VIET NAM

30/11/2011 from Sigrun Roesel, WHO WPRO

The RCC met on 14-19 November 2011 and reviewed reports from all countries and areas and made recommendations on required action for maintaining the Region's polio-free status; to help National Certification Committees (NCCs) and other relevant partners identify mechanisms for closing surveillance and immunization performance gaps and implementing risk mitigation.

The meeting was attended by representatives of NCCs of 34 countries, all spear-heading partners of the Global Polio Eradication Initiative (GPEI) (Rotary International, UNICEF, US CDC) and key partners as Japan International Cooperation Agency (JICA), Korea Center for Disease Control and Prevention (KCDC), Korea International Cooperation Agency (KOICA) and USAID. EURO and SEARO contributed to the meeting as well. Discussions focussed on the general threats of polio returning to the region, risk assessments conducted by countries, risk mitigation activities in immunization and surveillance carried out, the 2011 polio outbreak in China and relevant aspects of post eradication, with particular emphasis on aspects of future immunization options. Participants also had an opportunity to observe and discuss routine immunization activities at the commune level.

The RCC was greatly concerned about the global situation, the mixed progress and generally concurred with recent conclusions of the GPEI Independent Monitoring Board (IMB). Further delays in reaching global goals have significant implications for the Western Pacific Region in terms of resource mobilization (money, staff, commitment), advocacy and communication and development and implementation of mid-term plans.

The RCC concluded that the Western Pacific Region outside China has remained free of circulating poliovirus. Risks to status include alarming situation in Pakistan, further delayed global eradication, continued immunization coverage gaps in several countries in the Region, decreasing awareness of objectives/requirements of acute flaccid paralysis (AFP) surveillance, low AFP surveillance in some countries and vulnerability also in older age groups. The RCC commended China for its very comprehensive investigation, vigorous and extensive response activities, strong leadership demonstrated and responsibility taken within global polio eradication; to deal with the recent polio outbreak in southern Xinjiang. Wild poliovirus identified in the area was closely related to the virus recently circulating in Pakistan.

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The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

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Country Information by Region

WESTERN PACIFIC REGION

WHO ANNUAL ACCREDITATION VISIT TO NATIONAL AND SUB-NATIONAL (PROVINCIAL) POLIO AND MEASLES/RUBELLA LABORATORIES AND NATIONAL JAPANESE ENCEPHALITIS LABORATORY IN CHINA BY WHO HQ/ WPRO, US CDC AND JICA EXPERTS

30/11/2011 from Youngmee Jee, WHO WPRO

Experts from WHO HQ/WPRO and US CDC reviewed WHO regional reference polio and measles laboratories in China CDC for the annual accreditation on 3-4 November 2011. In addition, ten experts from WHO HQ/WPRO, US Centers for Disease Control and Prevention (CDC), Japan International Cooperation Agency (JICA) and China CDC reviewed 13 provincial polio and measles laboratories in Gansu, Guizhou, Jiangxi, Jilin, Qinghai, Shaanxi, Shandong, Shanghai, Shanxi, Tianjin, Tibet, Xinjiang and Yunnan provinces. Due to the wild poliovirus outbreak in Xinjiang, China CDC introduced molecular detection of polioviruses among polio provincial laboratories for rapid detection of wild polioviruses. Provincial CDC in Xinjiang efficiently processed wild polio outbreak related samples and environmental samples during September -October 2011 with the support of China CDC and other provincial CDC. All 13 polio provincial laboratories and 12 measles provincial laboratories were fully accredited for 2012 by WHO accreditation review teams. The WHO regional reference laboratory for Japanese encephalitis in China CDC was also reviewed and accredited for 2012 by WHO HQ and WPRO. The findings and recommendations from the accreditation review were discussed with MOH China and China CDC on 12 November 2011. The subnational polio laboratories in China will introduce the new algorithm for virus isolation and real time polymerase chain reaction (PCR) for intratypic differentiation and vaccine derived polioviruses (VDPV) screening in 2012.

THE THIRD INTERCOUNTRY HANDS-ON TRAINING ON THE LABORATORY DIAGNOSIS OF JAPANESE ENCEPHALITIS (JE) IN THE WESTERN PACIFIC REGION (WPR), 24-27 OCTOBER 2011, AND THE THIRD INFORMAL CONSULTATION MEETING OF WHO GLOBAL SPECIALIZED AND REGIONAL REFERENCE JE LABORATORIES IN THE WESTERN PACIFIC REGION ON 28 OCTOBER 2011 IN OSONG, CHUNGCHEONGBUK-DO, REPUBLIC OF KOREA

30/11/2011 from Youngmee Jee, WHO WPRO

The third hands-on training workshop on the laboratory diagnosis of Japanese encephalitis was held in Korea Centers for Disease Control (Korea CDC) Rotavirus Regional Reference Laboratory (RRL) in Osong, Chungcheongbuk-do, Republic of Korea. Fourteen participants selected from nine network laboratories from eight member states of WPR (Cambodia, China, Korea, Laos, Malaysia, Papua New Guinea, Philippines, Vietnam) were trained for JE ELISA (Enzyme-Linked Immunosorbent Assay Technique) techniques and quality assurance. Two provincial laboratories (Guangdong and Sichuan) also participated. Experts from US CDC and the National Institute for Infectious Diseases, Japan as well as from WHO participated in this training as facilitators. The Third WHO JE proficiency panel samples prepared by US CDC were distributed to network laboratories for the external quality assurance and the results should be reported within two weeks.

The Third informal meeting of three JE laboratories in the region, China, Japan and Korea, was held on 28 October 2011 and discussed the future roles and plans of three laboratories to further strengthen the JE laboratory network.



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Country Information by Region

WESTERN PACIFIC REGION

SECOND MID-LEVEL MANAGERS (MLM) TRAINING WORKSHOP UPDATE

30/11/2011 from Yoshihiro Takashima and Jayaprakash Valiakolleri, WHO WPRO

The Second Mid Level Managers (MLM) Training Workshop for the Pacific Island countries was organized by WHO and UNICEF from 31 October - 7 November 2011 in Nadi, Fiji

The objectives of the training workshop included 1) to provide immunization managers with up-to-date technical information; 2) to demonstrate how to recognize management and technical problems and to take correction actions and how to make best use of resources. The expected outcome of the MLM training course is improved knowledge and skills on technical and managerial aspects of immunization programming thus increasing performance of trained staff leading to improved coverage

The course content was adapted from the 2008 WHO MLM modules. There were 20 participants from ten Pacific island countries and the majority of them were mid-level managers. The course facilitators included two officers from WHO and two from UNICEF while JICA supported with two international technical staff to assist the facilitators in the individual and group exercises.

The facilitators utilized several training methods to enable participants to actively participate and the methods included plenary sessions, illustrated lecture and presentation, participatory learning methods (problem solving), quiz, group work exercise and feedback (case studies), role plays, practical exercises (field work) and demonstrations. The post course evaluation indicated that over 90% of the participants achieved both course and personal objectives and all topics were essential for middle managers on immunization. At least five PICs expressed needs, and requests for WHO's support, to organize the same type of MLM training to be conducted in their respective countries.



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Regional Meetings & Key Events Related to Immunization

Title of Meeting	Start	Finish	Location	Region
2011 Meetings				
WPRO Regional Workshop on Cervical Cancer Control and HPV Vaccination	28-Nov	30-Nov	Manila, Philippines	WPRO
WPRO Regional Workshop on Surveillance for New Vaccine-Preventable Diseases and Multi-Year Planning for National Immunization Programmes	30-Nov	02-Dec	Manila, Philippines	WPRO
EURO Regional workshop for MICs on economical evaluations of new vaccines	Nov	Nov	TBD	EURO
AFRO Annual Regional Conference on Immunization (ARCI) and Annual Regional Inter-Agency Coordination Committee (ARICC)	05-Dec	08-Dec	Windhoek, Namibia	AFRO
Global Advisory Committee on Vaccine Safety (GACVS) Meeting	07-Dec	08-Dec	Geneva, Switzerland	Global
AFRO West and Central Africa Sub Regional Working Group Workshop	09-Dec	09-Dec	Windhoek, Namibia	AFRO
PAHO ProVac Centers of Excellence Meeting	13-Dec	15-Dec	Cartagena, Colombia	PAHO
GAVI WCA sub-regional working group meeting	Dec	Dec	Tanzania	AFRO
2012 Meetings				
Progress Toward Rubella Elimination and CRS Prevention in Europe. More Information: www.rubella2012.org	09-Feb	10-Feb	Rome, Italy	Global
Global Measles Management Meeting	20-Mar	21-Mar	Geneva, Switzerland	Global
Strategic Advisory Group of Experts (SAGE) on Immunization	10-Apr	12-Apr	Geneva, Switzerland	Global
IPAC Immunization Practices Advisory Committee	17-Apr	19-Apr	Geneva, Switzerland	Global
WPRO Regional Verification Committee for Measles Elimination	2012	2012	Philippines	WPRO

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](#)

[Pediatric 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](#)

Regional Websites

[New Vaccines in AFRO](#)

[PAHO's website for Immunization](#)

[Vaccine Preventable Diseases in EURO](#)

[New Vaccines in SEARO](#)

[Immunization in WPRO](#)

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[PAHO/Comprehensive Family Immunization Program-FCH: *Immunization Newsletter*](#)

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